		1 - STATE REGISTRAR	STATE OF MARYLAND /			HEALTH AND	MENTAL HYGIENI REG. NO.	E 91	4 04501		
		1. OECEDENT'S NAME (First, Middle, Last)	Irene L. Huey	,			2. DATE OF DEATH MONTH 10	1994	3. TIME OF DEATN		
P		4. SOCIAL SECURITY NUMBER 215-22-6139	5, SEX 6. AGE (In yrs. les	YRS.	IF UNDER 1 YEA		7. DATE OF BIRTN (Morith, Day, Year) 1-28-192	Co	RTNPLACE (State or Foreign unitry)  Md		
2, 3 should	OR	90. FACILITY NAME (If not Institution, give str 7508 Digby Road	eet and number)		96. CITY, TOW LOCHE	N OR LOCATION OF D	EATN	9c. COUNTY O	F DEATN		
Pages 1,	DIRECTOR	10e. STATE Md 10b. COUNTY			timore				10d. INSIDE CITY LIMITS? 1 YES 2 V NO		
isit permit.	FUNERAL (	100. STREET AND NUMBER 7508 Digby Road	1			101. ZIP CODE 21207		10g. CITIZEN C	OF WHAT COUNTRY?		
ending physician. as the burial-transit permit. Pages 1, 2,	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 VI IF YES, GIVE WAR OR DATES	NO	If yes,	DECENDENT OF NISPAL apacity Cuban, Maxico (ES 2 X NO Specific		В	ACE — American Indian, Ilack, White, etc. pecify: Black		
spital or att	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (G	CEDENT'S live kind of w Do NOT us	USUAL OCCUPI rork done during e retired.)	ATION most of working	166. KIND OF BUS	INESS/INDUSTR			
ed by the house and be detach	BE CO	17. FATNER'S NAME (First, Middle, Last) Eddie Carter				Lillie	AME (First, Middle, Maiden e Mae Benne	tt			
y be retained age 5 should be notified	2	19a. INFORMANT'S NAME (Type/Print) Edwina Howard 20a, METNOD OF DISPOSITION		7508	Digby	Road	Route Number, City or Town		21207		
age 6 may be director, page er must be		2007 WE IND OF DISPOSITION 1 (A Burlet 2 Cremetton 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from State cemetery car	TITIOY	7	Cemetery	21694 Ba	cation - chy o			
after death. Page 6 may be by the funeral director, page emoval.		Yola March F/H West 4300 Wabash Avenue									
or re		23. PART i. Enter the diseases, or conshock, or heart feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	let Dnly Dne ceuse Dn each line	D.		190	•	ratory arreat,	Approximate Interval Between Onset and Death		
th certificate be e ending physician I Hygiene prior to or other traun	CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  Cardio pulmonary arrest  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
E Spreed	N: MEDICAL	PART II. Other eignificent conditions	e contributing to death but not	resulting i	in the underl	ying cause given in	Part I. 24a. WAS AN PERFOR 1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN: The Inthis certificate has with the State Derived, or Item 2	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpetient :	DOA	OTHER:	Nome 5 Hesidence	6 Cother (Specify)				
DING PHYSICIA After this certification with the marked, or	ВУ РНУ	27. MANNER OF DEATN  Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY	INJURY AT WORK?  YES 2 NO	28d. DEŞCRIBE NOW II	NJURY OCCURE	)		
TTEN TOR: after	ETED	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — At he building, stc. (Specify)	ome, ferm, a	itreet, factory, c	office	281. LOCATION (Street a City or Town, State)	ind Number or Ru	val Route Number,		
HOSPITAL DR A FUNERAL DIREC Within 72 hours TANT: If Item	COMPL	ana)	CIAN: To the best of my knowledge, do						ise(s) and menner as stated.		
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 I	O BE	BIGNATURE AND FITLE OF CERTIFIER	n MD		)	1387	MBER 3	29d. DATE 516	NEB (North, Dely, Year)		
	-	U DOSEPH 1	COMPLETED CAUSE OF OEATH (ITE TSWER MD	M 27) (Type,	Print)	TREEME	S & 18	por	Longia		
7		FEB 1 1994	James Signature	لمتعل							

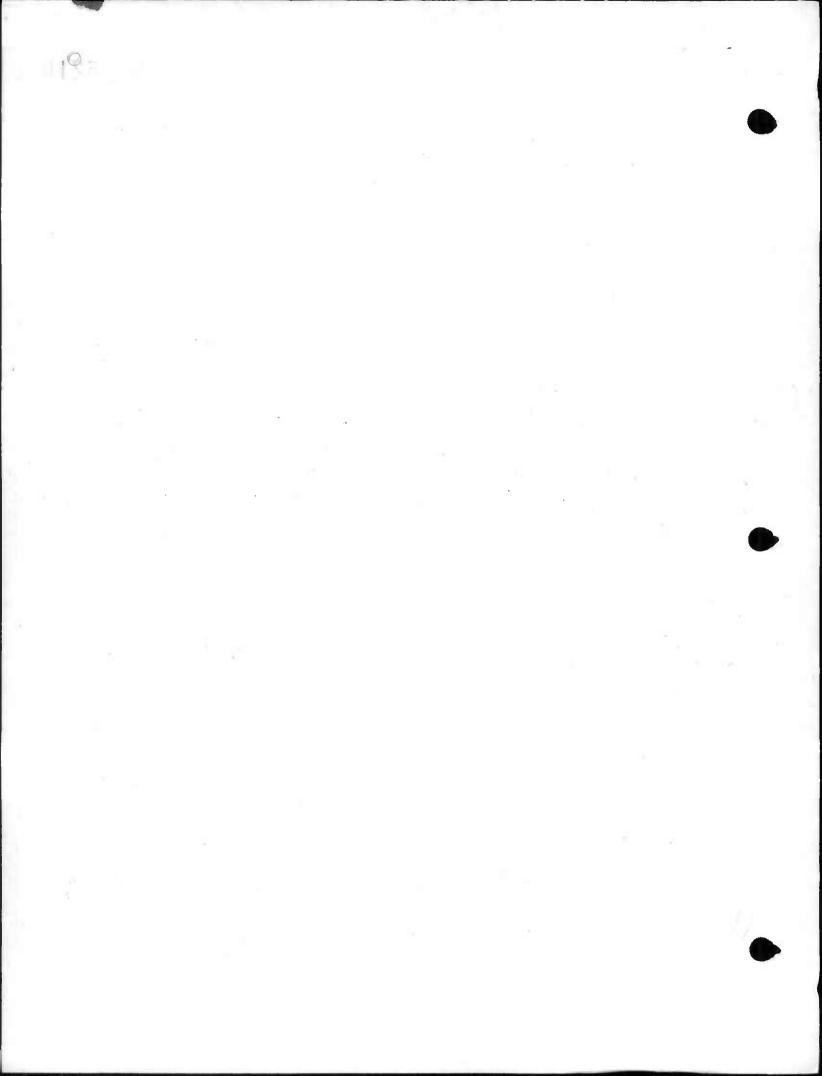
94 04502

_	REGISTRAR	CERTIFIC	CATE OF I	DEATH	RE	G. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  Clytee V. H	lendri	c k		2. DATE OF DE MONTN	14 1	YEAR 994 M
				IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Morth, Pay.	71933	B. BIRTNPLACE (State or Foreign Country)  S.C.
<u>د</u>	9a. FACILITY NAME (If not institution, give street and number)  1733 Poplar Grove Street		Baltin		ATH	9c. COU	UNTY OF DEATH
18	RESIDENCE OF DECEDENT		Daiti	iore			
DIRECTOR	10a. STATE Nd 10b. COUNTY	10c. CITY,	TOWN OR LOCATIO	DN .			10d. INSIDE CITY LIMITS?
		Ва	ltimore				1 🔀 YES 2 🗌 NO
VERA	100. STREET AND NUMBER 1733 Poplar Grove Stree	t		21216		10g. CIT	U S A
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES	ARMED	If yes, spec	NDENT OF HISPAN Ify Cuban, Maxica (X NO Specify	n, Puerto Rican,	ecify Yes or No— atc.)	14. RACE — American Indian, Black, Whita, etc. Specify: Black
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)		SUAL OCCUPATION ik done during most retired.)		16b. KIND	OF BUSINESS/INC	DUSTRY
M	12th						
00	17. FATNER'S NAME (First, Middle, Lest) Ulysses Gilliam			18. MOTNER'S NA Ruth I	ME (First, Middle,	Maiden Sumame)	
BE		19b. MAILING A	DORESS (Street and			y or Town State 76	in Corle)
2	Nevel Henderick						Md 21216
		CE AND DATE OF	DISPOSITION (Name	e of	DATE	20c. LOCATION — Arbutus	- City or Town, Stata
	21. SIGNATURE OF CINERAL SERVICE LICENSEE	ucus i	22. NAME AND	ADDRESS OF FA	CILITY	Al Dutu:	5, 140
	+ Fortia, Thron			n F/H V		nue Ra	1to, Md 21215
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each it	death. Do not	t entar the mode	of dying, auc	h aa cardiec o	r reapiratory an	rrest, Approximata
	IMMEDIATE CAUSE (Final						Interval Between Onset and Death
	disease or condition resulting in death)						
_	disease or condition a. A SC VD  a. DUE TO (OR AS A CONT  b. DUE TO (OR AS A CONT  b. DUE TO (OR AS A CONT  c. D. DUE TO (OR AS A CONT  c. DUE TO (OR AS A CONT  c. D. DUE TO (OR AS A CONT  c. DUE TO (OR AS A CONT  c. DUE TO (O	SECUENCE OF					
CERTIFICATION	if any, leading to immediate	SEQUENCE OF):	Q				
FICA	CAUSE (Disease or injury that initiated events	SEQUENCE OF):					
IH	resulting in death) LAST						
S L	PART II. Other significant conditions contributing to death but no	ot resulting in	the underlying	causa given in	Part I. 24a.	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL						YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEC					_   ' -	/ /	1 TYES 2 NO
ÿ							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO		THER:	CE OF DEATN (Ch			
¥∥	1 PES 2 NO 1 Inpetient 2 ER/Outpetient 27. MANNER OF DEATN 28s. DATE OF INJURY	28b. TIME (	OF 28c. INJUI			HOW INJURY OC	COLIDED
BY PI	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUF	RY WORK		zou. Octombe	TIOW INSORT OC	CORED
	3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stre	eet, factory, office		281. LOCATION City or Town	(Street and Number n, State)	er or Rural Route Number,
COMPLETED	29s. CERTIFIER (Check only one)						
S	2 MEDICAL EXAMINER: On the besis of examination and/	/or Investigation,	In my opinion, dea	th occured at the	time, data and p	lace, and due to ti	he cause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERPIFIER			29c. LICENSE NUM		29d. DAT	TE SIGNED (Month, Day, Year)
2	CHOT N THE CENTRE			D19	159		2/16/94
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (I	ITEM 27) (Type, P	rint)				
	31. DATE FILED (Month, Day, Year) REGISTEARS SIGNATURE	E		<u> </u>		·-··	
	FEB 1 7 1994	white					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be fined for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumalle event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 687604

BALTIMORE MARYLAND 21215-0020



B.K.S

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

94 04503

	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO.		04000			
	1. DECEDENT'S NAME (First, Middle, Last)	-		2. DATE OF DEATH	West	3. TIME OF DEATN			
	SHAWN K.	HOLMES		FEB. 12	54	М			
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		IPLACE (State or Foreign			
	214 −11−2253 NIXM 2 □ F	24 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year) 12/4/69	Count	MD			
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF		9c. COUNTY OF D	EATH			
E I	BEDFORD & ALTER ST	TREETS	PIKESVILLE		BALTIMO	RE			
ă	RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCATION			10d. INSIDE CITY LIMITS?			
	MD	В	ALTO			1 TYES 2 NO			
A	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF V				
E	4131 DUTCH MILLS RD		21133		U.	S.A.			
5	11. MARITAL STATUS 12. WAS DECEDENT E		13. WAS DECENDENT OF HISP	NIC ORIGIN? (Specify Yes	NO- 14. RACI	E — American Indian,			
BY FUNERAL	3 Widowed 4 Divorced FORCES? 1 IF YES, GIVE WAR		If yes, specify Cuban, Maxid  1 ☐ YES 2 ▼ NO Spec		Spec	k, White, atc.			
						BLACK			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of w	USUAL OCCUPATION ork done during most of working	18b. KIND OF BUSII	NESS/INDUSTRY				
W.	Elementary/Secondary (0-12)	IIIe. Do NOT use	n own						
COMPLETED		ONK							
္ပ	17. FATNER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden S					
BE	JAMES HOLMES			Y J. EDWAI					
6	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rura						
	PATSY J. HOLMES	4131	DUTCH MILLS	RD RANDA	LLSTOW	N, MD			
	20e METNOD OF DISPOSITION 1	20b. PLACE AND DATE O	F DISPOSITION (Name of		ATION — City or To	own, State			
	4 Donation 5 Other (Specify)	WOODLAW	NCEMETERY	21894 W	oodlawn,	MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/	22. NAME AND ADDRESS OF I						
	1 Tala Mas	11.	MARCH F/H	-WEST 4300	WABAS	H AVE			
DICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a								
PHYSICIAN: MEL				1 YES 2		OF DEATH? 1 NES 2 □ NO			
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C						
٥	1 X YES 2 NO 1 inpatient 2 El		4 Nursing Nome 5 Residence						
	27. MANNER OF DEATH 28e. DATE OF IN. (Month, Day, 1 □ Natural 5 □ Pending 20.2.1.2.4.1.6.	(bar) INJU	JRY WORK?	28d. DESCRIBE HOW IN					
2	2 Accident Investigation 02/12/15		M 1 VES 2 X NO	SUBJECT SHO	<u> TC</u>				
اد	building, etc.	JURY — At home, farm, st (Specify) STREE		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
-	Homicide detarmined	51166	1	PIKESVII	LE				
COMPLETE	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my	knowledge, death occurre	d at the time, data and place, and du	e to the cause(s) and mann	er as stated.				
3	one) 2 MEDICAL EXAMINER: On the basis of exam					s) and manner as stated.			
<u>о</u>	296/SIGNATURE AND TITLE OF GENTETER	7	29c. LICENSE N		29d. DATE SIGNED				
ן מ	Walls A. Hallo		O.C.M.						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (V EM 27) (Type	Print)		FEB. 13	, 1994			
	MARIO. F. GOLLE, JE M	11/1 Penn	Street, Baltim	ore, Maryla	nd21201				
	FEB 1 7 1994	ETCHATUSE ROLLER							

ofter or intending physician, and the user as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ser hours after death. Page 6 may be made of the hours of the property of the completely filled in by the funeral directs page 5 should be death to fill the state best of Health and Mental Hygiene prior to burial, cremation, or removal.

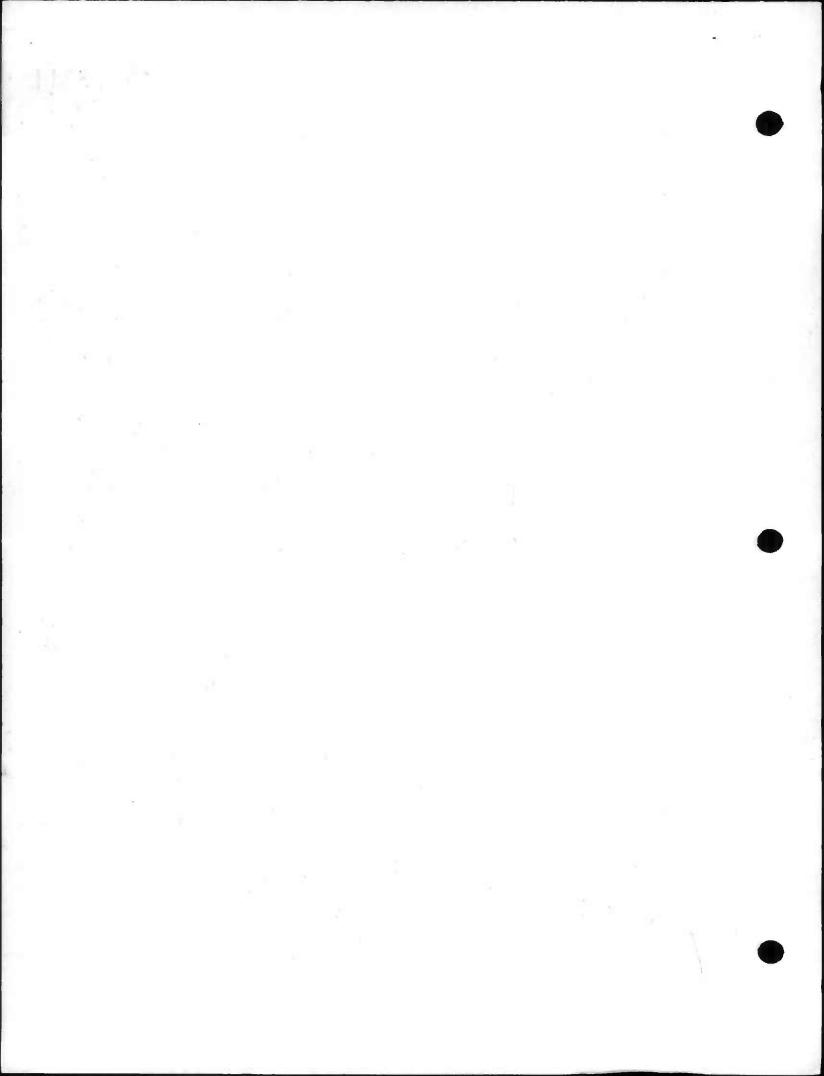
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be mutillised at once.

D 21215-0020

BALTIMORE, M

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within course	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the me
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	as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		
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law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	funera		23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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94 04504 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 1994 Hartline FEB 10 Norman Raymond 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1- M 2 F DAYE HOURS 75 YRS. MIN. 1918 APR 3, 216-09-8104 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR North Arundel Hospital Glen BUrnie Anne Arundel 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD 1 TYES 2 NO Anne Arundel Pasadena 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7635 Water OAk Point Road 21122 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TNO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cubun, Maxican, Puerto Rican, etc.)
 The YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6 Fork Lift Operator General Motors 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Martin Hartline catherine Viehmeyer BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) Geraldine Hartline 7635 Water Oak Point Rd, Pasadena, MD 21122 20a, METHOD OF DISPOSITION
1 D Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Cedar Hill Cemetery 2/14 Brooklyn Park, MD ☐ Donation 5 ☐ Other (Specify) \_ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCully FUneral Home of Pasadena Williams Msteven 3204 Mountain Rd. Pasadena 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition dutte myorardral DUE TO (OR AS A CONSCOUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO rave COMPLETION OF CAUSE 1 YES 2 1910 atory gastroentestruct 1 TES 2 NO wall PHYSICIAN: 25. WAS CASE REFERRED TO MUDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 19 Inpetient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 4-NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER 18387

29d. DATE SIGNED (Mosth, Day, Year) 14 19

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) FEB 1 7 1994

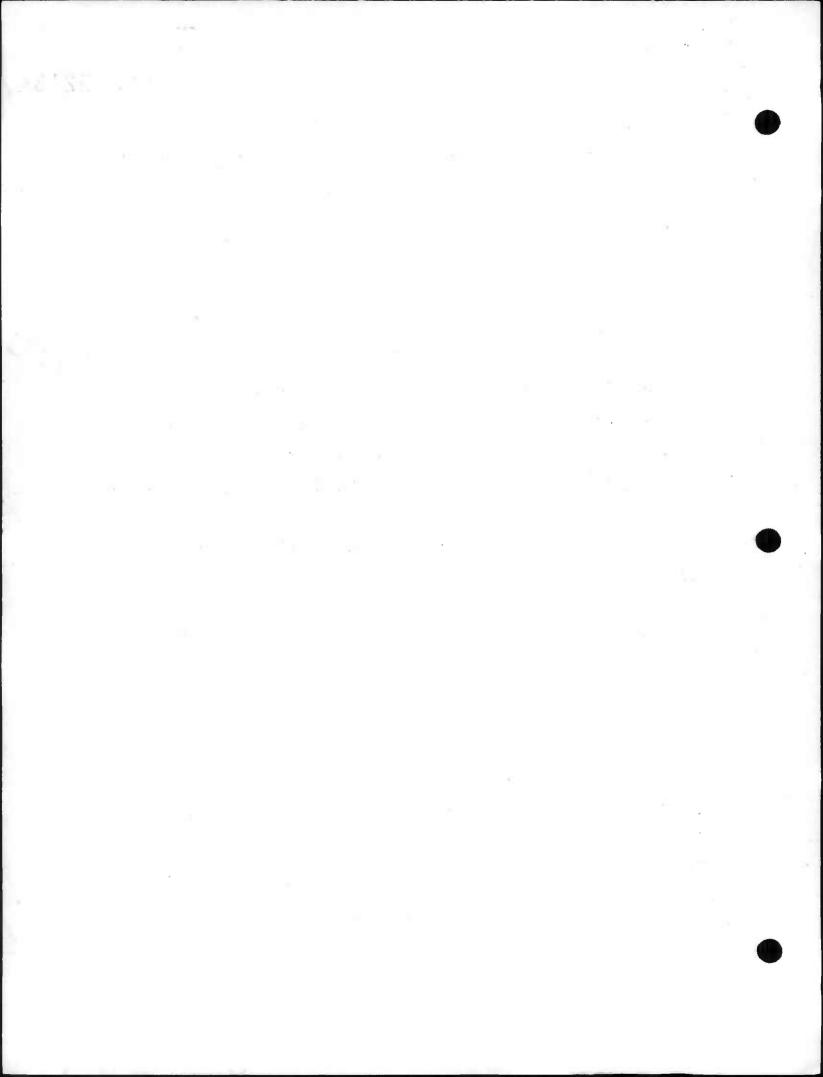
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 10	1. DECEOENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH													
	George W. Hartman					Tr			- [ '	MONTH DAY YE			YEAR	3. TIME OF CEATN
	George W. Hartman J  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday)				r.			-				0048		
	A CONTRACTOR OF THE PARTY		11.50				YEAR DAYS	HOURS N	4004	7. DATE OF BIS (Month, Day,	Your)		Country	PLACE (State or Fore
	22, 00 ,033				YRS.				1	Aug. 2	, 19	166	Mai	yland
	9e. FACILITY NAME (If not institution, give street and number)					9b. CITY,	TOWN C	OR LOCATION	OF DEAT	TN		9c. COU	NTY OF D	EATH
e e	Shock Trauma Center						Ra	ltimo	ro			_		-
5	RESIDENCE OF DEC	CEDENT							т Е.					
DIRECTO	10a. STATE	10b. COUNTY	7		10c. Cl	TY, TOWN OF	LOCAT	TION						10d. INSIDE CITY LIMITS?
1 10	Maryland					Balti	mor	re						1 XXVES 2   N
4	10e. STREET AND NUMBER							f. ZIP CODE		16		10g. CITI	ZEN OF W	HAT COUNTRY?
H H	3162 Lyn	dale A	venue					212	13			11	. s.	Α
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U	SARMED	13. W	AS DEC	ENDENT OF N	IISPANIC	ORIGIN? (Spe	city Yea		14. RACE	- American Indian
	1 Never Married 2		FORCES? 1 IF YES, GIVE W			lf lf	yes, sp	ecify Cuban, N	Mexican, Specify:	Puerto Rican,	atc.)		Black Specif	, White, etc.
B	3 Widowed 4 Divo	orced				_ [ '		- 41 110	-poony.				арисп	White
		EOENT'S EDU		16	a. DECEOENT'					16b. KIND	OF BUSI	INESS/IND	USTRY	
	(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5		(Give kind of life. Do NOT (	work done du se retired.)	ring mo	ast of working		14.000000000000000000000000000000000000				
릴	N/A	,	N/A	"	Pai	iter				1 1	Pain	tino	Com	nanv
COMPL	17. FATHER'S NAME (First, M	liddle, Last)	,		101			18, MOTHER	'S NAME	(First, Middle,			COM	pairy
_	George W.		n Sr							ine F.			0.00	
8	19a. INFORMANT'S NAME (1		II DI.		10h 10 4 11 11	ADDOFOC	Com - 1						_	
2	C-LWATNEST CONTINUES.		C (T	1				and Number or i						
-	George W. H							Ave.,	Bal					
	20a. METHOD OF DISPOSITI	iON on 3 □ Remo	oval from State	20b. PL cemate	ACE AND DATE	OF DISPOSIT	ION (Na	ame of					City or To	
	4 Donation 5 Other			Gre	en Mou					2/16	Ba.	ltim	ore,	Md.
	21. SIGNATURE OF FUNEDA	SAFRVICE LIC	ENSEE	_				ND ADDRESS			om o			
	Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md. 21213													
1	IMMEDIATE CAUSE (Fin	eart failure.	List only one cau	ise on each	line.			ode of dying,	, auch a	aa cardlac o	r reapir			Approximetal Interval Bet Onset and I
N	IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure.	a. Blur DUE TO	OR AS A CO	OTCE	Inju		ode of dying,	, auch a	aa cardlac o	r reapir			Interval Bet
ERTIFICATION	IMMEDIATE CAUSE (Findisease or condition	lons, diete	a. Blux  DUE TO  OUE TO	OR AS A CO	line.	Inju		ode of dying,	, auch a	aa cardlac o	r reapir			Interval Bet
L CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injut that initiated eventa resulting in deeth) LAS	dons, diete ING	a. Blux Due to OUE to Due to d.	OR AS A CO	OTCE ONSEQUENCE (	Inju	rie.	ode of dying,	Hear	a cardiac o	l A	oden	nen	Interval Bet Onset and I
MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injut that initiated events	dons, diete ING	a. Blux Due to OUE to Due to d.	OR AS A CO	OTCE ONSEQUENCE (	Inju	rie.	ode of dying,	Hear	a cardiac o	r reapir	WITOPSY MEO?	nen	Interval Bet
MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition and the cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS  PART II. Other significes	Ions, diete ING	a. Blux Due to OUE to Due to d.	OR AS A CO	OTCE ONSEQUENCE (	Inju	₽/ e.	g couse give	Hoo	arti. 24a.	WAS AN A PERFORM	WITOPSY MEO?	nen	Interval Bet Onset and it
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SICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition and the condition resulting in death)  Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or injust that initiated eventaresulting in death) LAS  PART II. Other signification and the cause of	Ions, diete ING	BLUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CO	ONSEQUENCE OF THE STATE OF THE	OTHER:	eriying	g ceuse give	HROMEN IN PARTIES OF THE CONTRACT OF THE CONTR	art I. 24a.  1 (x only one)	WAS AN A PERFORM VES 2 [	NUTOPSY WEO?	246.	Interval Bet Onset and it
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition and it is any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated eventa resulting in death) LAS  PART II. Other significations are sufficiently in the signification of the significant of the signifi	Ions, dilete ING ITY T	a. Blue TO DUE TO C. DUE TO d. HOSPITAL:	(OR AS A CO (OR AS	ONSEQUENCE OF THE PROPERTY OF	OTHER: 4   Nursilate OF   :	28. PL	g couse give	HOOMEN IN PARTIES OF THE CONTROL OF	art I. 24a.	WAS AN A PERFORM VES 2 [	NUTOPSY WEO?	246.	Interval Bet Onset and it
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in list condition resulting in death) LAS  PART II. Other signification resulting in death) LAS  25. WAS CASE REFERRED TO EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5	Ions, diete ING	BLUY DUE TO	(OR AS A CO (OR AS	OFCE ONSEQUENCE OF THE PROPERTY OF THE PROPERT	OTHER:  OTHER:  STORY  OTHER:	28. PL 28. INJ WO 1 1	g ceuse give	HOOMEN IN PARTIES OF THE CONTRACT OF THE CONTR	art I. 24a.  1 (x only one)	WAS AN A PERFORM YES 2 [	NUTOPSY MEO?	24b.	Interval Bet Onset and it
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition and the cause. Enter UNDERLY/CAUSE (Disease or injut that initiated eventa resulting in deeth) LAS  PART II. Other significe  25. WAS CASE REFERRED TO EXAMINER?  1 ※ YES 2 NO  27. MANNER OF DEATH  1 Natural 5	Ions, diete ING III TO MEDICAL  Pending Investigation Could not be	BLUE TO  B. OUE TO  C. DUE TO  d. B. CONTRIBUTING TO  HOSPITAL:  1   Inpatient 2 C. (Month, D. F. C.) 1 (28e, PLACE O.)	(OR AS A CO (OR AS	ONSEQUENCE OF THE PROPERTY OF	OTHER:  OTHER:  STORY  OTHER:	28. PL 28. INJ WO 1 1	g ceuse give	HOOMER AND	art I. 24a.  1 Other (Special Describes Subjects)	WAS AN A PERFORM YES 2 ( City) E NOW IN.	witopsy MEO?  WHO OCC be a	24b.	WERE AUTOPSY FINA AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 AKYES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in list condition resulting in death)  PART II. Other significe  25. WAS CASE REFERRED TO EXAMINER?  1 New YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Netural 5 Accident  3 Suicide 8	Ions, diete ING Iny T Condition	BLUE TO  B. OUE TO  C. DUE TO  d. B. CONTRIBUTING TO  HOSPITAL:  1   Inpatient 2 C. (Month, D. F. C.) 1 (28e, PLACE O.)	(OR AS A CO (OR AS	OFCE ONSEQUENCE OF THE PROPERTY OF THE PROPERT	OTHER:  4 Nursi AE OF  JURY  5 0 M  street, factor	28. PL 28. INJ WO 1 1	g ceuse give	HROMEN IN PARTIES OF THE CONTRACT OF THE CONTR	art I. 24a.  1 St. only one)  Other (Spected, DESCRIBE Subjected)  City or Town	WAS AN A PERFORM YES 2 ( City) E NOW IN. (Street an., State)	SUTOPSY MEO?  NO  Deal of Number	24b.	WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 ALYES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition and the sequential sequentia	ions, dilete ling investigation Could not be determined	Blue TO  DUE TO	(OR AS A CO (OR AS	ONSEQUENCE OF THE STATE OF THE	OTHER: 4   Nursh  AE OF  Street, 1sctor  C	28. PL 28. PL 1 Normal	g ceuse give	HROM H (Checkence 8	art I. 24a.  1 Other (Special Described Descri	WAS AN A PERFORM YES 2 ( City) E NOW IN. CCT (Street an n, State)	Sultopsy MEO?  NO  Dean of Number e O:	24b.	WERE AUTOPSY FINA AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 AKYES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injuthat initiated eventa resulting in death) LAS  PART II. Other signification in the sequence of the se	ont condition  O MEDICAL  Pending Investigation Could not be determined	BLUV DUE TO  C.  DUE TO  DUE TO  DUE TO  C.  DUE TO	(OR AS A CO (OR AS	ONSEQUENCE OF THE STATE OF THE	OTHER: 4   Nursi	28. PL 28. PL 28. PL 39. Wo 1 \( \subseteq \), office	g ceuse give	HROM H (Checkence 8	art I. 24a.  1 Other (Special Described Descri	WAS AN A PERFORM VES 2 [ City) E NOW IN. CCT (Street an n, State) OUS end mann	Sultry occupies and Number	24b.	WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAN OF DEATH?  1  KYES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injust in the initiated eventare suiting in death) LAS  PART II. Other signification in the initiated eventare suiting in death) LAS  PART II. Other signification in the initiated eventare suiting in death) LAS  25. WAS CASE REFERRED TO EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Notice 8 Homoloide  29e. CERTIFIER (Check only one) 2 X MEDI  2 X MEDI	Ions, diete ING III I I I I I I I I I I I I I I I I	BLUY DUE TO  C.  DUE TO  DUE T	(OR AS A CO (OR AS	ONSEQUENCE OF THE STATE OF THE	OTHER: 4   Nursi	28. PL 28. PL 28. PL 39. Wo 1 \( \subseteq \), office	g ceuse give	Hamilian Parish (Checkence 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	art I. 24a.  1 Other (Special Description City or four MD). H	WAS AN A PERFORM YES 2 [ (Street an , State) OUS end mannilace, and	JURY OCC  be a did Number  e O there are start in due to the	24b.  24b.  CURED  ten or Rural R  f CC  ed. e cause(e)	WERE AUTOPSY FINE MARILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injuthat initiated eventa resulting in death) LAS  PART II. Other signification in the sequence of the se	Ions, diete ING III I I I I I I I I I I I I I I I I	BLUY DUE TO  C.  DUE TO  DUE T	(OR AS A CO (OR AS	ONSEQUENCE OF THE STATE OF THE	OTHER: 4   Nursi	28. PL 28. PL 28. PL 39. Wo 1 \( \subseteq \), office	g ceuse give	Hamilian Parish (Checkence 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	art I. 24a.  1 Other (Special Description City or four MD). H	WAS AN A PERFORM YES 2 [ (Street an , State) OUS end mannilace, and	JURY OCC  be a did Number  e O there are start in due to the	24b.  24b.  CURED  ten or Rural R  f CC  ed. e cause(e)	WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAN OF DEATH?  1  KYES 2 NO
O BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death list cause. Enter UNDERLY cause. Enter Examiner?  1	Ions, diete ING III I I I I I I I I I I I I I I I I	BLUV DUE TO  B. OUE TO  C. DUE TO  d. B. CONTributing to  Peb 1 (  28a. PLACE OF building, Pena  CLAN: To the best of each of	(OR AS A CO (OR AS	OFCE ONSEQUENCE OF ONSEQUENCE	OTHER:  OF):  OTHER:  A In the und  A In the und  OTHER:  OF):  OTHER:  OT	28. PL 28. PL 28. PL 39. Wo 1 \( \subseteq \), office	g ceuse give	HOOMER AND A STATE OF THE CONTRACT OF THE CONT	art I. 24a.  1 Other (Special Description City or four MD). H	WAS AN A PERFORM YES 2 [ (Street an , State) OUS end mannilace, and	AUTOPSY MEO?  NO  Deand Number  Per as state due to the	24b.  24b.  CURED  ten or Rural R  f CC  ed. e cause(e)	WERE AUTOPSY FINA AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH?  1
O BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injust in the initiated eventare suiting in death) LAS  PART II. Other signification in the initiated eventare suiting in death) LAS  PART II. Other signification in the initiated eventare suiting in death) LAS  25. WAS CASE REFERRED TO EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Notice 8 Homoloide  29e. CERTIFIER (Check only one) 2 X MEDI  2 X MEDI	Ions, diete ING III I I I I I I I I I I I I I I I I	BLUV DUE TO  B. OUE TO  C. DUE TO  d. B. CONTributing to  Peb 1 (  28a. PLACE OF building, Pena  CLAN: To the best of each of	(OR AS A CO (OR AS	OFCE ONSEQUENCE OF ONSEQUENCE	OTHER:  OF):  OTHER:  A In the und  A In the und  OTHER:  OF):  OTHER:  OT	28. PL 28. PL 28. PL 39. Wo 1 \( \subseteq \), office	g ceuse give	HOOMER AND A STATE OF THE CONTRACT OF THE CONT	art I. 24a.  1 Part II.	WAS AN A PERFORM YES 2 [ (Street an , State) OUS end mannilace, and	AUTOPSY MEO?  NO  Deand Number  Per as state due to the	24b.  24b.  CURED  ten or Rural R  f CC ed. e cause(e)	WERE AUTOPSY FINA AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH?  1



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but be filled within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MARY		MENT OF HI		NTAL HYGIEN		94 0450
1. DECEDENT'S NAME (First, Middle, Las	0	32	01		DATE OF DEATH		3. TIME OF DEATH
Grady Howell				F		14, 199	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last birthday)	F UNDER 1 YEAR		DATE OF BIRTH	6. B	IRTNPLACE (State or Foreign
255-46-0097	1 ⊠ M 2 □ F 6	52 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Dey, Year) arch 11,		Georgia
9e. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN OF	LOCATION OF DEATI		9c. COUNTY (	
5100 Hilltop Ac	res		Perry Ha	a11		Balt	imore
RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	ПУ	10c, CITY, 1	TOWN OR LOCATION	ON			10d. INSIDE CITY
Maryland Ba	ltimore		y Hall				LIMITS?
10e. STREET AND NUMBER	TCIMOTC	Terr		ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?
5100 Hilltop Ac	res		2	1128		U.S.A	
11. MARITAL STATUS	12. WAS DECEDENT EVER			NOENT OF HISPANIC		or No- 14. F	ACE — American Indian,
1 Never Married 2 Merried	FORCES? 1 X YES			elfy Cuban, Mexican, F	Puerto Rican, etc.)		Black, White, etc.
3 Widowed 4 Divorced							White
15. OECEOENT'S EC (Specify only highest gra	DUCATION de completed)	16e. DECEDENT'S US (Give kind of work	k done during most		16b. KIND OF BU		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use r	,			ment/Pr	ivate
	N/A	Military/	Contrac			2	
17. FATHER'S NAME (First, Middle, Last)	11			18. MOTNER'S NAME			
Linton Ho  19e. INFORMANT'S NAME (Type/Print)	well	20		Zora	Smith		
Josephine Howel	1 (11460)			Number or Rural Rout			
204. METHOD OF DISPOSITION		0b. PLACE AND DATE OF		Acres, Pe		CATION - City	
1 Buriel 2 Cremetion 3 Re 4 Donation 6 Other (Specify)	movel from State	St. Joseph	rplace)	1			, Maryland
21. SIGNATURE OF FUNERAL SERVICE		oc. Joseph		AODRESS OF FACIL		relinore	, Maryland
·0004/	1 11 1	1	Schim	unek Fune	ral Homes	s, Inc.	
23. PART I. Enter the diseases, o	tolle	1	9705	Belair Ro	ad, Bal	timore,	Md. 21236
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sunney  OUE TO (OR AS	DEATH A CONSEQUENCE OF):	/-				Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a SCHEM	A CONSEQUENCE OF):	VALVUC	m HEA	nt Dis	EASE	Amur Lin
PART II. Other significant conditions of the con	ABUSE	but not resulting in	the underlying	cause given in Par	rt i. 24e. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		77					
EXAMINER?	HOSPITAL:	HA TO	26. PLA	CE OF DEATN (Check	only one)	1//1	
1 YES 2 YNO	1   Inpetient 2   ER/Ou			5 Residence 6		17	
1 Netural 5 Pending	28e. DATE OF INJURY (Month, Pay, Year)	28b. TIME C	WOR WOR	K?	d. DESCRIBE HOW I	NJURY OCCURE	0
2 Accident Investigation		TV 44 hara 6 mm		8 2 NO			
3 Suicide 6 Could not b 4 Homicide determined	building, etc. (Sp	RY — At home, farm, stre secify)	et, rectory, office	26	If. LOCATION (Street City or Town, Stete)	end Number or Ru	rei Floute Number,
29e. CERTIFIER							
(Check only	SICIAN: To the best of my kno						
2 MEDICAL EXAMI	NER: On the basis of examinati	ion end/or investigation,	In my opinion, de	ath occured at the tim	e, date and place, ar	d due to the ceu	se(e) end menner ee stated.
296. SIGNATURE AND TITLE OF CERTIF	DATE IN	must)		29c. LICENSE NUMBE	9		NEO (Month, Day, Year)
" regian	Jun W	MIN -		1165995		1 2-	16-99
30. NAME AND ADDRESS OF PERSON V							
Dr. Melva Brown			e, Balt:	imore, Md	. 21211		
31. DATE FILEO (Month, Dely, Yber) FFR 1 7 1004	fal Sweet	MATURE					n et bereit

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTA	REG. NO.	9 9	34	04507	
1000	1. DECEDENT'S NAME (First, Middle, Last) FRANCES	STELLA	HIPPLE	ER		2. DATE MONTI	Feb 1811	994 v	3.	TIME ADPEATH	
	4. SOCIAL SECURITY NUMBER 218-09-3505	1 □ M 2 🏋 F	75 YRS. MO	UNDER 1 YEAR WITHE DAYS	IF UNDER 24 HRS. HOURS MIN.	Sept	OF BIRTH 1, Day, Year) 1.16,19	18 i	Mary		
TOR	Saint Joseph Hosp RESIDENCE OF DECEDENT		9b	Tow	B LOCATION OF DI	/land	•	BE	OF DEAT	re	
DIRECTOR	10e. STATE 10b. COUNT	altimore	10c. CITY, TO	DWN OR LOCAT	on altimore				100	I. INSIDE CITY LIMITS?  YES 2 1 NO	
FUNERAL	100. STREET AND NUMBER  27 Sipple Aver	nue		101	21236		1		S.A	COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? t YES IF YES, GIVE WAR OR I	2 ZNO	If yes, spi	ENDENT OF HISPAI ecity Cuban, Mexica 2 ANO Specifi	in, Puerto I		No- 14.	RACE — Black, W Specify:	American Indian, hite, etc. White	
COMPLETED	1s. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) N/A	College (1-4 or 5+)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use re Homem	done during mo. tired.)	IN st of working	16b	KIND OF BUSIN	ess/indust			
BE CO	17. FATHER'S NAME (First, Middle, Last)  John Wisn	iewski			16. MOTHER'S NA Soph			<sub>mame)</sub> kieka			
5	190. INFORMANT'S NAME (Type/Print) Charles O. Hippl	er, Jr.(Husb			Avenue,				1236		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State 20	b. PLACE AND DATE OF D metery, cremetory or other ardens of	isposition(Na place) Faith (	me of Cemetery	2/1	20c. LOCAT	rion – chy timor			
	21. SIGNATURE OF FUNERAL SERVICE LI	land	To f	Schin 9705	nunek Fu Belair	neral Rd.,	Baltime	ore, l	MD	21236	
	23. PART 1. Enter/the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)	List only one cause on a. SEPSIS	eech line.	enter the mo	de of dying, auc	h aa cerd	flac or respirat	ory arreat	,	Approximate Interval Between Onset and Death 10DAYS	
NO	Sequantially list conditions,	PNEUMONIA								IODAYS	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIF	that initiated events reaulting in death) LAST	d	A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL (	MYELODYSPLASIA D.V.T.		but not resulting in t	he underlying	cause given in	Part I.	24a. WAS AN AU PERFORME 1 YES 2	P?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch						
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)		F 28c. INJ	URY AT RK?	_	CRIBE HOW INJ	JRY OCCUR	ED		
	3 Suicide 8 Could not be 4 Homicide determined	2 Accident 3 Suicide 8 Could not be building, etc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	amen's	RE: On the basis of examinati							ouse(s) en	d menner as stated.	
8	29b. SIGNATURE AND THE OF CERTIFIE	:R			294. LICENSE NU D45060	MBER	1	413	ONE O	Con Con News	
2	30. NAME AND ADDRESS OF PERSON WE ANIS ANSARI M.D.	7620 YORK	Ab. Towso	N, MD.	21204		-	1	,		
	FEB I FOM 1994 YOUR Jul	22. REGISTRAN'S SIG	NATURE								

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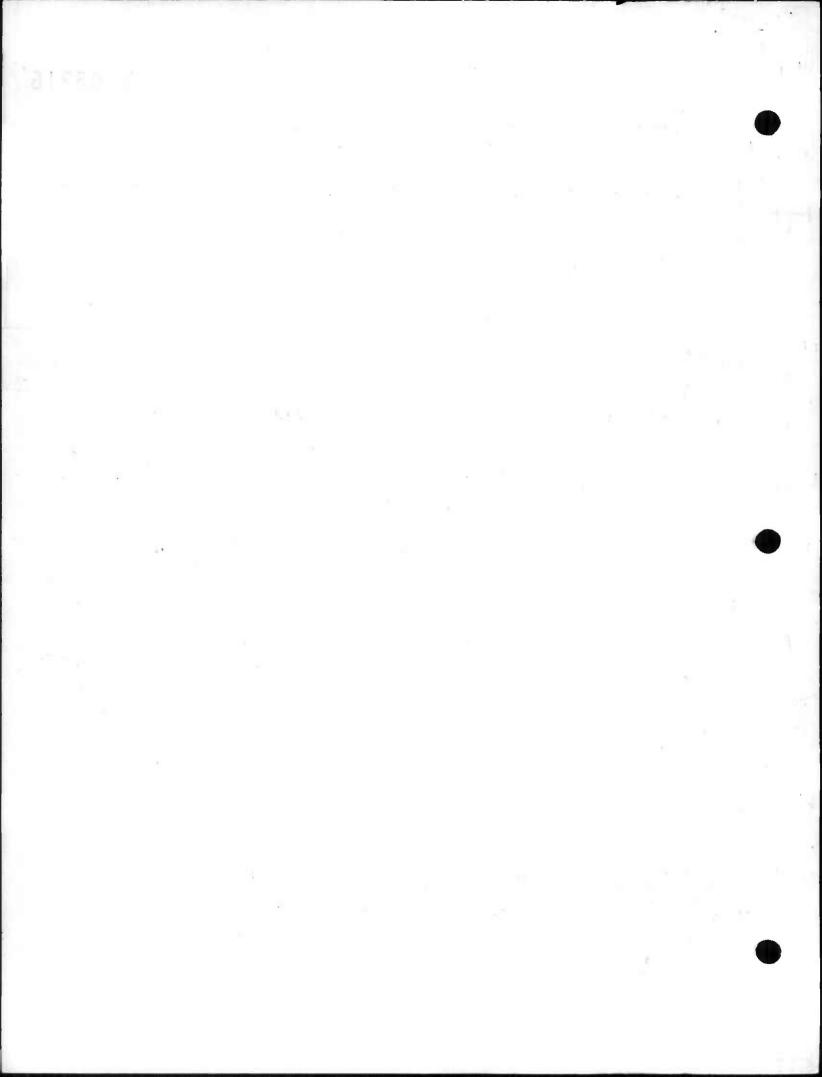
ANS ANSAR VID 1990 YORK RD TOWN ON FIRST

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 04508 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Bessie 13 Lee **4**2 FEB 8:36 DETSY **HOPKINS** 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Morth 26 1946 HOURS DAYS 579-34-7047 1 M 2 X F 68 YRS. S.C. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE CITY n/a RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?
YES 2 \( \square\) NO MD N/A BALTIMORE permit. 10f. ZIP CODE 21213 FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY?
U.S.A. 2730 E. CHASE STREET funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 N Married If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: BY Specify 3 Widowed 4 Divorced BLACK COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY BALTIMORE CITY SCHOOL Elementary/Secondary (0-12) College (1-4 or 5+) N/A SYSTEM 11th N/A once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) 76 THOMPSON RUBEN HARRISON BE notified 19a. INFORMANT'S NAME (Ton 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2730 E. CHASE STREET/BALTIMORE, MD 21213 2 ALBERT HOPKINS Раде 6 тау be e 20a METHOD OF DISPOSITION
1 △ Burlel 2 □ Cremetion 3 □ Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must CATONSVILLE, MD WESTERN "STAR" CEMETERY 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY death. WM.C.MARCH F.H./1101 E. NORTH AVENUE completely filled in by the rial, cremation, or removal. after medical 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disesse or condition lesschute event. resulting in death) executed with BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) in and com to burial. traumatic CERTIFICATION Sequantistiy list conditions. DUE TO (DR AS A CONSEQUENCE OF): If any, leeding to immediate death certificate be e attending physician ntal Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events DIVISION OF VITAL RECORDS, P.O. resulting in dasth) LAST 6 signed by the atten Health and Mental injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. requires that the MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE shows 1 | YES 2 | NO t. of h bu Sne ch PHYSICIAN: The law has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate I EXAMINER? HOSPITAL: OTHER: 1 XXES 2 NO OR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 I DOA 4 Nursing Homa 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28b. TIME OF INJURY 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with o marked. 1 Natural 5 Pending 1 YES 2 NO В After t Accident 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 00 0 DIRECTOR: 4 Homicide 28 detarmined COMPLET item 29a. CERTIFIER (Check only one) 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. HOSPITAL FUNERAL E = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Yea

FEB 14, 1994 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER H O.C.M.E. 100 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON THEVOORE 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

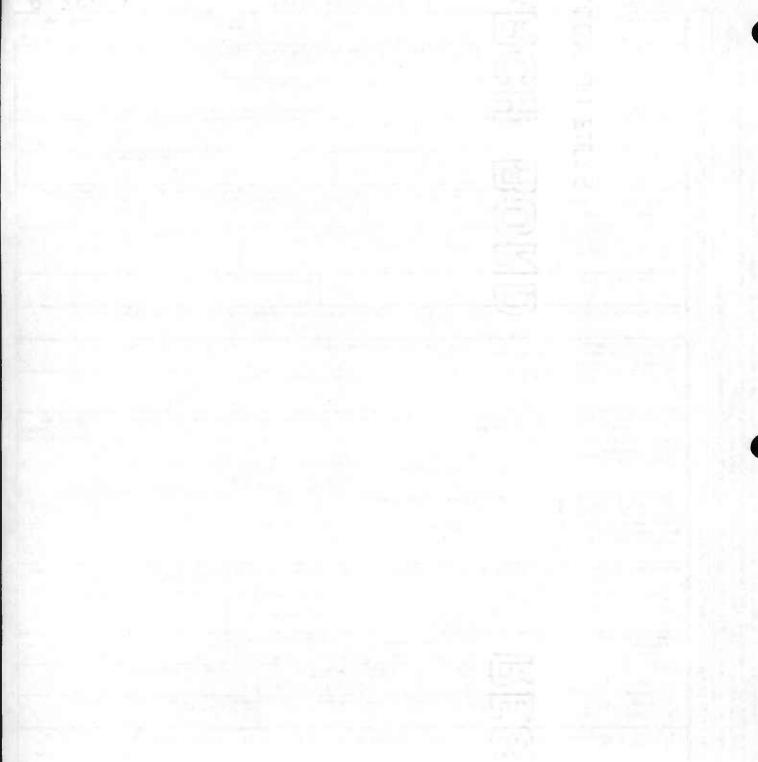


		1 - STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIEN REG. NO.		4 04509
		1. DECEDENT'S NAME (First, Middle, Last) ROSLYN		HILL		2. DATE OF DEATH MONTH FEBRUARY	12, 195	3. TIME OF DEATH
Pin		4. SOCIAL SECURITY NUMBER 214-44-9769	5. SEX 6. AGE (In yrs. less) 1 1 M 2 F 5 0	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIFTTH (Mopth, Day, Year) 11/18/4	4 0	HRTHPLACE (State or Foreign Country)
, 2, 3 should	ECTOR	THE JOHNS HOPKIN RESIDENCE OF DECEDENT			TIMORE CITY	EATH	9c. COUNTY	OF DEATH
permit, Pages 1,	DIR	10a. STATE 10b. COUNTY		Baltim	ore City			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
15	UNERAL	6602 Aquarius C	ourt		101. ZIP CODE 2121	4		OF WHAT COUNTRY?
5-0020 nding physician. Is the burial-transit	BY F	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, OIVE WAR OR DATES	0	WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 A NO Speci	en, Puerto Rican, etc.)	or No — 14. I	RACE — American Indian, Black, White, etc. Specify: Black
r atte	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) = 1 2	completed) (GF	CEDENT'S USUAL O ve kind of work done Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BUS	BINESS/INDUSTI	RY
YLAND 2. by the hospital o be detached for at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Meiden	Surname)	
RYL ed by ed at	BF	Joseph Richard  190. INFORMANT'S NAME (Typos/Print)				ries Arti		
MAR retained 5 should notified	2	Gwendolyn Fru			S (Street and Number or Rural Uarius Co			
ALTIMORE, seath. Page 6 may be funeral director, page examiner must be		20s. METHOD OF DISPOSITION 1.\(\text{\$\exititt{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\	20b. PLACEA cemetery, cree	ND DATE OF DISPOS		DATE 20c. LO	CATION — City	or Town, State
TIM . Page ral dire		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22.	NAME AND ADDRESS OF F	ACILITY		lto., MD
- 07		> 3/E #100	well.g		08 West No altimore,		ue	
tely filled in the mation, or ren		23. PART i. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the de- list only one cause on each line.  SEPSIS  DUE TO (OR AS A CONSEC		the mode of dying, su	ch as cardiac or respi	ratory arrest,	Approximate Interval Between Onset and Dasth
687 ecuted ind con burial,	NO	Sequentially list conditions,	***************************************		MINII PNE	WMONIA		50)
P.O. BOX th certificate he es ending physican a Hygiene prior to or other traum	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF AS A CONSECUTIO	MUNE DE	FICIENTY S	MINGNE		6yn
PECORDS.	MEDICAL C	Crap of coces	e contributing to death but not not men may its	eaulting in the u	nderlying cause given in	Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
VITAL AN: The law utfcate has t e State Dept or Nem 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	HOSPITAL:	OTHE	28. PLACE OF DEATH (C	heck only one)	7	
	HA	1  YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 3 28a. DATE OF INJURY (Month, Day, Year)		sing Home 8 Residence 28c. INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE	D
DIVISION OF OR ATTENDING PHYSIC DIRECTOR: After this on hours after death with Item 28 is marked,	ВУ	1 Natural 8 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At ho	М	1 YES 2 NO	281. LOCATION (Street I	and Number or R	ural Route Number
OIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	4 Homicide determined	building, atc. (Specify)		•	City or Town, State)		
<b>E 42 =</b>	COMPL	enel -	CIAN: To the best of my knowledge, det R: On the basis of examination and/or in					use(a) and manner as stated.
물물물	BE C	296 SIGNATURE AND TITLE OF CERTIFIER		0 1	29c. LICENSE NU	MBER	29d. DATE SIG	ENED (Month, Day, Year)
228	10	39/NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM		ma Ba	70 40 5	2,287	77
		31. DATE FILED (Month, Dec. World) 1994	Julia Durdon Ann	delle	1070	אק טון	100 7	

	cuted within cours after death, Page 6 may be retained by the hospital or attending obysician.
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	1. DECEDENT'S NAME (First, Middle Benjamin J.							2. DATE OF DEATH	DAY	YEAR	3. TIME OF DE
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	Inat hirthright)	IF UNDER 1 YEA	= I = UND	ER 24 HRS.	Feb. 7,	1994		13:20
7.5	212-12-1155	1 🔀 M 2 🗆 I			MONTHS DAY		-	(Month, Day, Year	1915	Country)	vland
	9a. FACILITY NAME (If not institution		70		Oh CITY TOW	OP LOCA	TION OF DE				,
œ					9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH						ATH
5	Francis Scot	t Key nospi	Ital		Baltimore						
DIRECTOR		COUNTY		10c, CITY	, TOWN OR LO	CATION					10d. INSIDE CIT
D	Maryland -			Ba1	timore					1	LIMITS?
AL	100. STREET AND NUMBER	1			I	101. ZIP COI	DE		10g. CIT		AT COUNTRY?
ERAL	5404 Summerf:	ield Avenue	2			2120	16		U.S.	Α.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Merrie 3 Widowed 4 Divorced	FORCES?	DENT EVER IN U.S. A 1 YES 2 X E WAR OR DATES		II yes,	DECENDENT	OF HISPANI	IC ORIGIN? (Specify n, Puerto Rican, etc.	Yes or No-	14. RACE -	- American inc Whita, etc. White
		IT'S EDUCATION	100 1	- COPPENSION	1 00000	-71011					White
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2 E	Elementary/Secondary (0-12) N/A	College (1-4 or N / A	r 5 +)					T T	01 0 1		
M	17. FATHER'S NAME (First, Middle,		Pie	echani	С	T 40, 140			Clark	ξ	
	The state of the s					ME (First, Middle, Mei	,				
BE	Walter Iczkov	121 2121 100				n Unknov					
2								Number, City or			21206
	Fannie Iczkov	wski (wile)					Aven	nue, Balt			
	t № Burial 2 Cremation 3		cemetary, c	CEAND DATE OF	her place!				LOCATION —		
	4 Donation 5 Other (Speci	elfy)	Holy	y Rosa	ry Cem			2/10 E	altimo	re, l	Maryla
	21. BIGNATURE OF FUNERAL SER	IVICE LICENSEE									
7	22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc.										
- 3	Miai	1 his									2121
- 8	23. FART T. Enter the disess	as or complications to	that caused the c	death. Do no	333	1 Bre	hms L	ane, Bal	timore	Md.	
	The second secon	tea, or complications to fallure. List only one of	that caused the couse on each lin	death. Do no	333	1 Bre	hms L	ane, Bal	timore	Md.	Approxi
	23. PART I. Enter the disease shock, or hear! I IMMEDIATE CAUSE (Final disease or condition	fellure. List only one o	cause on each lir	na.	333 ot enter the	1 Bre	hms L lying, such	ane, Bal	timore	Md.	Approxi
	IMMEDIATE CAUSE (Final	fellure. List only one o	cause on each lir	na.	333 ot enter the	1 Bre	hms L lying, such	ane, Bal	timore	Md.	Approxi
	IMMEDIATE CAUSE (Final disease or condition	fellure. List only one o	cause on each lir	na.	333 ot enter the	1 Bre	hms L lying, such	ane, Bal	timore	Md.	Approxi
NO	IMMEDIATE CAUSE (Final disease or condition	fellure. List only one o	cause on each lir	na.	333 ot enter the	1 Bre	hms L lying, such	ane, Bal	timore	Md.	Approxi
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. Due	that caused the couse on each life of the couse on each life of the couse of the co	na.	333 ot enter the	1 Bre	hms L lying, such	ane, Bal	timore	Md.	Approxi
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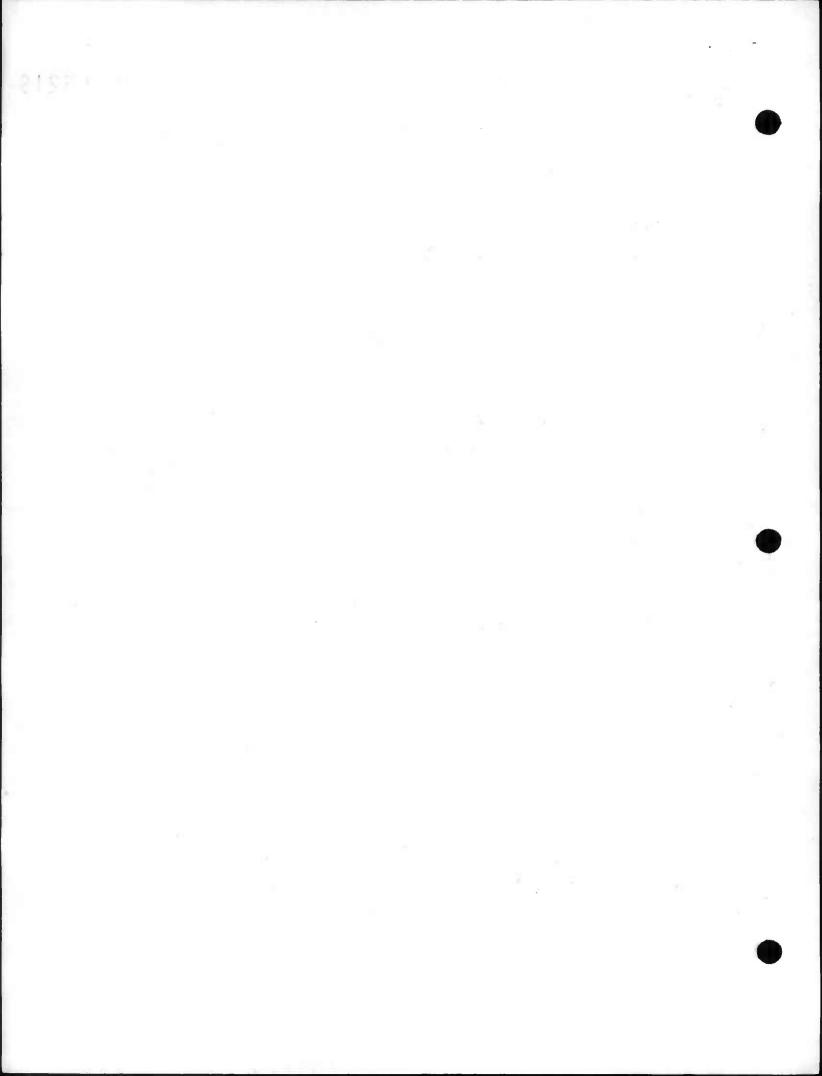
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DIVISION OF VITAL RECORDS, P.O. BOX 64769	OR.	OIR	hour	Item
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifican be executed within a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and characteristics.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to hund.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, th
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH FEBRUARY GRADY JOHNSON JR. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 213-90-2735 DAYS HOURS MIN (Month, Day, Year) 09-19-69 24 1 ¥ XM 2 □ F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 4801 CROWSON AVENUE BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE MARYLAND n/a 10e, STREET AND NUMBER 10f. ZIP COOE CROWSON AVENUE 4801 21212 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 TYES 2 NO Specify: 3 Widowed 4 Divorced n/a 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) FLORIST 12 TH n/a 17. FATHER'S NAME (First, Middle, Last) GRADY JOHNSON SR. 19a. INFORMANT'S NAME (Type/Print BARBARA JOHNSON 20a. METHOD OF DISPOSITION

1 XX Jurial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of VOSHELL MEMORIAL GARDENS2-17 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.- 1101 shock, Dr haart fallura. List Dnly Dne cause Dn aach lina. IMMEDIATE CAUSE (Final disease or condition\_ 41Ds resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.

3. TIME OF DEATH 1994 n/a B. BIRTHPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH DIRECTOR n/a 10d. INSIDE CITY 1 X YES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? UNITED STATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuban, Maxicen, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. В Specify: **BLACK** COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Sur BARBARA LAWRENCE BE 196. MAILING ADDRESS (Street and Number of Flatter Park BARTIMORE, "MARYLAND 21218 9 20c. LOCATION — City or Town, Stata DUNDALK, MARYLAND E. North Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, Approximate Interval Between **Onset and Death** CERTIFICATION 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 1 TYES YES NO 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 1 X Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide ETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. COMPL (Check only one) ion and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) and men 296. SINGUIRE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 9 30. NAME AND ADDRESS OF PERSON WHO CO CAUSE OF DEATH (ITEM 27) (Type, Print) larc 31. DATE FILED (Month, Day)



requires that the open centrulations is recuted within 25 rouns after death. Page 6 may be retained by the hospital or attending physician.	S Diena	ere p	ed, or item 23 shows any injury. Lather traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires man the oran certificate by integral	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the control of the land of the control of th	be filed within 72 hours after death with the State Dept, of Health and Mercal Houseway profits buri	IMPORTANT: If item 28 is marked, or item 23 shows any injury, a cather traumatic	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	CERTIFIC	ATE OF DEAT	Н	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last)  CAROL JONES			2	DATE OF DEATH DO	AY YE			
1. 9	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (	UNDER 1 YEAR IF UNDER 2 NTHS DAYS HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 05 06 48  8. BIRTHPLACE (State or Foreign Country) Md.					
DIRECTOR	BON SECOURS HOSPITAL	96	96. CITY, TOWN OR LOCATION OF DEATH  Baltimore City						
E	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		7		10d, INSIDE CITY		
	Md.	Balt	imore			LIMITS?			
FUNERAL	100. STREET AND NUMBER 2534 W. Lanvale St.		101. ZIP CODE 212	101. ZIP CODE 109. CITIZEN OF WHAT COUN U.S.					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EYER IN FORCES? 1 YES IF YES, GIVE WAR OR D/	2 📑 NO	13. WAS DECENDENT OF If yes, specify Cuben 1 YES 2 TONO	, Maxican, F	ORIGIN? (Specify Yes		RACE — American Indian, Black, White, atc. Specify: Black		
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEDENT'S USL (Give kind of work life, Do NOT use re	done during most of working		16b. KIND OF BU				
COMPLET		Teach	er						
	17. FATHER'S NAME (First, Middle, Last) George Faulkner				(First, Middle, Malden				
B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number of		Hawkir		-1		
일	George Faulkner		W. Lanval						
	1 Burlet 2 Commation 3 Removal from State Cam	PLACE AND DATE OF D	ISPOSITION (Nama of place)		OATE 20c. LO	CATION — City of	or Town, Stata		
ŝ	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ern Ch	22. NAME AND ADDRESS Walnwrig	OF FACILI	2-6-94 B	Home	Md.		
	Jeb to mileberrow	regitt	2700 Edm	onds	on Ave.	Balto	o. Md. 21221		
	23. PART I. Enter the disesses, or complications that caused abook, or heart failure. List only one cause on eximmediate CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A	rge Al	1 / /		s cerdiec or resp		Approximate Interval Batween Onset and Death		
CERTIFICATION	Sequentially tlat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  ON CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):								
- 11	PART II. Other significant conditions contributing to death be	ut not resulting in th	ne underlying cause gi	ven in Par	rt I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS		
: MEDICAL					PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26, PLACE OF DE	ATH (Check	only one)				
PHYSICIAN:	1 YES 2 NO HOSPITAL:		HER: Nursing Home 5 - Res	idence 8	Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY	28c, INJURY AT WORK?  M 1 YES 2		id. OEŞCRIBE HOW I	NJURY OCCURE	0		
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY building, atc. (Special Countries)	— At home, farm, stree	t, factory, office	28	If. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route Number,		
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge on the best of my knowledge on the best of samination on the best of t	edge, death occurred at a and/or investigation, in	the time, data and place, a my opinion, death occurre	and dua to t	the cause(a) and mer a, data and place, an	ner se stated,	ree(s) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	11 11	or ciam D	L 9	769	29d. DATE SIG	NED (Monthy Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEA	ATH (ITEM/27) (Type, Prin	7 5/6.	v. Ge	follyon.	RD'	Bar (to.		
	31. DATE FILED (Month, Day, Year) FEB 1 7 1994 Julia Sanism	Rudell			0				

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	1. DECEDENT'S NAME (First, Middle, Last DORA REBEC					2. DATE OF DEATH	2 19	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	FEB. 1		94 7:48P.M. BIRTHPLACE (State or Foreign		
	217-03-8865	4 17 44 6 Mg 5	91 YRS.	MONTHS DAYS	HOURS MIN.	2/12/03		Maryland		
œ	9a. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									
DIRECTOR	301 Milton Avenue Glen burnie Anne Arunde RESIDENCE OF DECEDENT  100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE CITY									
JIRE	Maryland Ann	nie			10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
	10e. STREET AND NUMBER				of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	300 Milton Aven	T			21061		USA			
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Addowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 ANO	If yes, sp	CENDENT OF HISPAR pecify Cuben, Mexica S 2 NO Specify	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: White		
TED	15. DECEDENT'S ED (Specify only highest grad	DUCATION de completed)	(Give kind of	S USUAL OCCUPATI work done during m	ION lost of working	16b. KIND OF BU	SINESS/INDUST			
COMPLETED	7th Grade	College (1-4 or 5+)	Lady		Couri	ng Fact				
NO.	17. FATHER'S NAME (First, Middle, Last)		1 11001	Васу	18. MOTHER'S NA	ME (First, Middle, Meider		OLY		
BE C	Richard Saulsbu	ry			Laura	a Kanan				
9	190. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox				
	Ruth Callahan	20		Drumwood		Towson, M				
	20s. METHOD OF DISPOSITION  1 A Burdai 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Lakeview Memorial Park 2/16/94 Sykesville, MD									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Johnson Funeral Home									
	1///	27		Lonns	son Funer	A HOME				
	IMMEDIATE CAUSE (Final	e. List only one cause on	eech line.	not enter the mo	Loch Ray	en Blud	Towson	Approximate interval Between		
MIFICATION	shock, or heart fallure	a. Due to (or as b. Myocardi Due to (or as c.	A CONSEQUENCE	not enter the model of the mode	Loch Ray	en Blud	Towson	Approximate interval Between		
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ETED BY PHYSICIAN: MEDICAL CE	shock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only) 1 CERTIFYING PHY	B. List only one cause on a  DUE TO (OR AS  b. MYOCARdi  DUE TO (OR AS  c. DUE TO (OR AS  d. One contributing to death  HOSPITAL: 1   Inpetient 2   ER/Out  28e. DATE OF INJURY  (Month, Day, Year)	A CONSEQUENCE OF A CONS	ort enter the model of the model of the the the model of the	Loch Ray ode of dying, suc  (  Cause given in  PLACE OF DEATH (Ch me 5   Residence JURY AT ORK? YES 2   NO ce	Part I. 24s. WAS AT PERFO 1 YES  6 Other (Specify)  28d. DESCRIBE HOW  261. LOCATION (Street City or Town, State	A AUTOPSY RMED?  2 NO  INJURY OCCURE and Number or R	Approximate interval Betwo Onset and De Onse		
BE COMPLETED BY PHYSICIAN: MEDICAL CE	shock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only) 1 CERTIFYING PHY	B. List only one cause on a Due to (or as b. Myocardi Due to (or as b. Due to (or as c. Due to (or as d. Due	A CONSEQUENCE OF A CONS	ort enter the model of the model of the the the model of the	Loch Ray ode of dying, suc  (  Cause given in  PLACE OF DEATH (Ch me 5   Residence JURY AT ORK? YES 2   NO ce	Part I. 24a. WAS AN PERFO 1 YES  1 Other (Specify)  28d. DESCRIBE HOW  261. LOCATION (Street City or Yourn, State time, dete end place, e	INJURY OCCURE and Number or R	Approximate interval Betwee Onset and De Ons		
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1. DECEDENT'S NAME (First, Middle, Lest)

1. Devid William Kolley Sr., David Wayne Kelley Sr.

		1. DECEDENT'S NAME (First, A		n Kollo	v Sr. D	avid	Wavne	Ke	llev Sr.	MONT			EAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs. la:	st birthday)			IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTN h, Day, Year)	0.		ACE (State or Foreign
pluods		212-36-797		Δ.	5.5	) The	9b. CITY	, TOWN	OR LOCATION OF D		14 1	939	Y OF DEA	ΜΛ
1, 2, 3 sh	CTOR	4591 Mountain Road Pasadena Anne Arundel												
Pages	DIREC		ob count Anne	Arunde	1		sade		TION					Dd. INSIDE CITY LIMITS?  YES 2 NO
nsit permit.	FUNERAL	100. STREET AND NUMBER 4591 Mounta	ain 1	Road				10	21122			10g. CITIZEI		AT COUNTRY?
5-0020 nding physician. Is the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorce		FORCES?	T EVER IN U.S. AF	NO		If yes, s	CENDENT OF HISPAI pecify Cuban, Maxico S 2 NO Specif	an, Puerlo		s or No- 14		American Indian, white, atc. White
2121 al or atte for use a	PLETED	15. DECEE (Specify only f Elementary/Secondary (0-1: 1.2			+)	live kind of Do NOT u	ree retired.)	during m	ost of working			siness/indus		
YLAND by the hospital be detached to l at once.	1 W I	17. FATHER'S NAME (First, Midd Lomer		avid	Kelley		CI I	1601	18. MOTHER'S NA	_	Middle, Maiden		4	11 y
E, MAR y be retained sage 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) Hazel A. Kelley			19				and Number or Aural tain RO					21122
e 6 may rector, pa		20a. METHOD OF DISPOSITIO  1	20b. PLACE cemetery, cri Meado	ematory or o	dge	Mer	n. Park	0AT	15 E	CATION - CIT	3, C	ounty, MI		
SALT r death. re funer al.		21. SIGNATURE OF FUNERAL	29	Julillea	ams		22.	rame 1 3204	ADDRESS OF FA	nera ain	1 Hon Road,	ne of Pasa	Pas aden	adena a 21122
to be executed within mours after sician and completely filled in by the prior to burial, cremation, or remover traumatic event, the medical	CERTIFICATION	shock, or hes iMMEDIATE CAUSE (Fine disease or condition resulting in deeth)  Sequentially list conditio if any, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease or injury	na, ate	b	O (OR AS A CONSE	OUENCE C								interval Between Onset and Death
T.O. I	ERTIF	that initiated events resulting in death) LAST	OR AS A CONSE			ی د	cell lun	ong cancer						
NECORDS,  w requires that the dea been signed by the att  or of Health and Menta  shows any injury,	MEDICAL	PART II. Other algnificent	condition	na contributing to	deeth but not	resulting	in the u	nderlylr	ng cause given in	Part i.	24a. WAS AN PERFO 1 YES	RMED?	AN CC OI	PRE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
AN: The law tificate has be state Dept.	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE	_	LACE OF DEATH (C)	heck only o	ne) -			
SICIAN: The certificate the State to then the State	PHYS	1 TYES 2 NO		1 Inpatient 2		DOA 28b. TIR	4 🗆 Nu	rsing Ho	JURY AT			INJURY OCCUI	RED	
ON OF OF After this ce death with the marked,	B	1 Natural 5 Pe	ending restigation	(Month, L		IN	JURY	1 🗆	ORK? YES 2 NO			and Number or		
THEN STORES	Ш	4 Homicide de	ould not be termined	building	, etc. (Specify)	A. 100 (1)	ottoot, lac	tory, one		City	or Town, State	)	HUNET HOU	• Number,
로 그 다 도	COMPLET	one)							e and place, and due death occured at the					nd manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 in	TO BE	Candace	Oh	ndler					D29				HIGHED (M	fonth, Day, Year) - 9 4
5		30. NAME AND ADDRESS OF I		O COMPLETEO CAU	ISE OF DEATH (ITE	M 27) (Typ	e, Print)							
		31. DATE FILEO (Month, Day, Ye FEB 1 7 1994	") of	32. REGISTR	A'S SIGNATURE		8		7770					

TO BE COMPLETED BY FUNERAL DIRECTOR

ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit pernoval.	si examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pury after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as the burial-transit perm. The filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	0F	<b>HEALTH</b>	AND	MENTAL	HYGIENE
		C	<b>ERTIFICATE</b>	0	F DEAT	ГН		REG. NO.

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41	0	4	7	э.	-
2	0		-	8	-

1 - FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		04515		
1. DECEOENT'S NAME (First,	, Middle, Lest)	Kelly		2. DATE OF DEATH MONTH	5 9	3. TIME OF DEATH 4/30 A M		
4. SOCIAL SECURITY NUMBER 220 30 1873	3 1 X M 2 □ F	79 YRS. MON						
	estitution, give street and number) 1rsing Center Ham		Baltimore	DEATH	Pc. COUNTY	e Arundel		
100. STATE Maryland	10b. COUNTY Anne Arundel	10c. CITY, TO	WN OR LOCATION	Pasadena	10d. INSIDE			
100. STREET AND NUMBER 119 Montros		•	10f. ZIP CODE 21122		10g. CITIZEN OF WHAT COUNTRY United States			
11. MARITAL STATUS  1 Never Married 2 X  3 Widowed 4 Divo	I IF YES, GIVE WAR OF	S 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mex 1 YES 2 NO Spe	ican, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White		
(Specify onl	EDENT'S EDUCATION by highest grade completed) 0-12)  College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work in the Do NOT use ret	done during most of working ired.)	16b. KIND OF BU				
9 17. FATHER'S NAME (First, M	Medic Lock	Salesilla			orm Com	pany		
James	Wesley	Ke11v		NAME (First, Middle, Melder Ma:		Miller		
19a, INFORMANT'S NAME (			DRESS (Street and Number or Rur					
Dorothy E.			ontrose Rd., I			122		
20a. METHOD OF DISPOSIT  1 M Burlel 2 Crematic  4 Donation 5 Other  21. SIGNATURE DE VIDERA	on 3 🗆 Removal from State  r (Specify)	20b. PLACE AND DATE OF of cemetary, crematory or o Western Cem	oisposition (Name ther place)  etery 2/1  22. NAME AND ADDRESS OF	DATE 20c. LO	altimor	or Town, State		
> Stoll	A Laborer		McCully Fur 3204 Mounta					
23. PART 1. Enter the description of the second shock, or had been second to be sec	DUE TO (OR A	s A CONSEQUENCE OF:		1	Oles	Approximate Interval Between Onset and Death		
if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	odlate ING c. Due to (on A	S A CONSEQUENCE OF):						
PART II. Other significant trace	ent conditions contributing to deet				RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED 1			26. PLACE OF DEATH	(Check only one)		-		
EXAMINER?	HOSPITAL: 1   Inputient 2   ER/C		HER: Nursing Home 5 - Realden	ce 8 - Other (Specify)				
27. MANNER OF DEATH  1 Hetural 5  2 Accident	Pending Investigation		28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED		
a 🗆 a delde	Could not be detarmined 28e. PLACE OF INJI building, etc. (3	JRY — At home, term, stree Specify)	t, factory, office	281. LOCATION (Street City or Town, State		Bural Route Number,		
One)	TIFYING PHYSICIAN: To the best of my kr					suse(e) and manner as stated.		
296 SIGNATURE AND TITLE	e OF CENTIFIER  LULICOTTO		29c. LICENSE	NUMBER	29d. DATE SI	GNED (Month, Day, Year)		
30. NAME AND ADDRESS O	F PERBON WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type, Prin	10)					
31. DATE FILED (Month, Day,	100/	IGNATURE						

PALIAL RECORDS, F.O. BOX 80180	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending principle.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as measure frame permit. Pages 1, 2, 3 should the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	by other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIFICAT	E OF	DEATH	REG. N	0.	-	77 070		
	D IIIONC					2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATN		
LILIAN  4. SOCIAL SECURITY NUMBER	E.	LUCAS  6. AGE (In yrs. last )				02 15		94	1:20 P.		
	1 M 2 V F		YRS. MONTHS	-	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Count	HPLACE (State or Foreigny)		
216–18–7270  9a. FACILITY NAME (If not institution, give		89				11-02-0			MARYLAND		
ST. JOSEPH'S NUR	WILLIAM TO THE COLUMN	E	96. (11	1,500	ONSVILL		9c, CO	BALT	PIMORE		
10a, STATE 10b, COUNT	Y		10c. CITY, TOWN	OR LOCATION					10d. IHSIOE CITY		
MARYLAND			BALTIMORE						LIMITS?		
10e. STREET AND NUMBER				101.	ZIP COOE	10g, CITIZEN			WHAT COUHTRY?		
107 WESTOWNE ROAL					212	29		11 9	3 Δ		
11. MARITAL STATUS 1 Never Married 2 Married 3XX Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	NT EVER IH U.S. ARM I YES 2 NO MAR OR DATES	NED 13	If yes, spe	ENDENT OF HISPA	NIC ORIGIN? (Specify ) an, Puarto Rican, atc.)	IIC ORIGIN? (Specify Yes or Ho— 14 n, Puerto Rican, atc.)		U.S.A.  4. RACE — American Indian, Black, White, etc.  Specify:		
Carried The Value of	1								WHITE		
15. DECEDENT'S EDU (Specify only highest grad	e completed)	(Give	EDENT'S USUAL ( e kind of work done Do NOT use retired.	a durina mos		16b, KIHD OF B	USINESS/II	HOUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5	+)		,		OTTOT 7	יחטטמי	E (())	ADV VIA		
10		OP.	ERATOR		A production of				1PANY		
17. FATNER'S NAME (First, Middle, Last)						AME (First, Middle, Malde	n Sumame)				
FREDERICK ZIMM	OWNY				GERTRU						
19a. HIFORMANT'S NAME (Type/Print)	/ D TT -					Route Number, City or T			APT I 21229		
PRISCILLA GARNER	( D-IN-L	AW) 22	6 STONE	CROFT	ROAD B	ALTIMORE,	MARY	LAND	21229		
20a. METHOO OF DISPOSITIOH  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State											
			natory or other blace	9)							
4 Donation 5 Other (Specify)			N CEMET	ERY	02/19/9		TIMO	RE, N	MARYLAND		
			N CEMET	ERY HAME AH	ID ADDRESS OF F	CILITY					
4 Donation 5 Other (Specify)			N CEMET	ERY HAME AH EROY	M. & RU	SSELL C. V	VITZK	E FUI	VERAL HOME		
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUL  RVICE LI	CENSEE	WESTER	N CEMET!	ERY HAME AH EROY 630 E	M. & RU	SSELL C. V	VITZK CATON	E FUI SVILI	VERAL HOME LE MARYLAN		
21. SIGNATURE OF FULL PRVICE LI	CENSEE  Complications the	WESTER	N CEMET!	ERY HAME AH EROY 630 E	M. & RU	SSELL C. V	VITZK CATON	E FUI SVILI	NERAL HOME LE MARYLAN Approximate Interval Betw		
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23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditional cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditional cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINERY?  1 YES 2 HO  27. MANNER OF DEATH  1 Hetural 5 Pending investigation of the determined determined	complications the List only one cet as DUE TO b DUE TO c DUE TO d DUE TO d DUE TO d To DUE TO d DU	of Control of the Con	UENCE OF):  DOA OTHE DOA 4 HOUSE OF HUURY M	ERY 2. HAME AM EROY 630 F or the modern of t	DADRESS OF F.  M. & RU  DMONDSO  de of dying, sur  C	Part I. 24a. WAS / PERF  1 Part I. 24a. WAS / PERF  1 YES  25d. DESCRIBE HOW. City or Town, Sta	VITZK CATON piratory a  A rue  A rue  NAMED? 2 \( \text{NO} \text{NO} \)  IN AUTOPS'  ORMED? 2 \( \text{NO} \)  IN AUTOPS'  ORMED?	E FUI SVILI	APPROXIMATE Interval Betwood Onset and Down Onset a		
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32. JEGISTRARIO'SIGNATURE
Julio Sandem Rendell

pre-pour

31. DATE FILED (Month, Day, Year)
FEB 1 7 1994

ROLENDO M. SABUNDAYO, M.D. 400 FREBERICK KOAD SUITE 162 CATONSVILLE, MD 21228

	1. DECEDENT'S NAME (First,											1.0		
	MONTH - DAY / - VEAR								S:30					
R	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH									8. BIRTHPL	ACE (State or For			
		1561	1 M 2 🗆 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.		-1922	2	Mar Mar	yland
	UNIVERSITY	estitution, give s	MARYLA	NID LIKE	PITAL		96. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE  -BF					10 RE NA		
CTO	RESIDENCE OF DEC	EDENT		7105		-			1140	100		0.1		
DIRECTOR	Maryland	10b. COUNT	· e Arundel			ry, town		TION						od, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Anne	Arunuel			asal		. ZIP COD	E			10g. CITIZ		T COUNTRY?
FUNERAL	7928 E				21122					JSA				
FUN	11. MARITAL STATUS	Mandad	12. WAS DECEDEN	X YES 2		13.				IC ORIGIN? (		or No-	14. RACE - Black, 1	- American India White, etc.
BY	1 Never Married 2(X) 3 Widowed 4 Divo	rced	Army	WWZ		1 YES 2 X NO Specify:						Specify:	lhite	
TED	(Specify only	EDENT'S EDU y highest grade	completed)		Give kind of	work done	during mo	st of world	ng		IND OF BUS			48.5
COMPLET	12th Grade	1-12)	College (1-4 or 8	+) Ref	and	d Cle	Rocerk	om Op	perat	or Jo	seph	E. Se	eagra	ıms Co.
BE CO		mes	Lewis					Net	ttie	WE (First, Mid Viola	Pier	pont		S
2	190. INFORMANT'S NAME (7) Mrs. Nanc		_ewis							Pas				.122
	20a, METHOD OF DISPOSITI		ovel from State	20b. PLAC	E AND DATE	OF DISPO	SITION (Na	ime o/	) l. 0		20c, LOC			
	4 Donation 5 Other 21. Signature of Linera		SENSEE Kovi	_ Gler		22	NAME AL	ND ADDRE	SS OF FAC	CH ITY				Maryl
ITIFICATION	McCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, Md.													
	disease or condition resulting in death)		b. DUE TO	Cerebi O (OR AS A CONS O (OR AS A CONS	BEOUENCE (	of):  Ac	ten	Acci	dent Dis	ieas	_	4		
ERTIFICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	ing dry	c	OR AS A CONS	EOUENCE (	OF):								
MEDICAL CERTIFICATION	If any, leading to imme- cause. Enter UNDERLYI CAUSE (Disease or inju- that initiated events	ing iny	d				nderlyln	g cause	given in i		4a. WAS AN PERFOR	MED?	6	MAILABLE PRIOR COMPLETION OF C OF DEATH?
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MEDICAL	If any, leading to imme- cause. Enter UNDERLIC CAUSE (Disease or inju- that initiated events resulting in death) LAS	er condition	d	o death but no	t resulting	othe	26. PI	LACE OF D	DEATH (Che	eck only one)	PERFOR	MED?	6	MAILABLE PRIOR COMPLETION OF C OF DEATH?
MEDICAL	If any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significations.  25. WAS CASE REFERRED TO EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH	ent condition	HOSPITAL: 1 M inpatient 2 28e. DATE O	o death but no	t resulting	OTHE	26. Pi R: rsing Hon 28c. IN.	LACE OF D	DEATH (Che	eck only one)  6  Other (	PERFOR	MED?	1	YERE AUTOPSY FI MAILABLE PRIOR COMPLETION OF C F DEATH?
	If any, leading to immecause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnifications.  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Notural 5 2  2 Accident	er condition	HOSPITAL: 1 M Inpatient 2 28a. DATE O (Month, i	□ ER/Outpetient F INJURY Day, Year)	t resulting	OTHE 4 Number of	26. PIR: rsing Hon 28c. IN. WC	LACE OF E	DEATH (Che	eck only one)  © Other ()  28d. DESCI	PERFOR	MED?	URED	MAILABLE PRIOR COMPLETION OF C P DEATH?  YES 2   1
ED BY PHYSICIAN: MEDICAL	If any, leading to immecause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other aignifications of the control of the contr	int condition  o MEDICAL	HOSPITAL: 1 18 inpatient 2 28e. DATE O (Month, inc.)	Death but no	t resulting	OTHE 4 Number of	26. PIR: rsing Hon 28c. IN. WC	LACE OF E	DEATH (Che	6 Other (2	PERFOR	MED?	URED	MAILABLE PRIOR OMPLETION OF 6 P DEATH?  YES 2
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immecause. Enter UNDERLYI CAUSE (Disease or Injuthat Initiated events resulting in death) LAS  PART II. Other algnification of the control of the contro	Pending Investigation Could not be detarmined FIFYINO PHYS VICAL EXAMINI E OF CERTIFIE	HOSPITAL: 1 M Inpatient 2 28e. DATE O (Month, including of the basis o	Description and/	3 DOA 29b. Till home, farm, death occur or investigat	OTHE 4 Nu ME OF NJURY M, street, fac	28. PI FR: rsing Hon 28c. IN, WC 1  ttory, office	LACE OF E	DEATH (Che asidence NO	sck only one) 6 Other (1 28d. DESCI 281. LOCAT City or	PERFOR  YES 2  Specify)  RIBE HOW II  ION (Street a Town, State)	MED?  NO  NJURY OCC	URED  URED  or Rural Root  d.	MAILABLE PRIOR COMPLETION OF ( ST DEATH?  YES 2      When Number,  and manner as a  Month, Day, Year)
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnifications.  25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 DEATH 2 Accident 3 Suicide 6 Homicide  29a. CERTIFIER (Check only one) 2 MEO	Pending Investigation Could not be detarmined FIFYINO PHYS VICAL EXAMINI E OF CERTIFIE	HOSPITAL: 1 Bi inpatient 2 28e. DATE 0 (Month, including the building	Description of my knowledge, examination and Surgiuse of Death (i	3 DOA 29b. Till home, farm, death occur or investigat	OTHE 4 Nu ME OF NJURY M, street, fac	28. PIR: rsing Hon 28c. IN. In	LACE OF E	DEATH (Che esidence NO	sck only one) 6 Other (1 28d. DESCI 281. LOCAT City or	PERFOR  YES 2  Specify)  ION (Street a Town, State)  (e) and mannd place, and	MED?  NO  NJURY OCC	d. SIONED (# 2 - ] 2	MAILABLE PRIOR COMPLETION OF C F DEATH?  YES 2   I  VIEN VIEN VIEN VIEN VIEN VIEN VIEN VIEN

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	94	0451
1	24	0401

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN		94 0451		
	1. DECEDENT'S NAME (First, Middle, Last)	PATRICK				2. DATE OF DEATH MONTH D	AV YE	3. TIME OF DEATH		
	John	Р.		rgan		Feb 12				
	4. SOCIAL SECURITY NUMBER 213-68-3304		In yrs. last birthday) _ 37 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 3/24/56	0	SHITHPLACE (State or Foreign Country) Marvland		
Z Strough	9e. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY			
<u>,   5</u>	Trailer-rear ( 800 W. Padoni RESIDENCE OF DECEDENT	Bal	timore							
AL DIRE	Marriand 10b. COUNT		10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
AL D	Maryland E	Baltimore		Towson	H. ZIP CODE		10a CITIZEN	1 YES 2 K NO OF WHAT COUNTRY?		
FUNERA	8604 Quentin Av	renue			21234		US			
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	or No 14.	RACE — American Indian,		
B	1 🔀 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 100 II yes, specify Cuben, Mexican, Puerto Ricen, etc.)						Specify: White		
ETED	15. OECEDENT'S EDU (Specify only highest grade	ICATION e completed)	16e. DECEDENT'S I (Give kind of w life. Do NOT use	rork done durina m	ION ost of working	16b. KIND OF BU	SINESS/INDUST	RY		
4	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5 +)		resser-E	Barber	Salo	n-self	employed		
-	17. FATNER'S NAME (First, Middle, Last)  John Joseph Mor	gan				ME (First, Middle, Melden				
	19e. INFORMANT'S NAME (Type/Print)	yan	10h MAH INO	ADDRESS (Street		ia Ann Cro				
notified TO BI	Michael Morgan				Avenue	Towson, M				
st pe	20a, METNOD OF DISPOSITION 1 IX Burlai 2 Cremetion 3 Rem	20b	PLACE AND DATE O	F DISPOSITION (N			CATION — City			
r must	4 Donetion 5 Other (Specify)	Dulaney Valley Mem. Gar.								
examiner	21. SIGNATURE OF FUNERAL SERVICE LI	CENSER	1		ND ADDRESS OF FA					
	Mislinas	3. Norsey	41	8521	Loch Ray	even Blvd. Towson, MD 21286				
medical	23. PART I. Enter the diseases, or ehock, or heert fellure. IMMEDIATE CAUSE (Finel	List only one cause on e	ech ilne.		1	h aa cardiac or reap	iratory arreat,	Approximate interval Between Onset and Death		
event, the	disease or condition resulting in deeth)	OUE TO (OR AS A	CONSEQUENCE OF	ALAT	ION					
	Sequentially list conditions,	b. OUE TO (OR AS A	CONSEQUENCE OF	):						
	if any, leeding to immediate cause. Enter UNDERLYING	c.								
TIFIC	CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF	):						
EH G	resulting in death) LAST	d								
불	PART II. Other eignificent condition	ns contributing to death b	contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?					246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
shows any MEDIC						1\(\sqrt{YES}\) 2	. □ NO	OF DEATH?		
							1	YES 2 NO		
Item 23	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)				
PHYSICIAN:	1 XYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	partient 3 DOA	OTHER: 4 - Nursing Hor	me XXResidence	6 Other (Specify)				
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	URY W	JURY AT ORK?	28d. DESCRIBE NOW INJURY OCCURED				
	2 Accident Investigation	Feb 12 1	994 07 — At home, ferm, st		YES 2 NO			iler fire		
item 28 Is	3 Suicide 6 Could not be 4 Homicide determined	at res	cify)	tiest, factory, offic		26f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) Rear of				
E E	29a, CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of my know		d at the time, date	and place, and due			a_Road		
ANT: If item 2 COMPLET	onel	ER: On the basis of examination						use(s) end manner ee stated.		
E C	296. SIGNATURE AND TITLE OF CENTER		1		29c. LICENSE NUI			GNED (Month, Day, Year)		
IMPORTANT: IF I	Hunt 9	Jeto 71	1		O.C.	M.E.	▶ Fel	b 13 1994		
F	30. NAME AND ADDRESS OF PERSON MY	O COMPLETED CAUSE OF DE								
	I'MAKIO FAIGU	My OK M	()111 P	enn St	reet. F	Baltimore	. Mar	yland 21201		

ONMN-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flowns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR			ERTIFIC							
1. DECEDENT'S NAME (First, Middle, Lest)						MONTH	OF DEATH	1994	EAR 3.	TIME OF DEATH
John V		MacBlan				Feb				2:12 P
	5. SEX	6. AGE (In yrs. I			UNDER 24 HRS. URB MIN.	7. DATE (Month	OF BIRTH	0.25	BIRTHPLA Country)	ce (State or Foreign Vivania
205-16-2492 Se. FACILITY NAME (If not institution, give	Λ	68	2011	CITY, TOWN OR LO			n 30,1	96 COUNTY		
			90.			EAIH				
5611 Carrington I	Dr.			White	Marsh			Balt	imoı	re
10e, STATE 10b, COUNT	ТҮ		10c. CITY, TO	OWN OR LOCATION				115	100	d. INSIDE CITY
	ltimore		W	hite Mar	sh				1[	YES 2 X NO
10e. STREET AND NUMBER				101. ZIP				10g. CITIZEN	OF WHA	T COUNTRY?
5611 Carrington	7				21162				S.A.	
11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDE FORCES?	TYPES 2 WAR OR DATES	ARMED NO	13. WAS DECENDED	Cuban, Mexico	an, Puerto F		or No- 14.	RACE - Black, W	American Indian, hite, etc.
3 Widowed 4 Divorced	W.W.			1 🗆 YES 2 🔀	NO Specif	fy:			Specify:	White
15. DECEDENT'S ED	UCATION	16a. C	DECEDENT'S USU			16b.	KIND OF BU	SINESS/INDUST	TRY	WHILE
(Specify only highest grad	College (1-4 or 5		(Give kind of work life, Do NOT use ret	done during most of tired.)	working					
N/A	N/A	Rat	es and	Tarriffs	Offic	cer	Hemmin	ngway I	Crans	sportati
17. FATHER'S NAME (First, Middle, Last)				16.	MOTHER'S NA	AME (First, A	Aiddle, Maiden	Sumame)		
Robert		MacBlan			Mary					atts
19a. INFORMANT'S NAME (Type/Print)		1	196. MAILING ADS	DRESS (Street and N	umber or Rural	Route Numb	er, City or Yow Marsh	n, State, Zip Co	de)	
Margaret M. MacB	lane (w			rringtor		Balti	more,	Maryla		
20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Rer	moval from State		E AND DATE OF D	ISPOSITION (Name o	1	OATE		CATION — City		
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L		Green	mount (	remators	7	12/1	4 Bal	timore.	Mai	ryland
21. SIGNATURE OF PUIDENAL SERVICE L	ICENSEE			22. NAME AND A	OORESS OF FA	ACILITY				
23. PARTI. Enter the diseasea, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition	complications th	nat caused the course on each lie	death. Do not	Schimur 9705 Be	nek Fu	neral Rd. B	Home	, Inc.	aryla	Approximata Interval Betw
23. PARP I. Enter the diseasea, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	complications the List only one constitution of the Due T	nat caused the cause on each life of the cause of the cau	death. Do not one.	Schimur 9705 Be	nek Fu	neral Rd. B	Home	, Inc.	arvla	Approximata Interval Betw
23. PARTI. Enter the diseasea, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	complications the List only one conduction one conduction one conduction one conduction on the conduction on the conduction of the conduction on the conduction on the conduction on the conduction on the conduction of the conduction on the conduction on the conduction on the conduction on the conduction of the conduction on the conduction of the conduction on the conduction on the conduction of the conduction on the conduction of the conduction on the conduction of the conduction of the conduction on the conduction of the conduct	o on as a cons	death. Do not one.  SEQUENCE OF):	Schimur 9705 Be	nek Fu	neral Rd. B	Home	, Inc.	arvla	Approximata Interval Betw
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23. PARCI. Enter the diseasea, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.	b. DUE TO	O (OR AS A CONS	DEOUENCE OF):	22. NAME AND A SChimur 9705 Be enter the mode of the mode of the underlying ce	nek Funcial Fu	neral Rd. B ch as card	Home altimo llac or reep  24a. WAS AN PERFOI 1   YES 2	, Inc.  Ore. Mairetory arrest	24b. WE AW CO OF	Approximate Interval Betwoon Onset and Donest and Dones
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within N. Durs after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE OF MARYLAND				MENTAL H	YGIENE	94	04520
		ERTIFIC				EG. NO.	YEAR 92L	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. le 219-12-9139 1 🖾 M 2 🗆 F 69  9a. FACILITY NAME (If not institution, give street and number)	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.  OR LOCATION OF DE		14, 192	a. BIRTHP Country, 4 Mar	yland
DIRECTOR	Good Samaritan Hospital  RESIDENCE OF DECEDENT  100. STATE  100. COUNTY		Baltim	ore	EAIN	96. 0	OUNTY OF DE	
	Maryland		imore	. ZIP CODE		10g.		10d. INSIDE CITY LIMITS? 1 X YES 2 NO HAT COUNTRY?
BY FUNERAL	3406 Dudley Avenue  11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 X YES 2 T IF YES, GIVE WAR OR DATES	NO	13. WAS DEC	1213 ENDENT OF NISPAN ocify Cuban, Maxica 25 NO Specifi	n, Puerto Rican.	ecify Yes or No-	- S.A.  14. RACE Black, Specify	
COMPLETED	(Specify only highest grade completed) (( Elementary/Secondary (0-12) College (1-4 or 5 +)	ECEDENT'S USL Give kind of work 6. Do NOT use re	UAL OCCUPATION done during monthred.)	on st of working isabilit		OF BUSINESS	INDUSTRY	White
BE	17. FATHER'S NAME (First, Middle, Last) Garland Miller			18. MOTHER'S NA France	ME (First, Middle S Unkne	, Maiden Surnam DWN		
10	Beverly Volker (Niece)  20a. METNOD OF DISPOSITION  20b. PLACE	5657 U	trecht	Road, Ba			21206	
	1 Burial 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSE	Mount	Cremat	ory  Maddress of FA  munek Fu	CILITY	Baltim	ore, M	
-	23. PART I. Enter the diseases, or complications that caused the dishock, or heart failure. List only one cause on each lin-	eeth. Do not	3331	Brehms	Lane. F	Raltimo	ra Md	Approximats
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	lmb	folism					Interval Between Onset and Death
CERTIFICATION	resulting in death) LAST	OUBNOOD OF CURED	ventr sa c ella	hem	tony o	t cl	remag	1/27/94
N: MEDICAL	PART II. Other significent conditions contributing to death but not Deposit Repositions of Depositions.	resulting in ti	he underlying	g cause given in		WAS AN AUTOPS PERFORMED? YES 2 11-110		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   Thipstlent 2   ER/Outpetient 3		THER:	ACE OF DEATH (Che		cify)		
B¥	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28b. TIME OF INJURY	M 1 Y	RK? 'ES 2 NO		E NOW INJURY		
COMPLETED	4 Homicide detarmined building, stc. (Specify)				City or Tow			ne number,
COMP	Check only (Check only one)  2 MEDICAL EXAMINER: On the basis of exemination and/or							and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  JAN, MAN  30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	) EM 27) (Type, Prin	W)	D 690	L7 O	29d. D	2/7/9	Month, Day, Year)
	JUAN G. GAN MD GOOD  31. DATE ENED MOODE, THE MEDIA TO REGISTRAP'S SIGNATURE	A	mari	Kan Has	pital			
	FLD I 1994							DHMH-18 Rev 1/89

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	1 - FOR STATE REGISTRAR	STATE OF N			TMENT OF H	DEATH AND	MENTA	REG. NO.		)4	0452
	1. DECEDENT'S NAME (First, Middle, Last Enrico		ANTONIO)				2. DATE	of DEATH	w 92	FEAR 3	4.02 A
	4. SOCIAL SECURITY NUMBER 212-16-3932	5. SEX 1 X M 2 F	6. AGE (In yrs. les 72	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Sep	of BIRTH th, Day, Year) t.4,19	21	Mary Mary	ACE (State or Foreign
СТОВ	99. FACILITY NAME (If not institution, give Franklin Squa		al			altimore	EATN		Balti		County
DIREC	100. STATE 100. COUNTY 100. CO	n ltimore		10c, CITY	, town or locat Balt:	111					Od. INSIDE CITY LIMITS?  YES 2 X NO
FUNERAL	100. STREET AND NUMBER 510 46th St	reet			101	21224				N OF WH	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 X Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES 2 DE		If yes, spi	ENDENT OF HISPA ecity Cuben, Mexica 2 XNO Specific	an, Puerto		or No — 14	Black, Specify:	- American Indian, white, etc.
LETED	15. DECEDENT'S ED (Specify only highest grades) Elementary/Secondary (0-12)	College (1-4 or 5	16a. DE (G //fe.	ive kind of v Do NOT us		st of working	168	b. KIND OF BUS		STRY	
E COMPLET	N/A  17. FATHER'S NAME (First, Middle, Lest)  Pasquale	N/A Marcanton		1p 1a	rd Worke	18. MOTNER'S NA Josep		Middle, Melden	lehem <sub>Sumeme)</sub> Pulia		
TO BE	19a. INFORMANT'S NAME (Type/Print) Angela Oliver	(sister)	19			and Number or Rural	Route Num	nber, City or Tow			1236
	20a. METNOD OF DISPOSITION 1	moval from State	20b. PLACE Cometery, cre Garri	ANDDATEC	F DISPOSITION (Na		OAT		CATION — CH	y or Town	
	21. SIGNATURE OF FUNERAL SERVICE I	JICENSEE			Schir	no ADDRESS OF FA munek Fu Belair	nera.	1 Home	s, Inc		21236
	23. PART Enter the diseases, Di shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Lym	t coused the deuse on each line phoma (OR AS A CONSE	<b>9.</b>	ot enter the mo						Approximate Interval Bate Onset and D
FICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	(OR AS A CONSEC								
CERTIFI	resulting in death) LAST	d									
MEDICAL	PART II. Other significant condition Heart Failure Cirrhosis of		deeth but not r	resulting I	n the underlying	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MEDS	A C	VERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF CEATH?
AN	Renal Failure 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	NOSPITAL:	☐ ER/Outpatient 3		OTHER:	ACE OF DEATH (C)					
BY PHYSICI	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF (Month, D	INJURY	28b, TIM	E OF 28c. INJ URY WO	URY AT PRES 2 NO		SCRIBE HOW I	NJURY OCCU	RED	
	3 Suicide 6 Could not b		OF INJURY — AI ho etc. (Specify)	ome, farm, s	treet, factory, office			CATION (Street or Town, State)		Rural Roo	ite Number,
TED											
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of									end manner ee stati

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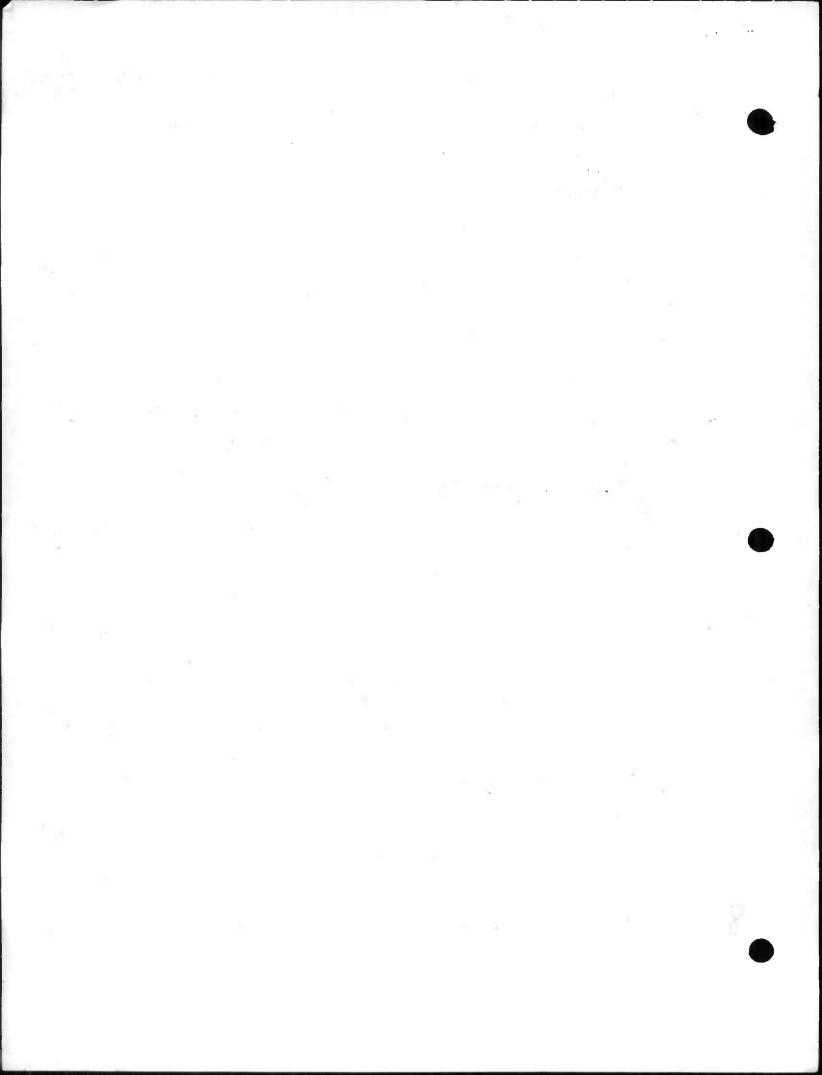
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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)
FEB 1 7 1994

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN		01	01.50
1. DECEDENT'S NAME (First, Middle, Last)	tchell	OLITINIO	AIL OI	DEATH	2. DATE OF OEATH	AV,	YEAR 3	TIME OF DEATH
217 20 1987	1 D M 2 🔀 68		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		-	ACE (State or Foreign
99. FACILITY NAME (If not institution, give street union memorial residence of decement			Baltim	R LOCATION OF OR	ATH	9c. COUN	TY OF OEA	тн
10a. STATE 10b. COUNTY  Md •		10c. CITY, T	own on Locat Balti					Od. INSIDE CITY LIMITS?  XYES 2 NO
100. STREET AND NUMBER 2527 Arunah Ave	enue		10f.	21216	5	10g. CITIZ	USZ	AT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U FORCES? 1 _ YES IF YES, GIVE WAR OR OATE	2 MO	If yea, spe	ENOENT OF HISPAN celfy Cuban, Maxice 2 NO Specify	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACE	- American Indian, White, atc.
15. DECEOENT'S EOUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of work  Iffe. Do NOT use re	done during mos tired.)	at of working	Balto		USTRY	ublic Sc
17. FATHER'S NAME (First, Middle, Last) Gilmore	Green				ME (First, Middle, Maiden ah Dunn	Surname)		
190. INFORMANT'S NAME (Type/Print)  Lance P. Mit	chell	196. MAILING AD 2527	DRESS (Street at	h Ave.	Balto.,	n, State, Zip Md •	212	16
20e. METHOD OF OISPOSITION 12 Burlel 2 Cremation 3 Ramon 4 Other (Specify)	rai from Stala cemete	Arbutu:	IISPOSITION (Na place)	me of	2/19 Ba.	cation — c Lto.,		
21. SIGNATURE OF FUNERAL SERVICE LICE	Moster	)	James		rton & Sos St. BA		. Mđ	. 21217
23. PARTY Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplicelions that ceused if it only one cause on acci	h Ilna.	enter the mod	de of dying, suc	a cardiac or reap	ratory arre	esI,	Approximate interval Betwee Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in death) LAST	DUE TO (OR AS A CO	R F ONSEQUENCE OF): P D	J	/				3 yeur
PART II. Other significant conditions	contributing to death but	not rasulting in t	ha undariying	causa givan in	Part I. 24a. WAS AN PERFOF	RMEO?	CO	FERE AUTOPSY FINDING WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
	HOSPITAL:		THER:	ACE OF DEATH (Ch	8 Other (Specify)			
27. MANNER OF DEATH  1	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME D	F 28c. INJI WO 1 V	JRY AT RK? 'ES 2 NO	28d. DESCRIBE HOW I	NJURY OCC	UREO	
3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify)				281. LOCATION (Street City or Town, State)			ite Number,
one)	AN: To the best of my knowled On the basis of exemination a							nd manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER  AUM HA	MADE	TMD		29c. LICENSE NUN	HBER	29d. DATE	SIGNED (A	fonth, Day, Year)



DIRECTOR			9b. CITY, TOWN OR LOCATION			
長日	THE JOHNS HO		BAL	TIMORE		
9	RESIDENCE OF DECEDENT					
OIRE	MD 10a. STATE 10b. COUNT	N/A			TOWN OR LO	CATION
3	10e. STREET AND NUMBER					10f, ZIP CODE
FUNERA	1510 E. OLIVER	STREET				2121
3	11. MARITAL STATUS	12. WAS DECEDENT EVI		ED	13. WAS D	ECENDENT OF NI
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 1 1				epecify Cuben, M ES 2 NO S
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECE	DENT'S US	SUAL OCCUPA	ATION most of working
COMPLETE	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+) N/A		STRU		WORKER
	17. FATHER'S NAME (First, Middle, Lest)  JOHN MOUZON					18. MOTHER!
BE	19a. INFORMANT'S NAME (Type/Print)		196. 1	MAILING A	DDRESS (Stree	et and Number or R
2	CAROLYN JACKSON					ER STRE
	20a. METHOD OF DISPOSITION		20b. PLACE AN			(Name of
	1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	over from State	GARRIS			VA CEM
	21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE	1		-	AND ADDRESS O
	1000	Hellow	1		WM C	. MARCH
HYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	eDUE TO (OR /	AS A CONSEQUENT AS A CONSEQUEN	ENCE OF):	the underly	
IAN	25. WAS CASE REFERRED TO MEDICAL			-	26.	PLACE OF DEATH
Sic	EXAMINER?	HOSPITAL:	Outpatient 3		OTHER:	ome 5 🗆 Raside
ВУ РНУ	27. MANNER OF OEATN    Natural 5   Pending   Investigation	28a. DATE OF INJU (Month, Day, Ye		28b. TIME (	₹Y Y	INJURY AT WORK?
COMPLETED B	3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, etc. (	URY — At home Specify)	, ferm, stre	set, factory, o	ffica
	29a. CERTIFIER CERTIFYINO PNYS					

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Wolfe

32 REGISTRAR'S SIGNATURE

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North

31. DATE FILED (Month, Day, Year)
FEB 1 7 1994

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5. SEX

1XXM 2 - F

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) THOMAS

4. SOCIAL SECURITY NUMBER

212-22-1218

OL' OLEGO

STATE OF I	MARYLA				HEALTH AND	MENT	AL HYGIEN REG. NO.	E	94	045	23
			OUZON			MOR	E OF DEATH	14,	1994	3. TIME OF DEATH	м
5. SEX	6. AGE (In	72 YF	RS. MONTH		IF UNDER 24 HRS. HOURS MIN.	(Mo	e of BIRTN oth, Day, Year) -15-21		8. BIRTN Countr	S.C.	ign
PKINS H	OSPIT	AL	9b, C		IMORE CI				NTY OF D	EATN	
/A		10c.	BALTIT		ITION				-	10d. INSIDE CITY LIMITS? 1XXYES 2 N	10
TREET				10	21213			20.00	S.A.	VHAT COUNTRY?	
FORCES?	YES	2 NO	1	If yes, s	CENDENT OF NISPA pecify Cuban, Mexico S 2 NO Speci	an, Puert	NN7 (Specify Yee o Ricen, etc.)	or No-	Black	— American Indian k, White, atc.	9
TION mpleted) College (1-4 or 5		life. Do N	d of work do OT use retired	ne during m d.)	ON OST OF WORKER	1	Sb. KIND OF BUS		DUSTRY		
		CONS	INOCI	TOM V	18. MOTHER'S NA MAMM]		, Middle, Malden				
					and Number or Rural ER STREET					13	
al from State	ceme	PLACE AND D	y or other plac	ce)	VA CEM .	0/			City or To	wn, State	
st only one car Sep	2575	the death. ch line.	Do not and		MARCH F.	_				VENUE Approximatinterval Bet Onset and 1 4 days	ween
		CONSEQUENC	CE OF):		,,,,	4				7	
contributing to	death bu	t not result	ing in the	underlylr	ng cause given in	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINI MAILABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES	USE
HOSPITAL:	- 11/2-1-1		ОТН		LACE OF DEATH (C	heck only	one)				
28a. DATE Of (Month, is			TIME OF INJURY	28c. IN	JURY AT ORK? YES 2 NO	7	her (Specify) ESCRIBE HOW II	NJURY OC	CURED		
28e. PLACE ( building	OF INJURY - , etc. (Specif	— At home, fa	erm, street, f	actory, offi	ca	281. LC	CATION (Street a ty or Town, State)	ind Numbe	r or Rural f	loute Number,	
					a and place, and dud death occured at the			d due to ti	he cause(a	) and manner as sta	ted,
BI		M	)		29c, LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
COMPLETED CAL	SE OF DEA	IN (ITEM 27)	(Type, Print)	111							

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020	leath. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ij	報	E CHELLE	Sand
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dear commence of expression within a sher de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the manning payor and completely filled in by the f	be fi	4110
		6	-	sespontant if then 90 to marked as from 90 shows any fallow of the session of
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	1. DECEDENT'S NAME (First, Middle, Last	Madder	CERTIF			2. DATE OF DE	1 9AY 16	40	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216- 03- 0927	5. SEX 6	EX 6. AGE (In yrs. lesi birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				TTH Ybar)	B. BIRTHE	PLACE (State or Foreign	
_	9e. FACILITY NAME (If not institution, give		9/ YRS.		OR LOCATION OF C		9c. COU	NTY OF OE	CAROLINA EATH	
DIRECTOR	LIBERTY MEDICA				TIMORE,	MU		n/a		
	MARYLAND 106. COUN	n/a	10c. Cf	TY, TOWN OR LOCA BAL	TIMORE				16d, INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	160. STREET AND NUMBER 1613 MC KEEN	AVENUE		10	21217				STATES	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT ( FORCES? 1 [] IF YES, GIVE WAS	YES 2 NO	If yea, sp	3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerio Rican, etc.)  1  YES 2  NO  Specify:  1  ACC — American India Black, White, etc.  Specify: BLACK					
LETED	15. DECEDENT'S EC (Specify only highest grades)		(Give kind of life. Do NOT (	B USUAL OCCUPATI work done during m use retired.)		18b. KIND	OF BUSINESS/INC	DUSTRY		
E COMPL	17. FATHER'S NAME (First, Middle, Lest)  JAMES MADDEN									
TO BE	JAMES MADDEN  190. INFORMANT'S NAME (Type/Print)  JAMES MADDEN  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1613 MC KEEN AVENUE, BALTIMORE, MD 21217									
	20b. PLACEAND DATE OF DISPOSITION XIX Burlel 2 Cremetton 3 Removal from State 4 Donestion 5 Other (Specify)  20b. PLACEAND DATE OF DISPOSITION (Name of Complete Comp									
	22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH FH 1101 E. NORTH AVENUE  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate									
	23. PART I. Enter the diseases, or shock, or heart fellure	r complications that on. Liet only one cause	caused the death. Do						Approximate interval Between	
ERTIFICATION	23. PART I. Enter the diseases, or shock, or heart fellure shock, or heart fellure important the shock of the	End S DUE TO (0 DUE TO (0	tage C R AS A CONSEQUENCE OF	ardio	oda of dying, su	ch as cardiac o	r respiratory an	reat,	Approximate interval Between	
MEDICAL	shock/or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. End S DUE TO (O DUE TO (O DUE TO (O d. DOBA Contributing to de	TAGE C  RAS A CONSEQUENCE OF AS A CONSEQUENCE OF	ardio	myopo diovas	ch as cardiac o	r respiratory an	24b.	Approximate interval Betwee Onset and De	
MEDICAL	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  PART II. Other algnificant conditions, if any, sacding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions, if any cause in the cause of the cause o	a. End S DUE TO (O	TAGE C R AS A CONSEQUENCE OF AS A CONSEQUENCE	not anter the me  Ord 10  PF:  Car  OF):  In the underlyin  28. P	MYOPO	ch as cardiac of a thy cullar report I. 24s.	VAS AN AUTOPOT PERFORMEO YES 2 NO	24b.	Approximate interval Betwee Onset and Det on	
PHYSICIAN: MEDICA	shock, for heart feilure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  YPERT II. OTHER ALGORITHMENT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	a. End S DUE TO (O	TAGE C  R AS A CONSEQUENCE OF AS A CONSEQUENCE	OF 28. IN JURY W	MYOP O	ch as cardiac of a thy cullar and a cardiac of a thy cullar are a cardiac of a thy cullar are a cardiac of a	VAS AN AUTOPOT PERFORMEO YES 2 NO	24b.	Approximate interval Betwee Onset and Det on	
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other algnificant conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions, in the cause of the cause o	a. End S  DUE TO (O  D	TAGE C R AS A CONSEQUENCE OF AS A CONSEQUENCE	In the underlying the Nursing Hor William Mills 1   1   1   1   1   1   1   1   1   1	ode of dying, su	Part I. 24a.  1 Debock only one) 2 and OESCRIBE	WAS AN AUTOPST PERFORMED YES 2 NO	24b.	Approximate interval Betwee Onset and Detail Betwee On	
MPLETED BY PHYSICIAN: MEDICAL	shock/or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not b 4 Homicide  29e. CERTIFIER (Check only)	a. End S  DUE TO (O  D	TAGE C R AS A CONSEQUENCE OF AS A CONSEQUENCE	or of to the model of the model	oda of dying, su  MYOO  d'IOVAS  Table 10 VAS  Table 10 VA	The Part I. 24a.  1 Description of the Control of the Course(e) to the course(e)	WAS AN AUTOPSY PERFORMED YES 2 NO (Street and Number n, State)	24b.	WERE AUTOPSY FINDING AMARIABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 W NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	shock, for heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  Y PET LOS  25. WAS CASE REFERSED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not b 4 Homicide 6 Could not b 4 Homicide 7 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER  LOSAL . W.	a. End S  DUE TO (O  b. Athero  DUE TO (O  c. DUE TO (O  d. DUE TO (O  d. DO	TAGE  RAS A CONSEQUENCE OF AS A CONSEQUENCE OF	or anter the me	oda of dying, su  MYOO  d'IOVAS  The suite given in  PLACE OF OEATH (C)  The S Residence  JURY AT  ORK?  YES 2 NO  Ce  e end place, and do	The Part I. 24a.  1 Described only one) 28d. OESCRIBE 281. LOCATION City or Tow the to the cause(e) the time, date and p	WAS AN AUTOPSY PERFORMED YES 2 NO  (Street and Number In, State)  and manner as statelace, and due to til	24b.  CURED  or Rural River and ted.	WERE AUTOPSY FINDING AMARIABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 M NO	
E COMPLETED BY PHYSICIAN: MEDICAL	shock, for heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not by detarmined  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	DUE TO (O	TAGE  RAS A CONSEQUENCE OF AS A CONSEQUENCE OF	OF 28c. N. NUNNING Horot, in my opinion, in my opinion,	MYOP C  MYOP C	The Part I. 24a.  1 Debeck only one)  28 Describer (Special City or Now let to the cause(e) to the date and published to the cause(e) to the date and published to the cause(e) to the cause(e	WAS AN AUTOPST PERFORMED YES 2 NO (Street and Number In, State)  and manner as statelace, and due to the performance of the per	24b.  CURED  or Rural River and ted.	WERE AUTOPSY FINDIN AMARIABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?  1 YES 2 NO NO COURSE NO NO NO COURS Number,	

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fours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detached	on, or remova.  The medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	be ned writin (2 hours aret death with the State Dept. of health and wental hyderle prior to burke, chembron, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this of	IMPORTANT: If item 28 is marked

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
3	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF HE		MENTAL HYGIEN		14 04525		
0.000	1. DECEDENT'S NAME (First, Middle, Last)	/	PETT	-Y-SOH	'N	2. DATE OF DEATH	9 199	3. TIME OF DEATH PM		
	The second secon	-/-			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. Bif	TTNPLACE (State or Foreign untry)		
	221-20-1995 19a. FACILITY NAME (If not institution, give stree	1 <b>P</b> /M 2 □ F 62	YRS.	Db. CITY, TOWN OR		02/08/32		ver,Delware		
Œ			9c. COUNTY OF	OEATH						
16	RESIDENCE OF DECEDENT	Vermillion Avenue B116 Oxon Hill P.								
DIRECTOR	10e. STATE 10b. COUNTY	No. of 1, form on Education						10d. INSIDE CITY LIMITS?		
	Maryland Prince	George	0x	on Hill				1 YES 2 NO		
FUNERAL	4300 Vermillion	A #D116		101. 2	ZIP CODE	_		F WHAT COUNTRY?		
N N	<del></del>	2. WAS DECEDENT EVER IN U.S.	ARMED	13, WAS DECE	2074	HD NIC ORIGIN? (Specify Ye		SA ACE American Indian		
BY F	1 Never Married 2 Merried	FORCES? TYYES 2 IF YES, GIVE WAR OR DATES	□NO	Il yes, spec		m, Puerto Ricen, etc.)	Bi	ACE — American Indian, ack, White, etc.		
		Jan. 14,1950					BL	ACK		
TED	15. OECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	(Give kind of wor life. Do NOT use	SUAL OCCUPATION rk done during most retired.)	of working	16b. KIND OF BU	ISINESS/INDUSTRY			
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)		Truck Dr		M m	r 0			
COMPLET	17. FATHER'S NAME (First, Middle, Last)					M.T.				
ш	Unobtainable				Lau	ra PettyJo	ohn			
TO B	190. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street end		Route Number, City or Tox				
-	Delores PettyJohn/v	vife	4300 V	ermillio	n Ave.	#B116 Ox	on Hill.	MD 20745		
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Ramova	I Irom Stata cemetery	, crematory or othe				OCATION — City or	25 1 555		
	4 Donation 5 Other (Specify)	Cong	gregatio	nal Cem	etery	02/13/94	Milton	Delaware		
	Elmi ()-	10.1	/			on Funeral				
	23. PART A. Enter the diseases, or cor	npilcations that caused the	daath. Do not	t enter tha mode	e of dying, suc	th as cardiac or resp	olratory arreat,	Approximate		
	IMMEDIATE CAUSE (Flori	IMMEDIATE CAUSE (Figure 1) Index of the control of								
	disease or condition resulting in death)  a. Hypertensive arterioscleratic cardio  ove to (or as a consequence of):  supportensive arterioscleratic cardio  ove to (or as a consequence of):									
	OVE TO (OR AS A CONSEQUENCE OF):									
NO	Sequentially list conditions, b.	DUE TO (OR AS A CON			vasec	er a	reas	•		
Ä	If any, leading to immediata ceuse. Enter UNDERLYING	00E 10 (011 A3 A 0011	VSEODENCE OF):							
표	CAUSE (Disease or Injury c that Initiated events	DUE TO (OR AS A COM	NSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST									
Ö	PART II. Other significant conditions	contributing to deeth but n	ot resulting in	the underlying	cause alven in	Part I. 24a. WAS AF	ALITOREY L	4b, WERE AUTOPSY FINDINGS		
S	Chronic d		io er			PERFO	BMED3	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC			1		1	Con die	2 MO	OF DEATH?		
								1 TYES 2 NO		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE OF DEATH (C	neck only one)				
YSIC		OSPITAL: Inpetient 2 ER/Outpetien		OTHER:	5 Residence	6 Other (Specify)				
표	27. MANNER OF OEATN  1 Metural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME (	OF 26c, INJUI		26d. DESCRIBE NOW	INJURY OCCURED			
B	2 Accident investigation	200 DI ACE OF IN HIDY	11		S 2 NO					
TED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	it nome, rerm, str	eet, factory, office		261. LOCATION (Street City or Town, State		al Route Number,		
29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated.										
29e. CERTIFIER (Check only one) 1 (V CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner se stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner at the time.								e(e) end menner ae stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							ED (Month, Day, Year)			
De Superson valle und DI 2879 Felo 10, 1994  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  HLFONSO VALLE M.D. 10701 TRAFTON DR. LARGO MID 207										
ĭ	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, P	rine)	1/1	120.	100)	417 2 177		
	31. DATE ELED POOT ON AND A	YLEMIP	1070	1/1/10	HT 101	1010, 6	ATCOL	11106(11)		
	LEGIT 1994		-			,				

1 - STATE BEGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		CE	.niir	ICALE	UF	DEA	l Ini	REG	. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	0.11	3						2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	Lathe	erine							994_	М			
	126-24-1603	1 M 2 XXF	6. AGE (In yrs. lest	YRS.	IF UNDER 1	DAYS	HOURS	24 HRS.	7. DATE OF BIRT (Month, Day, N 6-5-1	'н 926	8. BIRTI Count	PLACE (State or Foreign V a		
	9e. FACILITY NAME (If not institution, give		9b. CITY,	TOWN (	R LOCATI	ON OF DE			UNTY OF E					
OR	761 Linnard Street					imo	re							
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT													
DIRECTOR	Md		r, town or timor		ION		10d. INSIDE CITY LIMITS?  1 X YES 2 NO							
FUNERAL	100. STREET AND NUMBER 761 Linnard Str			101	212			109. CITIZEN OF WHAT COUNTRY? USA						
5	11. MARITAL STATUS		T EVER IN U.S. ARI		13. W	AS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Spec	Ify Yes or No-	14. RAC	E — American Indian,		
ВУ Е	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 N	0			2 NO		n, Puerto Ricen, etc.)  Black, White, etc.  Specify:  Black					
	15. DECEDENT'S EDU (Specify only highest grad	JCATION completed)	18e. DE0	CEDENT'S	USUAL OC	CUPATIO	ON st of working	N7	16b. KIND 0	F BUSINESS/II	NOUSTRY			
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+	·) Iffe.	e amt	se retired.)	army mo	or or worth	9						
COM	17. FATHER'S NAME (First, Middle, Last)	Came	1 633		16. MOTI	IER'S NAI	ME (First, Middle, N	feiden Surneme)	-	· ·				
BE (	Grim_Barter						L_R	ebec	ca Book	a Booker				
10	19e. INFORMANT'S NAME (Type/Print)		19b	MAJLING	ADDRESS	(Street e			loute Number, City		(ip Code)			
۴	Forest Wood			761	lin	nar	d St.	reet	Baltin	more. I	Md_21	229		
	20e. METHOD OF DISPOSITION  1XXBurlel_2	novel from State	20b. PLACE A	ND DATE	OF DISPOSIT	TION /Na	me of			c. LOCATION -	- City or To	own, State		
	4 Donetion 5 Other (Specify)		west	ërh	Star	Cem	eter	у	21794	Catons	svill	e, Md		
- 1	22. NAME AND ADDRESS OF FACILITY  Mayor F./H. Nost													
	PRIME () Approximete  23. PART / Enter the disease, or complications that causes the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximete													
Abock, or heert fallure. Liet only one ceuse on each line.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditiona, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  Due to (or as a consequence of):  24a. WAS AN A PERFORM 1   YES 2							tial	Inf	Interval Between Onest and Death					
0	PART ii. Other significant condition	na contributing to	deeth but not n	eauiting	In the unc	terivino	Cause	alven in	Part I 24a W	AS AN AUTOPS	7 240	WERE AUTORSY EMONICS		
Σ	1 VES 2 NO COMPLETION OF CALL							AMILABLE PRIOR TO COMPLETION OF CAUSE						
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Chi	ick only one)					
35	EXAMINER?	HOSPITAL:	EB/Outpatient 3	□ noa	OTHER	:	200		8 Other (Specif					
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, De	INJURY	28b. TIM		28c. INJ WO	URY AT		28d. DESCRIBE		CCURED			
red BY	Accident  3 Suicide  4 Homicide  8 Could not be determined  City or Town, Stete)  M 1 YES 2 NO  28e. PLACE OF INJURY — At home, farm, street, fectory, offlice building, etc. (Specify)  28l. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)								Route Number,					
COMPLET	anal .	SICIAN: To the best of ER: On the bests of ex										s) end menner se stated.		
TO BE C	29h. SIGNATURE AND TITLE OF CERTIFIE  She A	Hash	mi	M,	0		no	NSE NUM	- //	29d. D/	SIGNED	Morth, Day, Year) 15-44		
	30. NAME AND ADDRESS OF PERSON WI	-			BR	101	USH	p	e BA	CTIM	ORE	21216		
	FEB 1 7 1994	BEGISTRA	A'S, SIGNATURE	ساس	- 5	mis A g	·							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundal directions of should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should

retained by the hospital or attending physician. . MARYLAND 21215-0020

DHMH-18 Rev 1/89

BE COMPLETED BY PHYSICIAN: MEDICAL

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0

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO

5 Pending Investigation

6 Could not be

27. MANNEB-OF DEATH

1 Natural 2 Accident

3 Suicide

4 Homicide

	FOR 1 - STATE REGISTRAR		STATE OF M	IARYLAN	D / DEPAR CERTIF						YGIENE	S	94	045	2
	1. DECEDENT'S NAME (First, Middle, Leat)  JAMES PAUL								2. DATE OF I	DEATH DAY		YEAR 94	3. TIME OF DEATH	) м	
	4. SOCIAL SECURITY NUMBE 551-23-25		5. SEX 1 M 2 F		AGE (In yrs. leet birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  5 2 YRS. MONTHS DAYS HOURS MIN.					7. DATE OF E (Month, De Aug	27,	194	Country	LACE (State or Foreig	n
OR	9a. FACILITY NAME (If not institution, give street and number)  Anne Arundel Medical Center Annapoli										nty of DE	ATH Arundel			
DIRECTOR	10a. STATE	10b. COUNT						ION			13			10d. INSIDE CITY LIMITS? V 1 YES 2 1 NO	
FUNERAL	100. STREET AND NUMBER 724 210th Street						101	211				10g. CIT	USA	HAT COUNTRY?	
COMPLETED BY FUR	11. MARITAL STATUS  1 Married 2 Married FORCES? 1 YES 2 100  3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES						1 ☐ YES 2 157 NO Specify: Specify:					- American Indian, White, etc. White			
	(Specify only highest grade completed) (Give kind of work  Flementary/Secondary (0-12) College (1-4 or 5-x)  Iffe. Do NOT use re				B USUAL OCCUPATION work done during most of working serviced; Cally Disabled  N/A										
BE CON	17. FATHER'S NAME (First, Mid Martin									e (First, Middle Orie				3 11	3
TO B							ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1d Solomans Is. Rd. Annapolis 21401								
	20a. METHOD OF DISPOSITION 1					of Disposition (Neme of pitter place)  rematory 2/14 Baltimore, MD									
	21. SIGNATURE OF FUNERAL BERVICE LICENSES OF FACTOR AND ADDRESS OF								dona	. 21122	,				
	23. PART I. Enter the disease, or complications that caused the deeth. Do no shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)				not enter	the mo	de of dy	ing, auch	as cardiac	or reapin	atory ar	rest,	Approximate Interval Betwoonset and De	een	
2		na (	DUE TO (OR AS A CONSEQUENCE OF):  PNEU MUNIA												
RIFICATION	if any, leading to immedicause. Enter UNDERLYIN	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or injury that injurished examples or injury Due to (or as a consequence of):			E (	OB	TRU	ic TT	on)						
EHI	resulting in death) LAST		d										V. 1		

PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. CEREBRAL PALSY MENTAL RETARDATION

24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 -NO

10

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO

26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Impetient 2 ER/Outpetient 3 DOA OTHER:

28e. DATE OF INJURY (Month, Day, Year)

ng Home 5 🗆 Residence 6 🗆 Other (Specify) 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED

28c. INJURY AT WORK?
1 YES 2 NO

28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

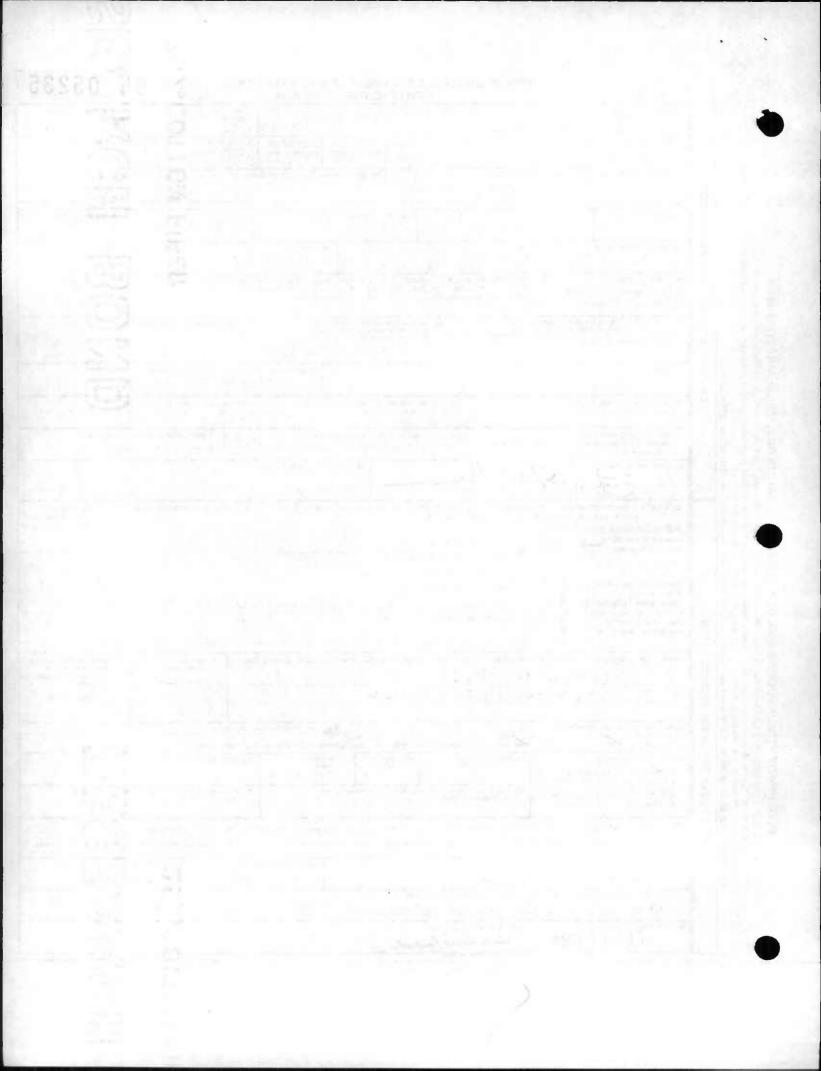
2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due 29c. LICENSE NUMBER 7 29d. DATE SIGNED (Month, Day, Year)

21012

James M. Chamber

FEB 17 1994

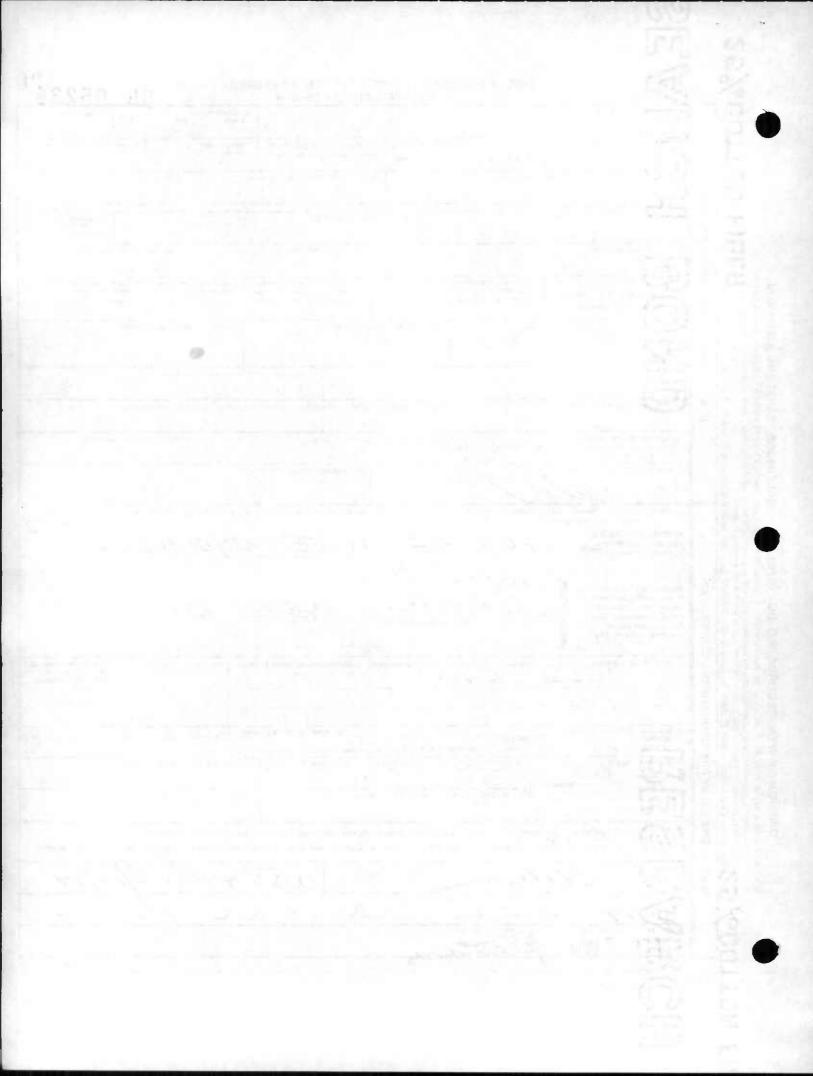
OHMH-16 Rev 1/89



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pagibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any fajury, or other traumatic event, the medical examiner must be
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TRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	94	04528	
'S NAME (First, Middle, Last)		2. DATE OF DEATH	1:	S. TIME OF DEATH	ı

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN		94	045	28
	1. DECEDENT'S NAME (First, Middle, Las	t)				2. DATE OF DEATH		3. T	IME OF DEATH	
	Paul Frank Perk	owski				Feb. 10,		TEAR 5	:00 p.	м
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLAC Country)	E (State or Fore	sign
	213-09-1434 9s. FACILITY NAME (If not institution, give	1 XM 2 F 77	7 YRS.	MONTHS DAYS	PR LOCATION OF D	Feb. 17,	1916	Mary		
DIRECTOR	Belair Convales	CAIN		OF DEATH						
E	RESIDENCE OF DECEDENT  10a. STATE  10b. COUR	NTY	TION			10d.	INSIDE CITY			
8	Maryland	Balt							LIMITS?	10
	10e. STREET AND NUMBER	Date			. ZIP CODE		10g. CITIZEI			
ER	5105 Eugene Ave	enue			21206		U.S.			
BY FUNERAL	11. MARITAL STATUS 1 A Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Special	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:	s or No— 14	14. RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EI (Specify only highest gra	DUCATION ide completed)	18e. DECEDENT'S ( (Give kind of w	USUAL OCCUPATION ork done during mo	ON st of working	16b, KIND OF BU	SINESS/INDUS			
1	Elementary/Secondary (0-12) N/A	College (1-4 or 5+) N/A				Bethie	nom C+	1		
N N	17. FATHER'S NAME (First, Middle, Last)	N/A	Crane	Operate:		AME (First, Middle, Maiden		eeT		
	Joseph Perkowsk	ri Sr				a Timinski	Surnamej			
BE	190. INFORMANT'S NAME (Type/Print)	CI DI.	195. MAILING	ADDRESS (Street o		Route Number, City or Tow	a State 7in Co	orfo)		
2	Phyllis B. Wood	ls (Niece)				Baltimore				
	20s. METHOD OF DISPOSITION	20	b. PLACE AND DATE O	F DISPOSITION (Na			CATION — City			
	1 XBuriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		metery, crematory or off Holy Rosa	ry Cemet	terv	2/18 Ba	ltimor	e. Ma	ryland	
	21. SIGNATURE OF FUNERAL SERVICE			22. NAME AN	D ADDRESS OF FA	CILITY				
	1 Willes	self /				neral Home Lane, Balt			21213	
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):								tween	
NO	Sequentially list conditions, by INFARCTION									
CATI	If any, leading to immediate cause. Enter UNDERLYING  ORONARY  ARTERY  DIS									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	):						
CEL		d								
N: MEDICAL	PART II. Other algnificant conditi	one contributing to death	/	n tha Underlying	g cause given in	Pert I. 24e. WAS AN PERFO! 1 TYES 2	RMED?	COM OF E	E AUTOPSY FINI LABLE PRIOR TO PLETION OF CA DEATH? YES 2 NO	O WSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C)	heck only one)				
YSI	1 TYES 2 NO	1   Inpetient 2   ER/Out	patient 3 DOA	OTHER: 4   Nursing Hom	e 5 🗆 Residence	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	20b. TIME	JRY WC	URY AT PRICE 2 NO	28d. DESCRIBE HOW	NJURY OCCU	RED		
4	2 Accident Investigation 3 Sutcide 8 Could not be 4 Homicide determined	Y — At home, ferm, at icity)	treet, factory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	/ //	NER: On the basis of examination				n to the cause(e) end ma e time, data and place, ar			manner as sta	rted.
BE	29b. SIGNATUR€ AND TITLE OF THE	lle			EOS:	3 44	29d. DATE S	IGNED (MOI	en, pay, Year)	
10	30. NAME AND ADDRESS OF PERSON I	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)	, BA	2000	ME	2 21	12140	)
	FEB 1 7 1994	32 REGISTRAR'S SIGN	NATURE							



be notified at once.

ONE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the line be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to bunal, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examples.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

					UAIL	<u> </u>	DEA		н	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  DOROTHY MA	ਜ	POINTE	D					2. DATE OF I	DA	NA.	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX					1		2		2 -	94		1
	213-26-9803	1 M 2 X F	8. AGE (In yrs. Ia	YRS.	#F UNDER 1	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-18-28		PLACE (State or Foreign y) S.C.			
~	9s. FACILITY NAME (If not institution, give st					ON OF DEA	ATH			INTY OF D	EATH	_		
6	3335 RRAMONA AVENUE				H	BALI	'IMOR	E			N	I/A		
EC	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10				10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY			-
DIRECTOR	MD N/A	BALTIMORE						LIMITS?						
BY FUNERAL	10e. STREET AND NUMBER					101	ZIP CODI						WHAT COUNTRY?	Ī
9	3335 RAMONA AVEN						212					S.A.		
5	11, MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO	10	yes, sp	ecify Cubs	n, Maxican	C ORIGIN? (S	pecify Yes i, sic.)	or No-		American Indian, c, White, etc.	
	3 Widowed 4 Divorced							Specif	black					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		/(	ECEDENT'S Give kind of w	vork done di	CUPATIO	ON st of working	g	16b. KIN	D OF BUS	INESS/IN	DUSTRY		Ī
빌	Elementary/Secondary (0-12)	College (1-4 or 5+)	) ""	B. Do NOT us	e retired.)					N/A				
١١	N/A  17. FATHER'S NAME (First, Middle, Last)	N/A		N/A										
	CLARENCE JOHNSON								NE (First, Middle L MAYS					
BE	19s. INFORMANT'S NAME (Type/Print)		15	b. MAILING	ADDRESS	(Street s			oute Number, C			in Corde)		_
임	ERNESTINE WAINWR								IMORE,					
	20s METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remo	ZION OF					DATE			VNE,				
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0		22. N	AME AN	ND ADDRES	SS OF FAC	ILITY					-
	Hometo	ZK.	An	ido					./1101				ENUE	
	23. PART I. Enter the diseeses, or c ahock, or hasrt fallure. I	omplications that	caused the di	eeth. Do n	ot anter t	he mo	da of dyl	ing, such	ss cerdiac	or respl	ratory ar	rest,	Approximate interval Batween	_
	IMMEDIATE CAUSE (Final			)			Λ						Onaet and Dasth	
	disease or condition resulting in death)	CARD		lmon	10mg		172	ROS	T					
	22.0	DUE TO	OR AS CONSE	OUENCE OF	1 /	1	,							
CERTIFICATION	Sequentisity list conditions,	DUE TO	DE A CONSE	OHENCE OF	101	LJ	ンン							-
E	If any, leading to immediate cause. Enter UNDERLYING	L	Lune	A	med	e Prop								
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (	OR AS CONSE	OUENCE OF	175	000								5
	resulting in death) LAST	H7	hero.	scle	W7)5	13								
- 11	DADT II. Other electricant and dist	10 /			7.0									
EDICAL	PART II. Other significant conditions	e contributing to	. /					iven in F	Part I. 24a	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă	DICKO	rem	V 13 C		1 11	See	ase		10	YES 2	NO		OF DEATH?	
Σ	- lasette	Nev	mpa	The					_	- 1			1 TES 2 NO	
Ä	DE MAR CARE DEFENDED TO MEDICAL												/	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:			OTHER	:	M		ck only one)					-
¥	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIMI	4 Nursi	ng Hom 28c, INJ			Other (Sp		LILIEN OO	OUDED		1000
	1 Setural 5 Pending	(Month, Da		INJI		WO	RK?	- 1	28d. DESCRIE	E HOW IP	DURT OC	COMED		
BY	Accident Investigation  3 Suicide & Could not be	28s. PLACE OF	INJURY — At he	ome, farm, a	treet, facto				28f. LOCATIO	N (Street a	nd Numbe	r or Rumi R	toute Number	_
COMPLETED	4 Homicide 8 Could not be	building, s	stc. (Specify)						City or To	wn, State)				
풉 🏻	29s. CERTIFIER (Check only	CIAN: To the best of a	my knowledge, d	eath occurre	d at the tin	ne, dats	and place,	and dus t	o the cause(s	and man	ner as ata	rted.		
8	one) 2 MEDICAL EXAMINE	R: On the basis of sx	smination and or	Investigation	n, In my op	Inion, d	eath occur	ed at the ti	lme, data and	placs, and	d dua to ti	ne cause(s)	) and manner as stated,	
ш	296. SIGNATURE AND TITLE OF CERTIFIER		1				29c, LICE	NSE NUME	BER		29d. DAT	E SIGNED,	(Month, Pay, Year)	-
∞ ∥		11	1	CM			D2	53	73	ļ	•	21	16/94	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	4.3		- I	-1. 4						
	MERRY HUNT  31. DATE FILED (MONTH, Day, Year)	-, WD	631 C	herr	3/	1)	Rd	•	BAL	50	. 2	122	5	
	FFB 1 7 1994	Juin d	S SIGNATURE	meal	-									

as the bund-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAN

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with:

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

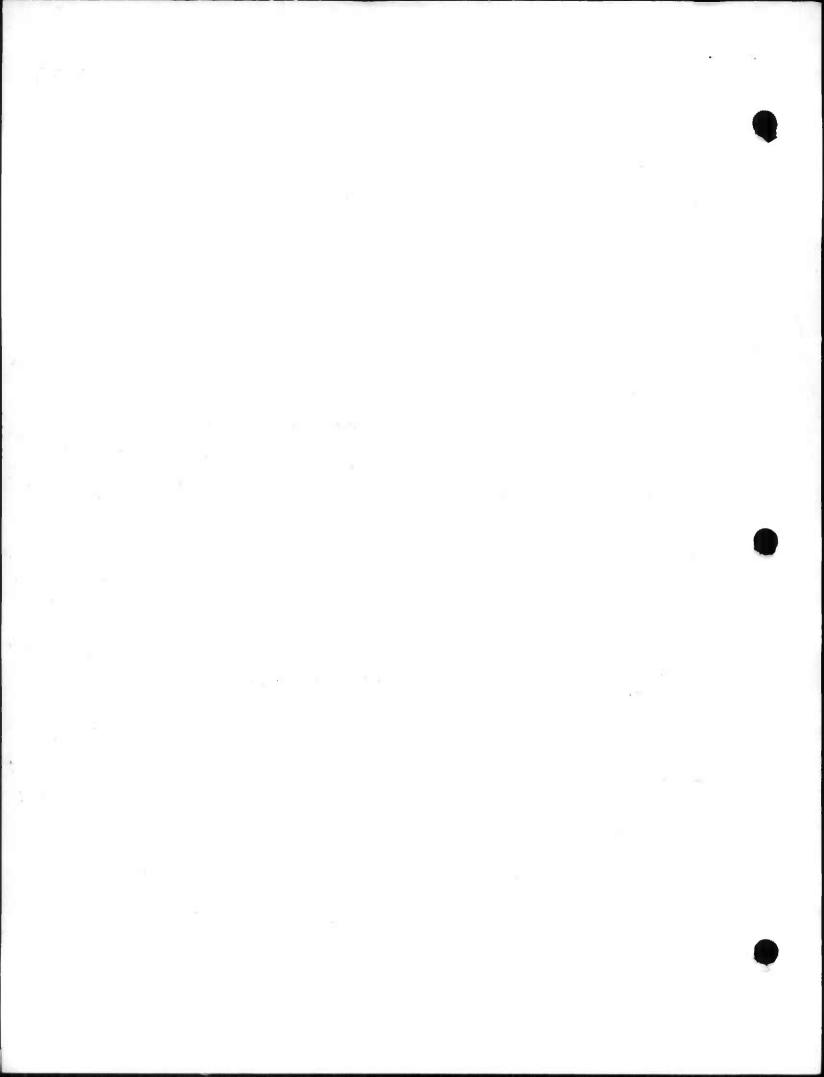
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumattic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OL OLEGO

	1 - STATE REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO.		94 0433	U
	1. DECEDENT'S NAME (First, Middle, Last)	M DUCKI	ZID.					3. TIME OF DEATH	_
	4. SOCIAL SECURITY NUMBER 5.		In yrs. lest birthday)	1		<del>+</del>	14,1994		М
	008-10-9492	□ M 2XXF 74	YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) AUG. 12,19	(	SHITNPLACE (State or Foreign Country) VERMONT	
DIRECTOR	98. FACILITY NAME (If not institution, give street 5764 STEVENS FORES RESIDENCE OF DECEDENT		326		N OR LOCATION OF DI	EATN	9c. COUNTY HOW		
EC	10a. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LO	CATION			10d. INSIDE CITY	_
5	MARYLAND HO	WARD		COLU	MBIA			1 YES XX NO	
AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	_
FUNERAL	5764 STEVENS FORES		326		2104	45		U.S.A.	
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 WWidowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED	If yes,	ECENDENT OF NISPAI apecify Cuban, Maxica ES NO Specif			RACE — American Indian, Black, White, atc. Specify: WHITE	
윤	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON (pleted)	(Give kind of	S USUAL OCCUPA work done during		16b. KIND OF BUS	SINESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	HOUSEW]	use retired.)		OWN H	HOME		
S S	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, Middle, Maiden	Sumame)	<del></del>	
BE	PERCIVAL HEWITT				EMILY	BLACK			
5	19a. INFORMANT'S NAME (Type/Print)	SON)				Route Number, City or Tow.			
	20a. METHOD OF DISPOSITION	20h	PLACE AND DATE			-	CATION - City		_
	Burial 2 Cremation 3 Hamoval	Fenger, Citation	TANK DESCRIPTION OF THE PARTY O	and the second second		RY 2/22/94		PER, VIRGINIA	1
	21. SIGNATURE OF FUNERAL ERVICE LICENS	e Jak		LERO	AND ADDRESS OF FA	SSELL C. WI	TZKE F	UNERAL HOMES , MD. 21045	;
	23. PART I. Enter the diseases, or com shock, or heert fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	plicetibus thet coused only one couse on each only one couse on each only one couse on each only one on the couse of the c	nch line.				ratory arrest,	Approximate interval Betwee Onset and Dear	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A							
PHYSICIAN: MEDICAL C	PART II. Other significant conditions co Chronic atual With puelman	Februllat	ut not resulting	in the underly	ing cause given in	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	24b. WERE AUTOPSY FINDING: AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN?  1 YES 2 NO	S
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	neck only one)			
YSI	The state of the s	OSPITAL: Inpetient 2 ER/Outp	atient 3 🗆 DOA	OTHER: 4 - Nursing H	ome 5 A Rasidenca	8 Other (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	NJURY AT WORK?	28d. DEŞCRIBE NOW II	NJURY OCCURE	EO	
TED BY	2 Accident investigation 3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY building, atc. (Spec	At home, larm,	street, factory, or	fica	281. LOCATION (Street a City or Town, State)	and Number or R	tural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PNYSICIAN ONE) 2 MEDICAL EXAMINER: O							use(s) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER AUTHOR,	mo			D44	782	29d. DATE SIG	INED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO CO JERRY ANN HUNTER				(Y) JIMRTX	MARVT.AMD	210/15		
	31. DATE FILED (Month, Day, Year)	32 FEGISTRAM'S SIGNI	AVURS -	· DICTAR	COLIDIA	I THE TAXABLE	21043		
	FEB 1 7 1994	Julia Banden	- ferdall						



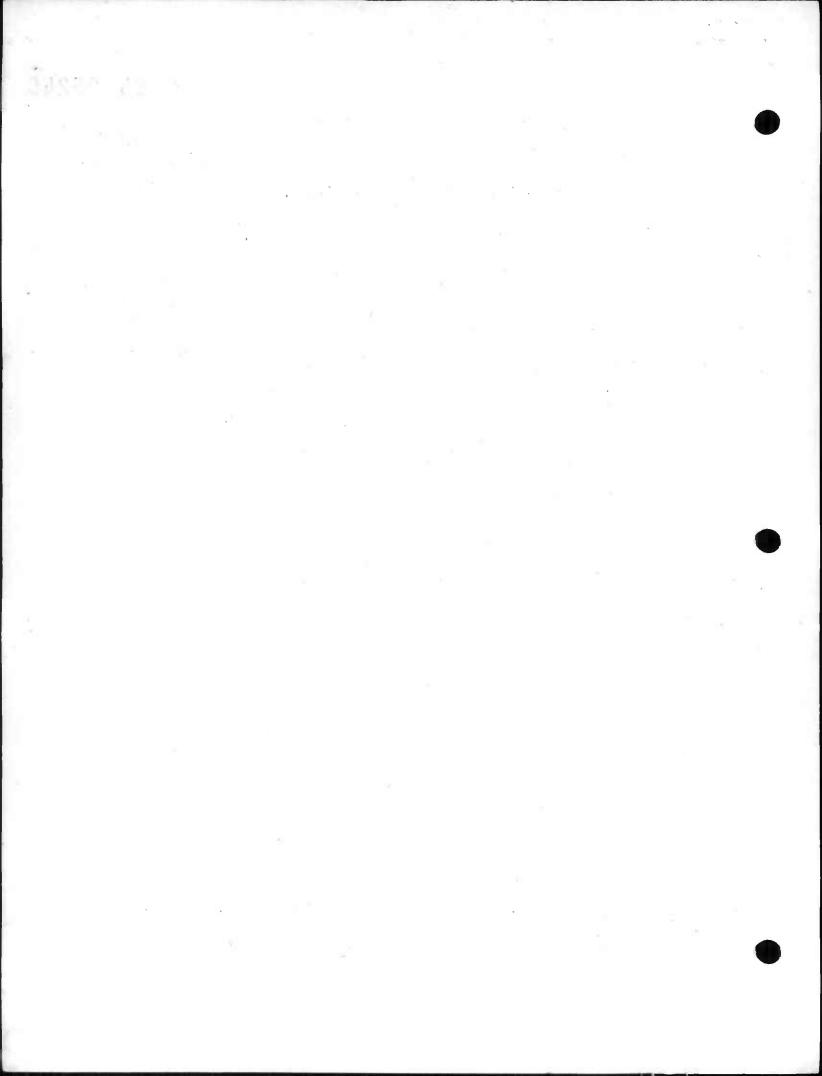
REGISTRAR		CE	RHIF	CATE	E OF	DEAT	H	RI	EG. NO.		74	040
1. DECEDENT'S NAME (First, Middle, Less	)		10					2. DATE OF D	EATH DAY	YE		OF DEATH
	I ary	4 405 //-						02	14		1 2 4 1	35 PM
214 03 2619	1 M 2 XF	78	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day	1 15	0. 8	Country)	_
Sa. FACILITY NAME (If not institution, give	street and number)			9b, CITY	, TOWN C	OR LOCATIO	N OF DE		_	. COUNTY		
NORTH ARUNDEL H	OSPITAL A	SSOCIAT	ION	(	GLEN	BURN	IE			A	A. CC	UNTY
10e. STATE 10b. COUN											LI	SIDE CITY MITS?
100. STREET AND NUMBER 606 Center Dri	.ve				1110							
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 N	MED IO		If yes, sp	ecify Cuber	, Maxican	, Puerto Rican			Black, White, Specify:	rican Indian, atc.
	de completed)	(Gi	ve kind of w Do NOT us	ork done or retired.)	during mo		,			SS/INDUST	RY	
17. FATHER'S NAME (First, Middle, Last)	Piac			anilo I C	J <sub>1</sub> ca	-					5	
19a, INFORMANT'S NAME (Type/Print)		191	, MAILING	ADDRESS	S (Street a			oute Number, C	ity or Town, St	ate, Zip Coo	fe)	
Gerende February	Gerald Za	kes 3	2906	Alve	erta	Ave.	Bal	to.,Mc	d. 212	234		
	movel from State	cemetery, cre-	matory or of	her place)			10	OATE OA				
	JCENSEE A	()	vere	22.	NAME AP	D ADDRES	S OF FAC	ILITY			TTG M	
Charles	D- 7e	Me								.10.		
ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cau	ise on each line									i c	nterval Betweenset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C											
PART II. Other aignificent condition	ons contributing to	death but not r	esulting i	n the un	nderiying	g cause g	Iven in F		PERFORME	2	AWAILAI COMPL	UTOPSY FINDIN ILE PRIOR TO ETION OF CAUS
												ES 2 NO
				OTHER		ACE OF OE	ATH (Che		ω.			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA		mina Hom	a R Rat	Idence I	Other /Sn	acity)			
	1 Inpatient 2 28a. DATE OF	INJURY	28b. TIM	4 Nun	28c. INJ	URY AT	_	28d. DESCRIB		RY OCCUR	ED	
EXAMINER?  1	1 Inpatient 2 28a. DATE OF (Month, D	INJURY	28b. TIM	4 🗆 Nun	28c. INJ WO					RY OCCURI	ED	
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, D	INJURY	28b. TIMI	4 🗆 Nun E OF URY M	28c, INJ WO 1   1	URY AT PIK? (E\$ 2	NO		E HOW INJUI			mber,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Coular not be desermined  29e. CERTIFIER (Check only)	28s. DATE OF (Month, D) 28s. PLACE Of building, SICIAN: To the best of	INJURY ay, Year)  IF INJURY — At ho etc. (Specify)  my knowledge, de	28b. TiMi INJ me, term, s	4 Num E OF URY M street, fect	28c. INJ WO 1 1 1 tory, office	URY AT PK? /ES 2	NO and due t	28d. DESCRIB 28f. LOCATION City or Tox	N (Street and in the street)  and manner	Number or R	tural Route Nu	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Coula not b defarmined  29a. CERTIFIER (Check only)	28e. PLACE OF building.  SICIAN: To the best of exercises of e	INJURY ay, Year)  IF INJURY — At ho etc. (Specify)  my knowledge, de	28b. TiMi INJ me, term, s	4 Num E OF URY M street, fect	28c. INJ WO 1 1 1 tory, office	URY AT PK? /ES 2	NO and due to	28d. DESCRIB 28f. LOCATION City or Tox to the cause(s) Ime, date and	N (Street and I vn, State) and manner	Number or R as stated.	tural Route Nu	enner as stated
	ESTELLE  4. SOCIAL SECURITY NUMBER  214 03 2619  9e. FACILITY NAME (If not institution, give  NORTH ARUNDEL H  RESIDENCE OF DECEDENT  10e. STATE  10e. STATE  10e. STREET AND NUMBER  606 Center Dri  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  15. DECEDENT'S ED  (Specify only highest grat  Elementary/Secondary (9-12)  17. FATHER'S NAME (First, Middle, Last)  19e. INFORMANT'S NAME (First, Middle, Last)  19e. INFORMANT'S NAME (First, Middle, Last)  20e. METHOD OF DISPOSITION 16. Burlel 2 Cremation 3 Re 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE to shock, or heart failure  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	### STELLE  4. SOCIAL SECURITY NUMBER  214 03 2619  9a. FACILITY NAME (if not institution, give street and number)  NORTH ARUNDEL HOSPITAL A  **RESIDENCE OF DECEDENT**  10a. STATE  10b. COUNTY  Anne Arundel  10a. STREET AND NUMBER  606 Center Drive  11. MARITAL STATUS  1	ESTELLE  4. SOCIAL SECURITY NUMBER 214 03 2619  1	A SOCIAL SECURITY NUMBER 214 03 2619  1	## STELLE  4. SOCIAL SECURITY NUMBER 214 03 2619  5. SEX 1 M 2 KF 78 YRS.  FUNDER  214 03 2619  9a. FACILITY NAME (# not institution, give street and number)  9b. CITY  NORTH ARUNDEL HOSPITAL ASSOCIATION  RESIDENCE OF DECEDENT  10c. STATE 10b. COUNTY Anne Arundel  10c. CITY, TOWN of Severy  11. MARITAL STATUS 11. MARITAL STATUS 11. Marital STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, OIVE WAR OR DATES X  15 DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S USUAL O (Give kind of work done like to Not use retired)  17. FATHER'S NAME (First, Middle, Last)  19a. INFORMANT'S NAME (First, Middle, Last)  Piasecka  19a. INFORMANT'S NAME (First, Middle, Last)  Piasecka  19b. MAILING ADDRES 2906 Alve 20c. METHOD OF DISPOSITION 1 Self-Emplo 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. DATE I. Enter the diseasea, or complication what caused the death. Do not enter abock, or heart failure. List only one cause on each time.  IMMEDIATE CAUSE (Final diseases or conditions, if arm, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	A. SOCIAL SECURITY NUMBER 214 03 2619  9. FACILITY NAME (If not institution, give street and number)  9. FACILITY NAME (If not institution, give street and number)  NORTH ARUNDEL HOSPITAL ASSOCIATION  RESIDENCE OF DECEDENT  100. STREET AND NUMBER 606 Center Drive  10. STREET AND NUMBER 606 Center Drive  11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  FIGURE 198. INFORMANT'S NAME (First, Middle, Last)  199. INFORMANT'S NAME (First, Middle, Last)  Piasecka  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle,	## SOCIAL SECURITY NUMBER  214 03 2619    Marie   S. SEX   S. AGE (In yrs. lest birthday)   F. UNDER 1 YEAR   F. UNDER 1	### SCHELLE  4. SOCIAL SECURITY NUMBER  21 4 03 2619  5. SEX  1	ESTELLE  4. SOCIAL SECURITY NUMBER 214 03 2619  5. SEX 214 05 2619  5. SEX 214 05 2619  6. CITY, TOWN OR LOCATION OF DEATH NORTH ARUNDEL HOSPITAL ASSOCIATION  6. CITY, TOWN OR LOCATION OF DEATH NORTH ARUNDEL HOSPITAL ASSOCIATION  6. CITY, TOWN OR LOCATION OF DEATH 100. STREET AND NUMBER 606 Center Drive  101. ZIP CODE 21146  11. MARTIAL STATUS  11. Neare Marted 2   Married   12. WAS DECEDENT EVER IN U.S. ARMED   12. WAS DECEDENT SULCATION   12. WAS DECEDENT OF HISPANIC ORIGIN? (Sp. OVER WAR OR DATES X  15. DECEDENT'S EDUCATION   12. WAS DECEDENT SULCATION   13. DECEDENT SULCATION   14. DECEDENT SULCATION   15. DECEDENT SULC	ESTELLE  4. SOCIAL SECURITY NUMBER 214 03 2619  1	ESTELLE  4. SOCIAL SECURITY NUMBER 214 03 2619 1	ESTELLE  **SCHITY NUMBER** 2.14 0.3 2619  **I w 2 26*  **RESS - Zakes** 2.14 0.3 2619  **I w 2 26*  **RESS - Zakes** 2.14 0.3 2619  **I w 2 26*  **RESS - Zakes** 2.14 0.3 2619  **I w 2 26*  **RESS - Zakes** 2.14 0.3 2619  **I w 2 26*  **RESS - Zakes** 2.14 0.3 2619  **I w 2 26*  **RESS - Zakes** 2.14 0.3 2619  **I w 2 26*  **RESS - Zakes** 2.14 0.3 2619  **I w 2 26*  **RESS - Zakes** 2.14 0.3 2619  **RESS - Zakes** 2.15 2610  **RESS - Zakes** 2.16 2610

LONG S. HSU, M.D./1406-B CRAIN HWY #308/GLEN BURNIE, MD 21061
31. DATE FILED (MONTH), DON, 19994

JUNE STREET, DON, 19994

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REC	a. NO.			
	1. OECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEA	ATH DAY		3. TIME OF DEATH	
	RANDY CHRISTOPHE	R SANDS				FEB'		1994	1730	M
	4. SOCIAL SECURITY NUMBER 5. SE	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA		7. DATE OF BIRT	ТН	8. BIRTI	IPLACE (State or Fore	ign
	220-74-1892 1-	M <sup>2</sup> □ <sup>F</sup> 37	YRS.	MONTHS DAY	HOURS MIN.	(Month, Day, 1		Count	") MARYLANI	)
	9a. FACILITY NAME (If not institution, give street and			9b. CITY, TOW	N OR LOCATION OF DI			UNTY OF D		
<u>۳</u>	6095 MAJORS LANE A	PT #4		COLUM	(BTA			OWARD		
5	RESIDENCE OF DECEDENT			0020				57W11E		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				10d, INSIDE CITY LIMITS?	
급	MARYLAND H	OWARD		co	LUMBIA				1 YES 2 N	10
뒿	10e. STREET AND NUMBER				101. ZIP CODE		10g. C	TIZEN OF V	WHAT COUNTRY?	
ER	6095 MAJORS LANE				210	<i>1</i> E		TT	S.A.	
FUNERAL		AS DECEDENT EVER IN U.S.			ECENDENT OF HISPAI	NIC ORIGIN? (Spec		14. RACI	E American Indian	,
	X. Coto Marino	PRCES? 1 YES 2 YES, GIVE WAR OR DATES			specify Cuban, Mexico ES 2 TNO Specif		fc.)	Spec	k, White, alc.	
è	3 Wildowed 4 Divorced				A.			1	BLACK	
	15. DECEDENT'S EDUCATION (Specify only highest grade complete	16a.	DECEDENT'S	USUAL OCCUP	TION most of working	16b. KIND (	OF BUSINESS/II	NDUSTRY		
ш		ge (1-4 or 5+)	life. Do NOT u	se retired.)	most or working					
<u>ē</u>	12	7.5	5	STUDENT			SCHOO	L		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, A	Asiden Sumame)			
BE (	JAMES EDWARD SANDS				MART	HA R. HI	ENRY			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City	or Town, State, 2	Zip Code)		
2	MARTHA R. SANDS (MC	THER (	14845	BUSHY	PARK ROAD	WOODBIN	VE MARY	LAND	21797	
	20a. METHOD OF DISPOSITION	20h PLA		OF DISPOSITION			Oc. LOCATION -	-		
	1 Burial 2 Cremation 3 Removal fro 4 Donation 5 Other (Specify)	m Stale cemetery,	cremetory or o	ther place)	02-17-94	1		-	MARYLANI	
- 1	21. SIGNATURE OF FUNERAL BURNICE LICENSEE		CLAR		AND ADDRESS OF FA		TUTOLIO	111111	MARYLANI	
		) 44		TTDO	N A DUGG	WITH	וופו סעק	א כיייוו	HOMEC	
	Jussues	X	<u> </u>	11630	M & RUSS	יבו וועיבוע ע		CVITTI	F MARYTAI	MD
	23. PART i. Enter the diseeses, or complice shock, or heart failure. List on	cations that caused the	death. Do i	not enter the	mode of dying, suc	h as cerdiac or	respiratory a	rrest,	Approximat	
	IMMEDIATE CAUSE (Final	.,							Onset and	
	disease or condition resulting in death)	ARDIAC ARRHYT	HMIA							
		DUE TO (OR AS A CON		F):						
Z	6									
음	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE O	F):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury									
	that initiated events	DUE TO (OR AS A CON	SEOUENCE O	F):						
ᇤ	resulting in daeth) LAST									
ਹ	PART II. Other significent conditions cont	elbustine to do ath but a	-4	I - Ab		nat la v				2 1 2 1 1
ΧI		ributing to death but no	ot resulting	in the underly	ing ceuse given in	Part I. 24a. W	AS AN AUTOPS' ERFORMED?	Y 24b	WERE AUTOPSY FINI AMILABLE PRIOR TO	0
DICAL	SCHIZOPHRENIA					יאַי	YES 2 NO		COMPLETION OF CA OF DEATH?	USE
ME	) <u> </u>		<u> </u>			_   ( `			1 - YES 2 - NO	ó
Ë										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	eck only one)				
Si		PITAL:	3 🗆 DOA	OTHER: 4 Nursing h	ome 5 Realdence	8 Other (Specif	fy)			
ΞI	27. MANNER OF DEATH 2	Se. DATE OF INJURY	28b. TIM	E OF 28c.	INJURY AT	28d. DESCRIBE	HOW INJURY O	CCURED		
	1) Netural 5 Pending	(Month, Day, Year)	in.	JURY M 1 [	WORK? YES 2 NO					
BÝ	2 Accident	8a. PLACE OF INJURY - A	t home, tarm,	street, factory, o	ffice	28I. LOCATION (	Street and Numb	er or Rural I	Route Number,	
COMPLETED	4 Homicide determined	building, etc. (Specify)				City or Town,	, State)			
	29a, CERTIFIER									_
A P	(Check only one)									
S I	2 MEDICAL EXAMINER: On the	te basis of axamination and	/or investigation	on, in my opinio	n, death occured at the	time, data and pla	aca, and dua to	the cause(s	i) and manner as sta	ted.
BE (	290. SIGNATURE AND TITLE OF CERTIFIER	1116	1		29c. LICENSE NUI	MBER	29d. O	ATE SIGNED	(Month, Day, Year)	
	MMA Y	000			O.C.M.I	Ξ.		FEB 1	5,1994	
일	30. NAME AND ADDRESS OF PERSON WHO COME	LETED CAUSE OF GEATH	ITEM 27) (Type	, Print)			_		· ·	
	MAKIO F. GOLLE:	JR 11159 11	1 Penr	Stree	t, Baltimo	ore, Mar	yLand	21201		
	31. DATE FILED (Month, Day, Year)	REGISTRAN SIGNATUR	E-							
- 4	FFR 1 7 1994	whi Dendem Re	white							



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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	-
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

1. DECEDENT'S NAME (First, Middle, Last)							
			COULDE		2. DATE OF DEATH	MY 4	3. TIME OF OEATH
BLANCHE E	5. SEX 6. A	GE (In yrs. last bin	SCHARF	R IF UNDER 24 HRS.	7. DATE OF BIRTH		94   09:45 AM M
212 36 9906	1 🗆 M 2 🗶 F	-	YRS. MONTHS DAY		(Month, Day, Year)		Country)
	treet and number)		96. CITY, TOW	N OR LOCATION OF D	Jan. 29,1		Maryland TY OF DEATH
NORTH ARUNDEL HO	OSPITAL ASS	OCIATIO	ON GLE	N BURNIE			A.A. COUNTY
		10	Oc. CITY, TOWN OR LO	- 11 17	more		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 1004 Siske Rd.				10f. ZIP CODE 21226			EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 W Widowed 4 Diverced	FORCES? 1 Y	ES 2 NO	If yes,	specify Cuben, Mexico	en, Puerto Rican, etc.)		14. RACE — American Indian, Black, White, etc. Specify: White
(Specify only highest grade ( Elementary/Secondary (0-12)	CATION completed) College (1-4 or 6+)	(Give k	tind of work done during NOT use retired.)	ITION most of working			
17. FATHER'S NAME (First, Middle, Last)		1 IC	MICHANEL	18. MOTHER'S N/			ric
Irvin		Stokes	3			,	Harmon
190. INFORMANT'S NAME (Type/Print) Enola Mae Hill							
20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Remo	oval from State	20b. PLACE AND cemetery, cremato	DATE OF DISPOSITION ory or other place)	(Name of	DATE 20c. LI	DCATION — CI	
	ENSEE	Cedar				altim	ore, MD
· Hall & t	41						
23, PART I. Enter the diseases, or c	complications that cer	sed the death	Do not enter the	04 Mounta	in Rd., Pa	sadena	at, MD 21122
ahock, or heart fallure. L	List only one ceuse or	n each line.				matery and	interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUE	NCE OF):				
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUE	NCE OF):				
PART ii. Other significant condition	a contributing to deal	th but not reau	iting in the undarly	ing cause given in	Part I. 24s. WAS AI	AUTOPSY	24b. WERE AUTOPSY FINDINGS
					PERFO	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							10.23 20.00
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSETAL			PLACE OF DEATH (C	heck only one)		
1 TYES 2 NO	1 Inpetient 2 - ER/C		DOA 4 Nursing H	ome 5 🗆 Residence			
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yes	ar)	INJURY M 1	WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCL	URED
3 Suicide 6 Could not be determined	26e. PLACE OF INJI building, etc. (1	URY — At home, Specify)	ferm, street, factory, o	ffice			r Rural Route Number,
one)							
29b. SIGNATURE AND TITLE OF CERTIFIER							SIGNED (Month, Day, Year)
1 1 1 3 3 1 4 2 2 2	NORTH ARINDEL HERSIDENCE OF DECEDENT  IDEASIDENCE OF ONLY ONLY INGOING  IDEASIDENCE OF ONLY ONLY ONLY INGOING  IDEASIDENCE OF ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	In Marital Status	NORTH ARINDEL HOSPITAL ASSOCIATION RESIDENCE OF DECEDENT 100. STATE    Maryland   Maryland   10b. COUNTY   10b. COUNTY   10b. STATE   10b. COUNTY   10b. Maryland   10b. County   10b. C	NORTH ARINDEL HOSPITAL ASSOCIATION GLE RESIDENCE OF DECEDENT 100. COUNTY 100. STREET AND NUMBER 1004 Siske Rd.  11. MARITAL STATUS 10. NORTH ARINDEL 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1   YES 2   No.   11. MARITAL STATUS 10. Werried 1   12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1   YES 2   No.   11. MARITAL STATUS 10. Werried 1   12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1   YES 2   No.   11. MARITAL STATUS 10. Werried 1   12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1   YES 2   No.   11. West DECEDENT'S EDUCATION (Specify) only highest grade completed) 12. WAS DECEDENT'S USUAL OCCUPA (She dark of work done during life. On NOT use reflect) 13. WAS DECEDENT'S BUILDING COMPLETS 15. DECEDENT'S BUILDING COMPLETS 16. DECEDENT'S USUAL OCCUPA (She dark of work done during life. On NOT use reflect) 16. MARILING ADDRESS (Street Life and High Complete and Life a	NORTH ARINDEL HOSPITAL ASSOCIATION GLEN BURNIE  No. STATE  10b. COUNTY  MARY Jand  Anne Arundel  10c. CITY, TOWN OR LOCATION  Balti  10c. STATE  10b. COUNTY  MARY Jand  Anne Arundel  10c. CITY, TOWN OR LOCATION  Balti  10c. STREET AND NUMBER  10c. STATE  10c. CITY, TOWN OR LOCATION  Balti  10c. STREET AND NUMBER  10c. STREET AND NUMBER  10c. STREET AND NUMBER  10c. CITY, TOWN OR LOCATION  Balti  10c. CITY, TOWN OR LOCATION  Balti  10c. STREET AND NUMBER  11c. NA STRUCK  11c. NAS DECEMENT EPURCH  11c. NAS DECEMENT EPURCH  11c. NETWORK AND ADDRESS (STREET AND AND ADDRESS (STREET AND AND ADDRESS (STREET AND AND ADDRESS (STREET AND ADDRESS OF FRANCE)  11c. NOTION STREET  11c. NOTION STREET  11c. NAS DECEMENT EPURCH  11c. NETWORK AND ADDRESS (STREET AND ADDRESS (STREET AND ADDRESS (STREET AND ADDRESS OF FRANCE)  11c. NOTION STREET  11c. NO	NORTH ARINDEL HOSPITAL ASSOCIATION   GLEN BURNIE	NORTH ARINDEL HOSPITAL ASSOCIATION GLEN BURNIE  100. STARET AND NUMBER  100. STORET AND NUMBER  100. STORET AND NUMBER  100. SISKE Rd.  112. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 12. WAS DECEDENT OF HEAPANC CONTINUE (Specifly Was Or NO

DRIVE, #206/GLEN BURNIE, MARYLAND 21061

MARC OKUN.
31. DATE FILED (Month, Day, Year)
FEB 1 7 1994

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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physicia
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DIVISION OF VITAL RECORDS, P.O. BOX 687

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_	REGISTRAR		CERTIFIC	ALE OF DEATH		REG. NO.	94 045
1.	DECEDENT'S NAME (First, Middle, Last)	Rachele Ser			2. DATE OF MONTH	DAY	YEAR 3. TIME OF DEATH
	SOCIAL SECURITY NUMBER  2. 15 - 3 G - 2 14 14 6  • FACILITY NAME (If not institution, give a	5. SEX 8. AGE	(In yrs. last birthday)  YRS.	FUNDER 1 YEAR OF UNDER 24 HRS HITHS DAYS HOURS MIN	7. DATE OF (Month, D	BIRTN ny, Your) >7-12	BIRTHPLACE (State or Foreign Country)  I + A   y  Y OF DEATH
	Baltimore County			Baltimore	DEATH		1timore
	De. STATE 10b. COUNT	i Itimure		OWN OR LOCATION Baltimore	J. J.H		10d. INSIDE CITY LIMITS? 1 \( \overline{V} \) YES 2 \( \overline{V} \) NO
111	So. STREET AND NUMBER		0112	10f. ZIP CODE	1.3		U. S. A.
3	NAMITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YES	2 NO	13. WAS DECENDENT OF NIS If yee, specify Cuben, Mai 1 YES 2 NO Sp.	ican, Puerto Rice	Specify Yee or No- 14	RACE — American Indian, Black, White, etc. Specify:
17	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	18e. DECEDENT'S US (Give kind of work life. Do NOT use in	done during most of working	16b. KI	ND OF BUSINESS/INDUS	
	n/a	n/a	Seamstr			Tailoring	Company
	Geraldo DiVincen	170			NAME (First, Mick Inciata	Naiden Sumame)	
19	De. INFORMANT'S NAME (Type/Print)	120	19b. MAILINO AC	ORESS (Street and Number or Ru			ode)
Ī	Oolores Troiano (	(Dghtr)	3905 D	arleigh Rd.,	Apt. 16	, Baltimor	e, Md. 21236
1 4	De. METHOD OF DISPOSITION  Burlel 2 Cremation 3 Rem  Donation 5 Other (Specify)	navel from State	b. PLACE AND DATE OF I metery, crematory or other Lorraine	Mausoleum	2/12	Woodlawn	y or Town, State , Maryland
21	. SIGNATURE OF FUNERAL SERVICE LI	CENSER		22. NAME AND ADDRESS OF Schimunek Fi 3331 Brehms	ineral 1		Md. 21213
	ahock, or heart failure.  MMEDIATE CAUSE (Final	List only one cause on	ed tha death. Do not sech lins.	entar the mode of dying, a			it, Approximata Interval Batw
d	ahock, or heart failure.  MMEDIATE CAUSE (Final lisease or condition esulting in death)  Gequantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury het initiated eventa	a. Me Hes Les DUE TO (OR AS DUE TO (OR AS C.	aech lina.		uch aa cardiad		it, Approximata Interval Batw
d n	ahock, or heart failure.  MMEDIATE CAUSE (Final lisease or condition esuiting in death)  Sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury	B. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	entar the mode of dying, a	uch aa cardlad	e or respiratory arres	Approximate Interval Batw Onset and Dr
d n	ahock, or heart failure.  MMEDIATE CAUSE (Final lisease or condition esuiting in death)  Sequentially list conditions, and, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury het initiated eventa esuiting in death) LAST	B. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	entar the mode of dying, a	in Part I. 24	or respiratory arres	Approximate interval Batw Onset and Dr
d n	ahock, or heart failure.  MMEDIATE CAUSE (Final lisease or condition esuiting in death)  Sequentially list conditions, and any, leading to immediate ause. Enter UNDERLYING CAUSE (Disease or Injury hat initiated eventa esuiting in death) LAST  PART II. Other eignificant conditions.  S. WAS CASE REFERRED TO MEDICAL EXAMINER?	B. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	entar the mode of dying, a	in Part I. 24	a. WAS AN AUTOPSY PERFORMEO?  YES 2 NO	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
d d n	ahock, or heart failure.  MMEDIATE CAUSE (Final lisease or condition esulting in death)  Gequantially list conditions, if any, leading to immediate lause. Enter UNDERLYING AUSE (Disease or Injury hast initiated eventa eaulting in death) LAST  PART II. Other eignificant condition  S. WAS CASE REFERREO TO MEDICAL EXAMINER?  To MANNER OF DEATN  MANNER OF DEATN  Metural 5 Pending	B. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  tipetient 3 □ DOA 4 29b. THME C	entar the mode of dying, a  cost Cost  Cos	In Part I. 24 (Check only one) ce 6 Other (S	a. WAS AN AUTOPSY PERFORMEO?  YES 2 NO	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH?  1 YES 2 NO
d d m	ahock, or heart failure.  MMEDIATE CAUSE (Final lisease or condition esuiting in death)  Sequentially list conditions, fany, laading to immediate ause. Enter UNDERLYING CAUSE (Disease or injury hat initiated eventa esuiting in death) LAST  PART II. Other eignificant conditions.  S. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO	B. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  tipetient 3 DOA 4	26. PLACE OF DEATN THER: Nursing Home 5   Residen F	In Part I. 24  (Check only one)  5 Other (S  28d. DESCR	a. WAS AN AUTOPSY PERFORMEO? YES 2 No	24b. WERE AUTOPSY FINDM MARLABLE PRIOR TO COMPLETION OF CAUS DF DEATH?  1  YES 2 NO
d d m	Abock, or heart failure.  MMEDIATE CAUSE (Final lisease or condition esuiting in death)  Gequantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury het initiated eventa esuiting in death) LAST  ART II. Other eignificant condition  ART II. Other eignificant condition  ART II. Other eignificant condition  MANNER OF DEATN  1 YES 2 NO  MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  Decentifier (Check only)	BICIAN: To the best of my kno	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  tipetient 3 □ DOA 4  28b. Time consumer of the consequence of t	26. PLACE OF DEATN THER: Nursing Home 5   Residen F	in Part I. 24  (Check only one)  28d. DESCR  28t. LOCATI City or 1	a. WAS AN AUTOPSY PERFORMEO?  YES 2 NO  NO (Street and Number or own, State)	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS DE DEATH?  1 YES 2 NO
S S III C C C U II I	Abock, or heart failure.  MMEDIATE CAUSE (Final lisease or condition esuiting in death)  Gequantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury het initiated eventa esuiting in death) LAST  ART II. Other eignificant condition  ART II. Other eignificant condition  ART II. Other eignificant condition  MANNER OF DEATN  1 YES 2 NO  MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  Decentifier (Check only)	BUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  tipetient 3 □ DOA 4  28b. Time consumer of the consequence of t	entar the mode of dying, a  control of the underlying ceuse given  26. PLACE OF DEATN  THER:  Nursing Home 5   Residen  FY 28c. INJURY AT WORKY  M 1   YES 2   NO  et, fectory, office	In Part I. 24  (Check only one)  28d. DESCR  28d. DESCR  28t. LOCATI City or 1	a. WAS AN AUTOPSY PERFORMEO?  YES 2 No  NO (Street and Number or own, State)  e) end menner se stated diplace, end due to the	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS DE DEATH?  1 YES 2 NO
d d n n s s s s s s s s s s s s s s s s	ANOCK, or heart failure.  MMEDIATE CAUSE (Final lisease or condition condition with the second condition and conditions, any, leading to immediate ause. Entar UNDERLYING AUSE (Disease or Injury hat initiated eventa eaulting in death) LAST  PART II. Other eignificant condition	BUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  tipetient 3 □ DOA 4  28b. Time consumer of the consequence of t	28. PLACE OF DEATN THER: Nursing Home 5   Residen WORKY NORKY 1   YES 2   NO set, factory, office at the time, date end place, and in my opinion, death occured at	In Part I. 24  (Check only one)  28d. DESCR  28d. DESCR  28t. LOCATE City or 1	a. WAS AN AUTOPSY PERFORMEO?  YES 2 No  NO (Street and Number or own, State)  e) end menner se stated diplace, end due to the	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
d d n n s s s s s s s s s s s s s s s s	ANOCK, or heart failure.  MMEDIATE CAUSE (Final lisease or condition condition with the second condition and conditions, any, leading to immediate ause. Entar UNDERLYING AUSE (Disease or Injury hat initiated eventa eaulting in death) LAST  PART II. Other eignificant condition	B. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  tipetient 3 □ DOA □ 28b. Time c injury  TY — At home, ferm, streecity)  wiedge, death occurred ion end/or investigation,	the underlying ceuse given  26. PLACE OF DEATN  THER:  Nursing Home 5   Residen  F 28c. INJURY AT WORK?  M 1   YES 2   NO  et, factory, office  at the time, date end place, and in my opinion, death occured at  29c. LICENSE	In Part I. 24  (Check only one)  28d. DESCR  28d. DESCR  28t. LOCATI City or 1	a. WAS AN AUTOPSY PERFORMEO?  YES 2 No  NO (Street and Number or own, State)  e) end menner se stated diplace, end due to the	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH?  1 YES 2 NO

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Dr. Ghiladi, 76
31. DATE FILED (Month, Day; Year)
FEB 1 7 1994

7600 Osler

Drive,

may be retained by the hospital or attending physician.	tor, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ust be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within concurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memai Hyolene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY FUNERAL DIRECTOR

		CERTIFIC	CATE OF	DEATH	REG. N	10.		
DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
Claude Henry Sarrat	it				Feb. 12	, 1994		9:55 P
		11	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	IPLACE (State or Fore
370 40 3127	¥ M 2 □ F 73	3 YRS.	IONTHS DAYS	HOURS MIN.	Dec. 12.			" uth Carol
a. FACILITY NAME (If not institution, give street a	and number)	1	96. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUR	ITY OF D	EATH
Manor Care - Ruxton	1		Baltimo	ore		Bal	time	ore
In. STATE 10b. COUNTY		10c. CITY,	TOWN DR LOCAT	ION				10d. INSIDE CITY
Maryland		Balt	imore					LIMITS?
e. STREET AND NUMBER			101	ZIP CODE	TOTAL LINE	10g. CITI	ZEN OF Y	VHAT COUNTRY?
411 N. Bouldin Stre	et		2	21224		U.S.	A.	
□ Never Married 2 □ Married	WAS DECEDENT EVER FORCES? 1 X YES	3 2 NO	If yes, sp	ocify Cuban, Maxican	IC ORIGIN? (Specify n, Puerto Rican, atc.)		Bleck	— American Indian, k, White, etc.
☐ Widowed 4 ☑ Divorced	IF YES, GIVE WAR OR	DATES	1 L YES	2 NO Specify			Speci	White
15. DECEDENT'S EDUCATIO	ON .	16a. DECEDENT'S U	SUAL OCCUPATION	OH .	16b. KIND OF	BUSINESS/IND	USTRY	WILLEC
(Specify only highest grade complete lementary/Secondary (0-12) Co	pleted) pllege (1-4 or 5+)	(Give kind of wor	rk done during mo retired.)	st of working				
N/A N/		Dentist			De	entist	rv	
FATHER'S NAME (First, Middle, Last)	THE			18. MOTHER'S NA	ME (First, Middle, Meid	ten Sumame)		
Carroll Sarratt				Jessie	I.vles			
e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a		Route Number, City or	Town, State, Zip	Code)	
LuJean Morici (Fri	end)	9317 F	anridge	Road. F	Baltimore	. Md.	2123	84
De. METHOD OF DISPOSITION  Burlel 2 S Cremation 3 Removal	20	Db. PLACE AND DATE OF	DISPOSITION (Ne	me of		LOCATION -		
□ Donation 8 □ Other (Specify)	Irom State	emetery, crematory or other Green Mour	it Crema	atory	2/14 B	altimo	re.	Maryland
SIGNATURE OF FUNERAL SERVICE LIGENS	æ		22. NAME AN	ID ADDRESS OF FAC				
· 1/1/1/5/2					eral Hom			
ahock, or heart fellure. Liet MMEDIATE CAUSE (Final leesse or condition soulting in death) a		asch IIna.  SEST  A CONSEQUENCE OF):	IVE	- 4	ISCH	EM	110	Approximate interval Batto Onset and D
equantially list conditions, any, isading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat initiated events essitting in death) LAST		A CONSEQUENCE OF:	701		7 (			
ART II. Other eignificent conditions co	ths underlying	g ceuse givan in	PERF	I. 24a. WAS AN AUTOPSY PERFORMED? 1  YES 2 NO		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	eck only one)			
	OSPITAL: Inpetient 2 ER/Ou		OTHER:	e 5 🗆 Residence	6 Other (Specify)			
	28a. DATE OF INJURY	7 28b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HO	W INJURY OCC	CURED	
MANNER OF DEATH	(Month, Day, Year)	INJUI		RK? res 2 NO				
1 Netural 8 Pending		3 Suicide 8 Could not be 28e. PLACE OF INJURY — A1 home, farm, street building, etc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
Natural 8 Pending Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUI building, etc. (Sp	RY — A1 home, farm, str	est, factory, offic		281. LOCATION (Street, Street,	et and Number ate)	or Rural I	Route Number,
Netural 8 Pending Investigation	i: To the best of my kno	wiedge, death occurred	at the time, date	and place, and due	City or Yown, St	nto) mannor as stat	ed.	

Rm. 111, Baltimore, Md. 21204

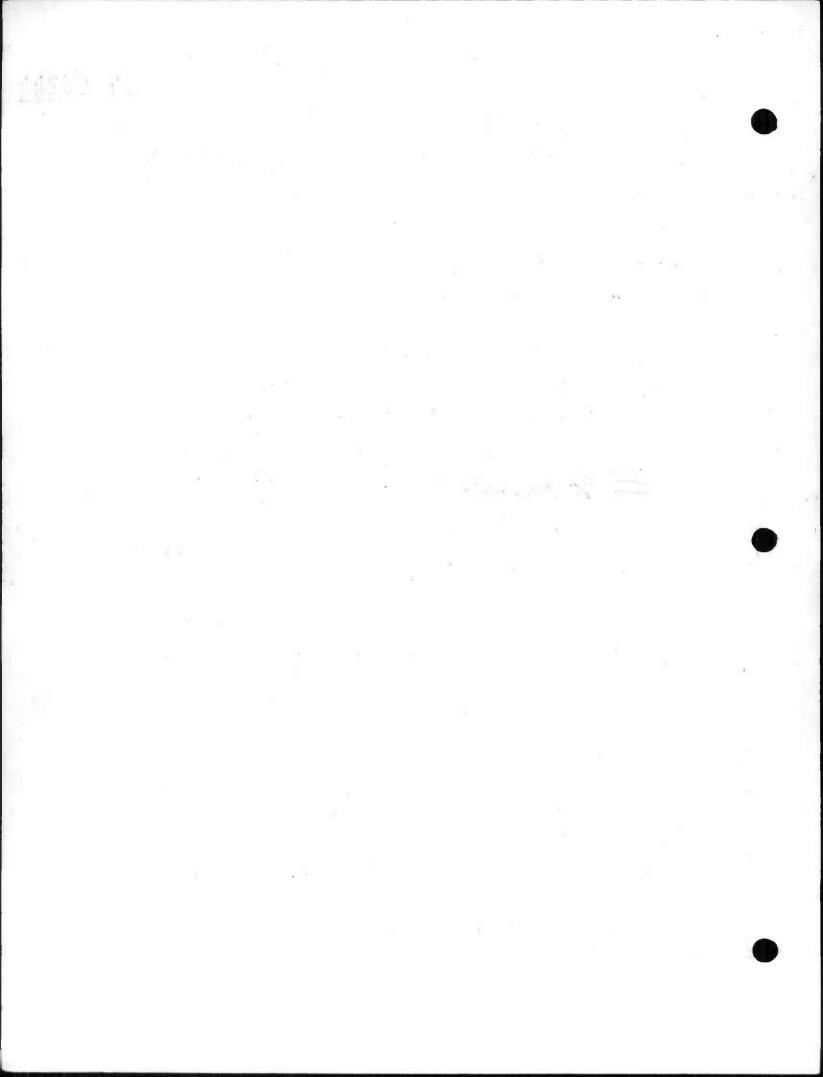
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	) THE HOSP IN COMMITTEE WITH SICIAN: The law requires that the death certificate be executed with	) THE FUNE TO DEPOSE THE COMPLETE TO COMPLETE HAS been signed by the attending physician and completely filled in by the	-
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FEB 1 71994

_	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 94 0453							04536		
	1. DECEDENT'S NAME (First, Middle, Last) Charles Edward Sisson					2. OATE OF DEATH DAY 9 9 4 THE OF DEATH 7 45 PM					
	220-07-5489 1XM 2 RF 94 YRS. MONTHS DAYS HOURS MIN.					(Month, Day	DATE OF BIRTH (Month, Day 1967)  1 17 9 HarfordCo.Md.				
FUNERAL DIRECTOR	90. FACILITY NAME (If not institution, give street end number)  Fallston Ceneral Hospital  Fallston  Fallston					DEATH  9c. COUNTY OF DEATH  H arford					
	Maryland Balti			10c. CITY, TOWN OR LOCATION Upper Falls						19d. INSIDE CITY LIMITS? 1 YES 2 NO	
	100. STREET AND NUMBER 7935 Bradshaw Roa		101. ZIP CODE 21156				U.S.A.				
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?			MED NO	ED  13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify, Cuban, Maxicen, Puerto Rican, etc.) 1 □ YES 2 ○ NO Specify:  1 □ YES 2 ○ NO Specify:			E — American Indian, k, White, etc. //y:			
PLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)										
TO BE COMPL	17. FATHER'S NAME (First, Middle, Last) Charles C. Sisson			rpente	Τ.			self-employed (First, Middle, Maiden Surname) Robinson			
TO B		19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Mrs. William Grammer (niece)  9211 Smith Ave. Baltimore, Md. 21234									
	20s, METHOD OF DISPOSITION 1 (A Burlet 2 Cremetton 3 Removal trom State 4 Donetton 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)  FORK Christian Ceme. Feb. 14, 1994 Kingsville, Md.										
	21. SHEMATURE OF FUNERAL SERVICE LIC	tassahr	E. F. Lassah 11750 Belair			n Funera Rd.Kino	sville	e. Md	21087		
	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such se cardisc or respiratory erreat, shock, or heart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS ALCONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
: MEDICAL CER	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO 2 NO 1 YES 2 NO 2 YES 2 YE							AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Z	25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)										
SICI/	EXAMINER?										
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		28b. TIME O	F 28c.	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HO	W INJURY O	CCURED		
E	3 Suicide 6 Could not be determined  25a. PLACE OF INJURY — At home, farm, street building, atc. (Specify)					t, fectory, office 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Poute Number,		
털	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piecs, and due to the cause(s) and menner as stated.  MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and menner as stated.										
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUM				MBER 29d. DATE SIGNED (Month, Day, Year)			(Month, Day, Year)			
TO B	70470 D3671				5	•					
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITE	M 27) (Type, Pri	nt)						



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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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BALTIMORE, MARYLAND 21215-0020

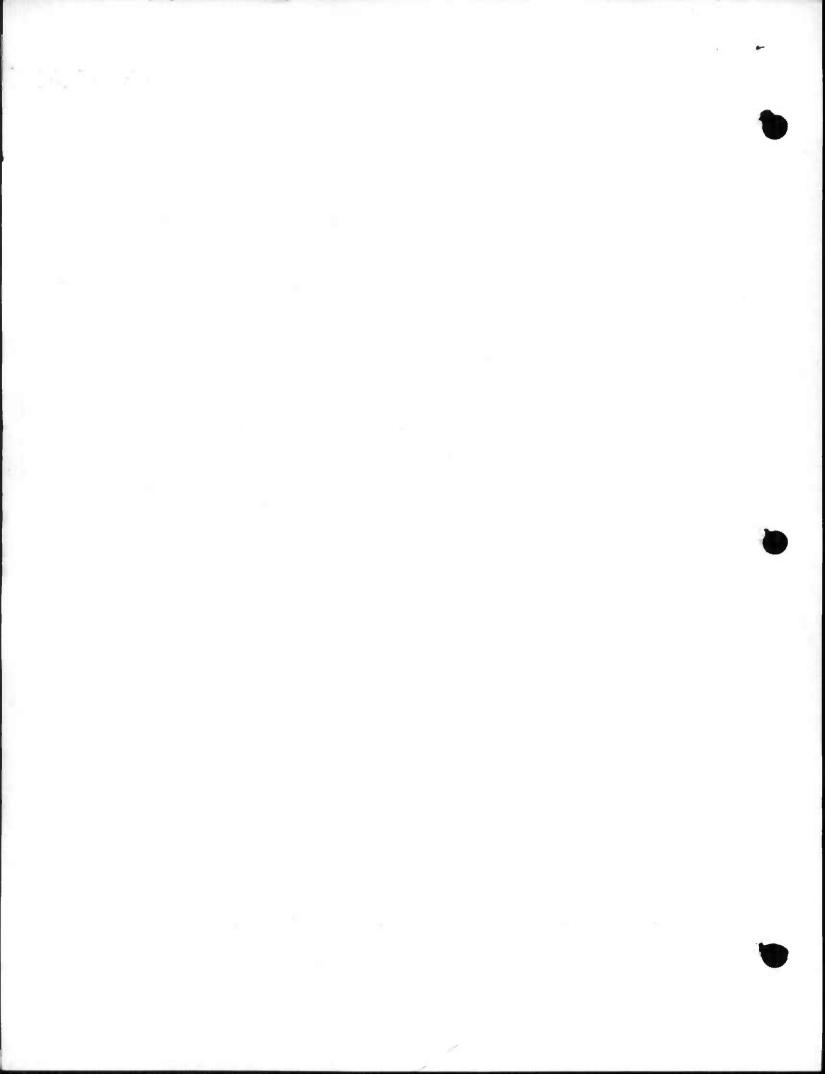
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

mit.

2. DATE OF DEATH DAY 3. TIME OF DEATH Helen French Thompson 1994 1:53 ebruary 16. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1904 Maryland 1 M 2 🖫 F 89 214-22-4187 YRS October 2, 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR **BROADMEAD** Cockeysville Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES P NO Maryland Baltimore Cockeysville FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13801 York Road 21030 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. Specify: White 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO If yes, specify Cuban, Mexican, Puerto Ri
1 YES 2 X NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intary/Secondary (0-12) College (1-4 or 5+) 4 yrs Home Maker Own Home must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) John Calvin French Jennie Elizabeth Beck 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Janet French Cramer P.O. Box 116 Marlboro, Vt. 05344 20a. METHOD OF DISPOSITION
1 □ Buriel 2 ☑ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cemetery, crematory or other plece)
Hilltop Service Corp. 4 ☐ Donation 5 ☐ Other (Specify) 2-17 Towson, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) or Item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): 08110 PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 244. VAS AN AUTOPSY PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 (7)46 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER 4 D Nursi 1 YES 2 NO nt 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT 28d. DEȘCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 5 Pending 1 YES 2 NO ΒY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide IMPORTANT: If Item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the Ilma, data and place, and due to the cause(s) and manner as stated. 29d, DATE SIGNED (Month, Day, Way 8 2 O COMPLETED CAUSE OF DEATH (ITEM/27) (Type: Print) Barbara J. Carroll 13801 York Rd. Cockeysville, Md. 21030 FEB 1 7 1994 32. REGISTRAR'S GIGNATURE Denden Re

THE FUNERAL DIRECTOR: filed within 72 hours after



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second secon
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eath certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s	hat hypere province buries, certainly, or temoval.  If, or other traumatic event, the medical examiner must be notified at once.
L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: A	z nous are usen with the state upp, or result and wenter those prior to buries, cremator, or remova. I flem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE FUNERAL	IMPORTAN

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIEN		94 04538
	1. DECEDENT'S NAME (First, Middle, Last, MATILDA TR					2. DATE OF DEATH MONTH 2 - 12 - 9		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  214-24-1150  9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	82 YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 - 25 - 11	M	BIRTHPLACE (State or Foreign Country) ARYLAND
DIRECTOR	FRANCIS SCOTT			BAL, T	IMORE	EATH	9c. COUNTY	OF DEATH
	10a, STATE 1ARYLAND	TΥ		LTIMOR				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 627 S. PORT ST	REET			21224			OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 Tyes	2 NO	If yes, spec	IDENT OF HISPAI Ify Cuben, Mexica NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	n or No- 14	RACE — American Indian, Black, Whita, etc. Specify:
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 6 YEARS	UCATION de completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i HOMEMAK	rk done during most retired.)	of working	16b. KIND OF BU	SINESS/INDUS	TRY
BE CON	17. FATHER'S NAME (First, Middle, Last) HENRY BOME				MATILD	ME (First, Middle, Maiden	Surname)	
TO B	194. INFORMANT'S NAME (Type/Print) MRS. ALICE BAR	RANTAS	196. MAILING AI 712 S	. PORT	Number or Rural STREE	Acute Number, City or Tow T BALTO.	, State, Zip Co	21224
	20a, METHOD OF DISPOSITION 1		PLACE AND DATE OF			2-16 BAI		or Town, State
	EL SIGNATURE OF PUMERBL SERVICE L	suovski)		KACZO		FUNERAL ST. BALT		21224
	23. PART I. Enter the diseases, shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDI	of ULM				fratory arrea	Approximate interval Between Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):		TF	AILURE		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	TENSI CONSEQUENCE OF): AGIA	OM				
MEDICAL CE	PART II. Other significant condition			the underlying	cause given in	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (Ch	neck only one)		1 YES 2 NO
YSIC	EXAMINER?	HOSPITAL:		OTHER:	5 🗆 Residence	6 Other (Specify)		
ву РН	27. MANNER*OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME (INJUR	RY WOR	RY AT C? S 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	ED
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe-	/ — At home, ferm, stre	eet, factory, office		281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
COMPLET	11111	SICIAN: To the best of my know NER: On the basis of examination						suse(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFI	& Tulle	M.7		Pac. LICENSE NUI	MBER 188	29d. DATE S	GNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W	TULICA 7	ATH (ITEM 27) (Type, PI	- 1/ .	CE 2	ALTIMOR	EMI	
	S1. DATE FILED (Month, Day, Year) FEB 1 7 1994	12. REGISTRAR'S SIGN	IATURE	( '	()	TICTION		

BALTIMORE, MARYLAND 21215-0020	thin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	it, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFI	CATE OF	DEATH	REG. NO.	A STATE OF THE STATE OF
	1. DECEDENT'S NAME (First, Middle, Last) Charles R	t. Tu	rner, S		DATE OF DEATH MONTH PAY 19	94 SOOP M
		(In yrs. lest birthday) 58 YAS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7. HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 12/10/1935	6. BIRTHPLACE (State or Foreign Country) W. Virginia
OR	90. FACILITY NAME (If not institution, give street and number) 1611 H.Rickenbacker Rd.			R LOCATION OF DEATH	9c, Ct	OUNTY OF DEATH  1to.Co.
5	RESIDENCE OF DECEDENT					
DIRECTOR	Maryland Balto.Co.	i i	SSEX, M			10d. INSIDE CITY LIMITS? 1 YES 21 NO
FUNERAL	1611 H. Rickenbacker	Rd.	10	21221		ited States
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Department State St	2 XNO	If yes, sp	ENDENT OF HISPANIC Cocify Cuben, Mexicon, Po	ORIGIN? (Specify Yes or No- uerto Rican, etc.)	14. RACE — American Indian, Black, While, etc. Specify: White
9	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	JSUAL OCCUPATI	ON	16b. KIND OF BUSINESS/	INDUSTRY
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  8th.Grade		ork done during mo retired.) fitter	est of working	Bethleh	em Steel Co.
S S	17. FATHER'S NAME (First, Middle, Last)	1		18. MOTHER'S NAME	First, Middle, Maiden Surname	
0	Vernon	Turne	٣	Belma		•
BE	19e. INFORMANT'S NAME (Type/Print)				Number, City or Town, State,	Burgess
2	Mrs.Theresa L.Shoemaker				Balto.Md.2	
ı		PLACE AND DATE O			DATE 20c. LOCATION	
	1.XX Muriel 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 ☒ Other (Specify)	len Have	er place Mem	.Park 2/2	21/94 Glen	Burnie, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				Balto.Md	. 21230 30 E.Fort Ave
	23. PART I. Enter the diseases, or complications that coused	the deeth Do no				
	ehock, or heert feliure. List only one cause on e IMMEDIATE CAUSE (Final	ach line.	0	/		Interval Between Onset and Death
	disease or condition resulting in death)  DUE TO (OR AS A Sequentially life conditions.	CONSEQUENCE OF	180	edling		Iday
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	CONSEQUENCE OF	):	cherre	zs Wille	tu byrs
H	d					
	PART II. Other significent conditions contributing to deeth b	ut not resulting in	the underlyin	g ceuse given in Par	t I. 24s. WAS AN AUTOPS	SY 24b. WERE AUTOPSY FINDINGS
EDICAL					PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME	( <del></del>					1 TYES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL			AGE OF DEATH (O. )		
<u>ii</u>	EXAMINER? HOSPITAL:		OTHER:	ACE OF DEATH (Check of		
¥	1 Inpatient 2 ER/Outp 27. MANNEN OF DEATH 28e. DATE OF INJURY	28b. TIME		e 5 Nesidence 8		
BY P	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJU	M 1 🗆	YES 2 NO	d. DEŞCRIBE HOW INJURY (	CCURED
	3 Suicide S Could not be determined 28e. PLACE OF INJURY building, stc. (Special Country of the	At home, ferm, st	reet, fectory, offic	28	f. LOCATION (Street and Numi City or Town, State)	ber or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the best of examination					
BE	296. SIGNATURE AND TITLE OF CERTIFIER  RTHUK - Day T			29c. LICENSE NUMBER	29d. D	ATE SIGNED (Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE.	ATH (ITEM 27) (Type,	Print)	100 rece		
	Robert Davit 707 E. Port.	two. F	xelting	are alan	21230	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN			VI YOW )	11-10-00	
	FEB 1 7 1994 Janisan R	wheely				

1	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic
7	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial
)	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	HARDONYANY, If them Of it marked as them Of shares and fallers are other branches are the modified to another a second as

1. DECEDENT'S NAME (Fin	et, Middle, Leet)	Emiles A	molin W	hon					2. DATE OF MONTH	DA		YEAR 94	3. TIME OF DEATH 7:10 A M
4. SOCIAL SECURITY NUM	IBER	Emily A	8. AGE (In yrs. le		IF UNDER	1 1 YEAR	IF UNDER	24 HRS.	7. DATE OF		3 -		LACE (State or Foreign
004-05-47	93	1   M 2XXF	77	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, E	Day, Year)	16	Country	
9e. FACILITY NAME (If not	inatitution, give a	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH					13,19		Mai	
Greater Ba	1timor	e Medical	Center				owso					ltimo	****
RESIDENCE OF DE	CEDENT												
10a. STATE	10b. COUNT			10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
		Baltimore	3			Bal	timo	re					YES 2XXNO
10s. STREET AND NUMBER	-					101	. ZIP COD			-			IAT COUNTRY?
4203 Win	terode						21	236				U.S.A	•
11. MARITAL STATUS 1 Never Married 2 S N Widowed 4 Dh		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 25	RMED NO		If yes, sp		n, Mexica:	IC ORIOIN? ( n, Puerto Ric :		or No-	Black, Specify	- Amarican Indian, White, etc. : White
	CEDENT'S EDU		16a. D	ECEDENT'S	USUAL O	CCUPATH	ON		16b. K	IND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary	nly highest grade (0-12)	College (1-4 or 5	1/4	Bive kind of a Do NOT u	work done se retired.)	during mo	ast of world	ng					
N/A		N/A	A	Hot	memal	ker				Ow	n Ho	me	
17. FATNER'S NAME (First,	Middle, Last)						16. MOT	HER'S NAI	ME (First, Mid	dle, Melden	Sumame)		
Antonio		Fantas	La				A	ntoi	nette		Cia	mpi	
18s. INFORMANT'S NAME	(Type/Print)		11	Db. MAILING	ADDRES	8 (Street e	nd Number	or Rural F	loute Number,	City or Town	1, State, Zij	Code)	
Emily K. T	hon (	daughter)		18 0	deon	Ct.	, Ba	ltim	ore, l	1D 2	1234		
20e. METHOD OF DISPOSI 1 M Burlel 2 Cremet 4 Donation 6 Other	ion 3 🗆 Rem	oval from State	20b. PLACE cemetery, cr Oak	AND DATE	of Dispos Other place) Cemi	eter	y		2/1			city or Tow re, M	n, State aryland
21. SIGNATURE OF FUNER	AL SERVICE LIC	CENSEE	1		S	chim		Fun		lomes	, In	с.	21236
Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	edieta YING jury	b. Men DUE TO	(OR AS A CONSE	EQUENCE O	ANC Pi:	EX	, v	NIC	vont	PI	47	Ary	
PART II. Other algoritic	ant condition	d	death but ant		In the co	ada ak da			n			Tom.	WERE AUTOPSY FINDINGS
				Todaring	THE OF	- Carry III	9 02000			PERFOR	MED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED	TO MEDICAL					26. PI	LACE OF D	EATN (Che	ck only one)				
EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHE		ne 5 □ Re	aldenca	8 🗆 Other (S	Specify)			
27. MANNER OF DEATH  1  Netural 5  2  Accident	Pending Investigation	28s. DATE OF (Month, D	INJURY	28b. TIN		28c. INJ W0	URY AT ORK? YES 2		28d. DESC		NJURY OC	CURED	
0 0 0 1111	Could not be determined	28s. PLACE C building,	F INJURY — At h etc. (Specily)	ome, ferm,	atreet, fac	lory, offic	•			ON (Street e Town, State)	nd Numbe	r or Rural Ro	ute Number,
anal		ICIAN: To the best of ER: On the basis of s											and manner as stated.
296. SIGNATURE AND TITLE	ch	MO					6		730		•	2/	(3/94
GAM			6569		CHA	s.	ST.	61	1270.	170	0. 2	120	,4
FEBI	1994	9-32 REGISTR							Ē.				

1	-	FOR STATE REGISTRAR
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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF I			TMENT I				MENTAL HYGIEN REG. NO.	E	94	04541
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	Ma	ry Jan	e Vi	nton				2-14-1		YEAR	3:22 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	224	8. BIRTH	PLACE (State or Foreign
214-14-7035	1 🗆 M 2x 式 \digamma	72	YRS.	MONTHS E	DAYS	HOURS	MIN.	(Month, Day, Year)	021	Country	γ)
9a. FACILITY NAME (If not institution, give a			9b. CITY, T	DWN C	OR LOCATIO	ON OF DE	4-18-1		INTY OF D	ryland	
						ltim			sc. 000	WIT OF D	EAIN
Sinai Hospita	<u> </u>				Ba.	LCIN	ore				
10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR	LOCAT	ION					10d, INSIDE CITY
Maryland						Ва	lti	more		- 1	LIMITS?
10e. STREET AND NUMBER			_		101	. ZIP CODI			10a CIT	IZEN OF V	HAT COUNTRY?
4420 Clydesda	le Aven	ue						1211			SA
11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S. AF	MED					HC ORIGIN? (Specify Yes	or No-	14. RACE	— American Indian,
1 Never Married 2 Married	IF YES, GIVE V	YES 2 X	NO			ecify Cubs		n, Puerto Rican, atc.)		Spech	, White, etc.
3 Wildowed 4 Divorced					_	AA	/			-	white
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S	USUAL OCC	UPATIO	ON of of working		16b, KIND OF BUS	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	life	. Do NOT us	e retired.)	ing mo	St Of WORK	y .				
12th			omem	aker							
17. FATNER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Middle, Maiden	Sumame)		
John MacDonal	d						Aan	es Haine	S		
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	Stroat a	nd Number		Route Number, City or Tow		in Codel	
Mary Jane Mat	hewe	"						Ave. Bal			MD 21211
20s. METNOD OF DISPOSITION	iicws				-		10				
N. Mouriel 2 Cremation 3 Remo	oval from State	cemetery, cre	matory or or	ther place)						City or To	
4 ☐ Donation 5 ☐ Other (Specify)		Lorr	aine						odla	awn,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	so Cará	ortu	3	Bu	rge	ee-H Fal	ens	s Funera	l Ho	ome , MD	21211
23. PART I. Enter the diseases, or o	complications ha	caused the de	eth. Do r	not enter th	ie mo	de of dvi	ng. suci				Approximate
shock of heart failure.	List only one cas	se on each line	b.			,					interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Seve	re h	V P1	thy	LC	210	1 Sv	м			Onset and Death
Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO		OUENCE DE	hron	ic		ena	acidos	4	,	2 mo Luke I monte
PART ii. Other eignificent condition						1	december	Book I are una con			
	diapete				eriyiniş	3 cense (	given in	Part I. 24a. WAS AN PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:				6 Other (Specify)			
27. MANNER OF DEATN	28e. DATE OF	INJURY	28b. TIM	E OF 21	Bc. INJ	URY AT		28d. DESCRIBE NDW II	NJURY OC	CURED	
1 Natural 5 Pending	(Month, E	ey, Year)		URY	WO	RK7	I NO			001120	
2 Accident Investigation	28- DI ACE C	F INJURY — At he	- 10				JNO				
3 Suicide 8 Could not be determined	building,	atc. (Specify)	me, sarm, i	mman, metory	, ome	•		281. LOCATION (Street & City or Town, State)	ind Numbe	r or Rural R	loute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSH 2 MEDICAL EXAMINE								to the ceuse(s) and mar			) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WIN	· ad	emi	U 37 (T	MD		29c. LICE	NSE NUN	IBER	29d. DAT	2/1	(Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Carrie Adamson,
31. DATE FILED (Month, Day, Year)
FFB 1 7 1994

MD 2401

W. Belvedere

BALTIMORE, MARYLAND 21215-0020

ONMH-16 Rev 1/89

Baltimore, MD 21215

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	ĺ
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TO BE COMPL	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
s funeral director, page 5 should be untached in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained by the powers	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be recovered by the property of the prope

94	04542
3.	TIME OF DEATH

1	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAL HYGIENE REG. NO.	94	04542
		alker		101		2. DATE OF DEATH DAY	YEAR 94	3. TIME OF DEATH 08/5 M
	4. SOCIAL SECURITY NUMBER 216-50-0177	1 ▼M 2 □ F	47 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year) 10-01-46	Country	MARYLAND
TOR	90. FACILITY NAME (If not institution, give ST. AGNES HOSPI RESIDENCE OF DECEMENT		g		OR LOCATION OF D	EATH 9c.	COUNTY OF DE	ATH
DIRECTOR	MARYLAND 10b. COUR	BALTIMORE	10c. CITY,	TOWN OR LOCA	TION CATONSVII	LE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 5500 MEDWICK GA	RTH S.	(3) T	10	H. ZIP CODE	228	U.S.	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? XYES IF YES, GIVE WAR OR 1	2 NO	If yes, s		NIC ORIGIN? (Specify Yea or Nan, Puerto Rican, atc.) fy:		- American Indian, White, atc. /: WHITE
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	DUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor iffe. Do NOT use of MATERIAL	k done during m etired.)	INATOR	16b. KIND OF BUSINES  WEST	INGHOUS	
BE	EUGENE WALKER  19s. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	MARY RO	OHE Route Number, City or Town, Ste	ate Zin Codel	
2		WIFE)		EDWICK	GARTH S	. CATONSVILLE		
	1 Guriel 2 Cremation 3 Re 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseases, o	LICENSEE	od the death. Do not	AL CEM 22. NAME A LERO 1630	Y M. & RI	USSELL C. WIT	ZKE FUI	NERAL HOMES LE MARYLAND Approximate
	iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	a. DECOM DUE TO (OR AS		ED	LIVER	DISEAS	E	Interval Between Onset and Death
ERITFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):					
MEDICAL CE	PART II. Other algnificant conditions	one contributing to deeth	but not resulting in	the underlying	ng cause given in	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 N	7	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1YES_2 NO
CAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. F	LACE OF DEATH (C	heck only one)		
PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Sinpetient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year)		Nursing Ho	JURY AT ORK? YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW INJUR	Y OCCURED	y EL
IEU BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide datarmined	28s. PLACE OF INJUR	Y — Al home, ferm, stre			28f. LOCATION (Street and Ni City or Town, State)	umber or Rural Ro	oute Number,
COMPLETED	anni anny	/SICIAN: To the best of my known						and manner as stated.
10 00 0	29b. SIGNATURE AND TITLE OF CERTIF	MO	EATH (ITEM 27) (Type, P		29c. LICENSE NU	171	I. DATE SIGNED	(Month, Day, Year)
	31. DATE FILED (MONTH, Day, Year)  2 FEB 4 4 19	94 Thirties	Contain Sandalle	SU W	ILKENS	AVE SOY	0-1	009

FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	*	du	5	2
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
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296. SIGNATURE AND TITLE OF CERTIFIER

THOMAS

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LISTERNIANS BY

BE 2

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 15 02 MARIJANE WOLFE 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIFTH 1 M 2 F DAYS HOURS YRS. Nov. 29,1963 226 19 2247 30 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNTE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION Maryland Anne Arunde1 Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE burial-transit 7845 Hidden Creek Way 21226 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, 1 YES 2 ANO Specify: 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced page 5 should be detached for use as the COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complex 165 KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) Rohert Smith notified at Norma BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John D. Wolfe 7845 Hidden Creek Way, Baltimore, MD 90 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must filled in by the funeral director, 2/18/94 Cedar Hill Cemetery examiner II. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasadena Merry 3204 Mountain Rd. medicai 23. PART I. Enter the disesses, or complications that caused tha death. Do not enter the mode of dying, such sa cardiac or respiratory strest, shock, or heert failure. List only one cause on each line. 0 IMMEDIATE CAUSE (Final completely filled rial, cremation, o other traumatic event, the Embolisa disesse or condition resulting in death) u/monthy DUE TO (OR AS A CONSEQUENCE OF) and com o burial, o PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditiona, prior to DUE TO (OR AS A CONSEQUENCE OF): the attending physician Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 injury. PART II. Other algolificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s, WAS AN AUTOPSY Health and I shows any YES 2 NO has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem ; certificate h 1 YES NO **EXAMINER?** OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED with 1 marked, 1 Netural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death v BY Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 is r 3 Suicide COMPLETED 8 Could not be 4 Homicide item

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Miller. 21226 20c. LOCATION - City or Town, State Baltimore, MD Pasadena. 21122 Approximsta Interval Between Onset and Death 445 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1/10 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and manner as stated. 29d, DATE SIGNED (Month, Day, Year) DHMH-16 Rev 1/89

29c. LICENSE NUMBER

FOLKEMER, M.D./4231 POSTAL COURT/PASADENA, MD 21122

04543

96

94

3. TIME OF DEATH

12:05 AM

10d. INSIDE CITY

1 YES 2 X NO

White

8. BIRTHPLACE (State or Foreign

Virginia

A.A. COUNTY

14. RACE — American Indian, Black, White, etc.

10g. CITIZEN OF WHAT COUNTRY?

United States

Specify:

Domestic

•	REGIS
1.	DECEDEN
	KAR
4	. SOCIAL S
	212-
9	e. FACILITY
E	Sair
	Sair RESIDEN Da. STATE
11	Da. STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

KAREN	LEE		WOLF	=		2. DATE O	eb 16	"1994 '	YEAR 3	4:54 am
4. SOCIAL SECURITY NUMBER 212-50-5807	5. SEX	8. AGE (In yrs. lest :		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		F BIRTH Day, Year)		Country)	ACE (State or Foreign
Se. FACILITY NAME (If not institution, give	street and number)		91	CITY, TOWN	OR LOCATION OF D		1 0,1.	9c. COUNT		
Saint Joseph Hos	pital			Tow	son, Mary	land		В	altimo	ore
10a. STATE 10b. COUN	ITY		10c. CITY, T	OWN OR LOCAT	TION				1	od. INSIDE CITY
	altimore		_	Balti	more				1	LIMITS?
10e. STREET AND NUMBER				101	ZIP CODE					AT COUNTRY?
15 Rosehill Co					21236			U.S		
11. MARITAL STATUS 1 Never Merried 2 N Merried		YES 2 K NO		if yes, sp	ENDENT OF HISPAI ecify Cuben, Mexico	n, Puerlo Ri		or No- 14	Black, \	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 TYES	2 NO Specif	y:			Specify:	White
15. DECEDENT'S Et (Specify only highest gra	DUCATION			JAL OCCUPATION		16b.	KIND OF BU	SINESS/INDUS		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille, L	Do NOT use re							
N/A	N/A	Asst	t. Bar	ik Mana				ntile 1	Bank	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Surname)		
Louis N. Stiel	per				Ethe1	Davi				·
Francia I II.15	£ (11 1				nd Number or Rural					
Francis L. Wolf	f (Husban	1			Court, E	7	_		1236	-
20e METHOD OF OISPOSITION 1 A Burlet 2 Cremetion 3 Re	moval from State	cemetery, crem	etory or other	ISPOSITION (Na place)		DATE		CATION — CH		
Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	ICENSEE	Parkwo	ood Ce	metery	ND ADDRESS OF FA	2/19	Bal	timore	e, M.	aryland
- Breel A	Lorda			Schim	unek Fur Belair R	eral				21236
23. PART I. Enter the disease, o shock, or heertifellum IMMEDIATE CAUSE (Finel disease or condition recuiting in death)	. List only one ceu	se on sach line.	ma			111100				Approximate interval Betwoenest and D
Sequentisity list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DÛE TO (	Organ Fall or as a consecu-	JENCE OF):							
PART II. Other significent conditions and Small Bowel Obs		deeth but not re	suiting in t	he underlyin	g ceuse given in		24a. WAS AN PERFOR	MED?	C	ERE AUTOPSY FIND WAILABLE PRIOR TO OMPLETION OF CAU F DEATH?
25. WAS CASE REFERRED TO MEDICAL	T									
	HOSPITAL:	PD10. 4		THER:	ACE OF DEATH (Ch					
EXAMINER?	1 Senpatient 2   26e. DATE OF		28b. TIME O		uRY AT	_		NJURY OCCU	RED	
1 TYES 2 NO			RULINI	WC	YES 2 NO	and bega				
1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Da		1				FION (Street	end Number or	Rural Rou	te Number,
1 YES 2 NO 27. MANNER OF DEATH	26e. PLACE OF	INJURY — At hometra. (Specify)	ie, ferm, stre	n, motory, orne		0, 0.	John, Oleley			
27. MANNER OF DEATH  1 Astural 5 Pending Investigation 2 Accident 6 Could not be determined  29. CERTIFIER (Check only	26e. PLACE OF	ntc. (Specify)	th occurred a	t the time, date	end place, and due	to the ceus	e(e) end ma	nner ee stated		nd manner ee state
1 YES 2 MO  27. MANNER OF DEATH  1 Natural 2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	28e. PLACE OF building, of SICIAN: To the bast of the NER: On the baste of exiter.	my knowledge, deal	th occurred a	t the time, date	end place, and due	time, date o	e(e) end ma	nner ee stated	ceuse(e) e	nd manner ee state
1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  290. CERTIFIER (Check only	28e. PLACE OF building, of SICIAN: To the bast of the NER: On the baste of exiter.	ntc. (Specify)	th occurred a	t the time, date	end place, and due	time, date o	e(e) end ma	nner ee stated	ceuse(e) e	

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THE REPORT OF THE PARTY.

are included the equipment of the party of t

BALTIMORE, MARYLAND 21215-0020	burs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal.	re medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely I	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10

	FOR STATE REGISTRAR	STATE OF I			RTMENT O			MENTAL HYGIEN	E	91	4 0454
	1. DECEDENT'S NAME (First, Middle Last) Herman J. U	Vollence	veber					2. DATE OF DEATH DA	08	YEAR 94	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-22-0617	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YE	AR IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country	
	9a. FACILITY NAME (If not institution, give s	/-	86	1110.	at OUTY TO	WN OR LOCATI	011 07 0				/land
DIRECTOR	Mercy Hospital	reor and number)			Balti		ION OF D	EATH	9c. COUN	NTY OF DE	АТН
<u> </u>	10a. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY
F	Maryland			Ba	ltimor	e					LIMITS?
	10e. STREET AND NUMBER				I CINOI	101. ZIP COD	E		10g. CITI		HAT COUNTRY?
ER.	3 S. Linwood Ave	nue				21224			U.S.	Δ	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	NT EVER IN U.S. ARI		If ye	DECENDENT (	OF HISPA	NIC ORIGIN? (Specify Yea an, Puerlo Rican, etc.) 'y:		14. RACE	- American Indian, While, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) N/A	CATION completed)  College (1-4 or 5 - N/A	(Gi iife.	ve kind of Do NOT u	s USUAL OCCU work done during se retired.)	g most of worki	ng	Corp. o U. S. G	f Eng	ginee	
Ö	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, Middle, Malden	Surname)		
BE (	Charles Wollenwel	ber				Bar	bara	Siegelin			
0	19a, INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS (St	eet and Numbe	r or Rural	Route Number, City or Town	ı, Statu, Zip	Code)	
-	John F. Ketchum	Sr. (P.O.	.A.) 1	812	Glen R	idge R	oad,	Baltimore	, Md.	. 21	234
	20a. METHOD OF DISPOSITION 1 IX Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cemetery, crem	natory or c	ofoispositio other place) uthera	N (Name of n Ceme	tery	2/11 Ba1	cation — c timor	city or Tow	m, State Carvland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1990		22. NAN	E ANO ADORE	SS OF FA	CILITY			
	Millely	-			33	31 Bre	hms	neral Home Lane, Balt	imore	. Md	. 21213
	23. PART I. Enter the diseases, or a ahock, or heart feiture.	complications that	it caused the dea	ath. Do	not enter the	mode of dy	ing, aud	h ea cerdiec or respir	ratory erre	est,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Gan	trolate	och		R (00 )	2.				Onset and Death
ATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	b. Per-	(OR AS A CONSECUTION OF A CONSECUTION	UENCE O	no Des	ul	Ula	ies			4 Days

CAUSE (Disease or injury thet initieted events resulting in death) LAST PART il. Other signi

	d.		-				~~		-		-		
ficent	conditiona	contributing	to	death	but	not	resulting	in	the	underlying	ceuse	given in Pa	irt 1.
													_

DUE TO (OR AS A CONSEQUENCE OF):

24e. WAS AN AUTOPSY PERFORMEO?  1 YES 2 NO COMPLETION OF CAUSE	
OF DEATH!	

5. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)
1 YES 2 NO	HOSPITAL: 1 Dinpstient 2 ER/Outpetient 3	DOA 4 Nu	R: rsing Home 5 🗆 Residence	6 Other (Specify)
77. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK?  1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCURED
	DE DI AGE OF MUNICIPAL ALL			

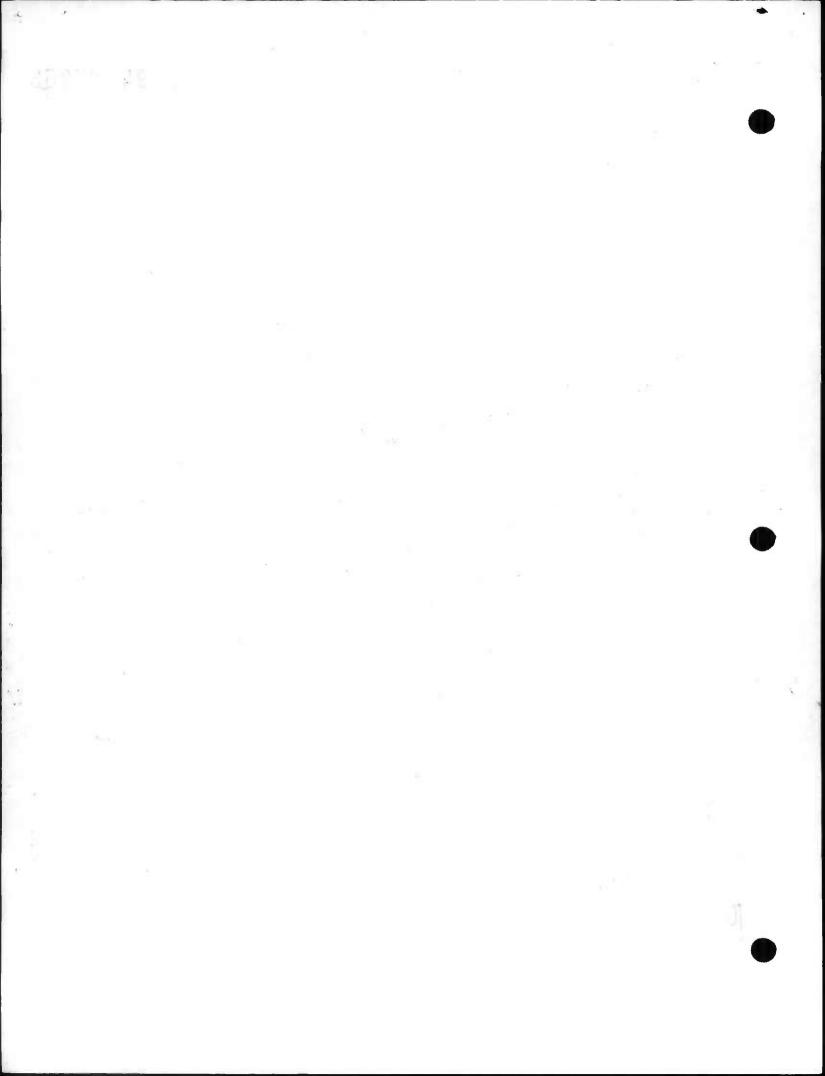
On CERTIFIER >	_			
3 Sulcide 4 Homicide	8 Could not be datarmined	28a. PLACE OF INJURY — At homa, larm, street, lac building, atc. (Specify)	tory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
2 Accident	Investigation			

only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as state

296. SIGNATURE AND TITLE OF CERTIFIER	- 111	29c. LICENSE NUMBER	29d. DATE SIGNEO (Month, Day, Year)
The start	Surguest Liter		D18/94

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

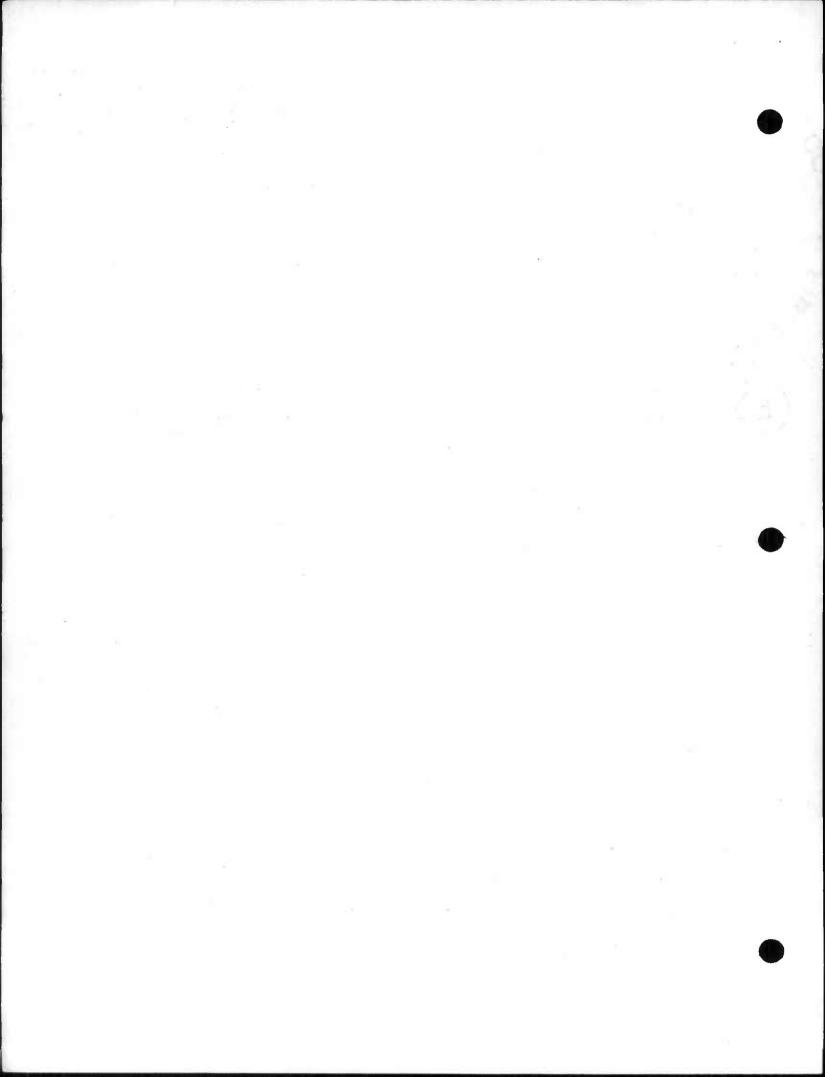
31. DATE FILED (Month, Day, Year) FEB 1 7 1994	32. HEGISTBAR'S SIGNATURE
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be made and by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-r nours after death. Page it may be a mount at the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page is mount of detach	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z-r nours after death. Page 8 minutes are not to the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 minutes detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR 1 - STATE REGISTRAR	STATE OF MAI			RTMENT OF H			ENTAL HYGIEI		91	L n	454
	t. DECEDENT'S NAME (First, Middle, Last) GENEVA	WATS						2. DATE OF OEATH	DAY	YEAR	3. TIME OF 4:53	
	4. SOCIAL SECURITY NUMBER 215–12–8472	1 🗆 M 2 💢 F	AGE (In yrs. le	• • • • • • • • • • • • • • • • • • • •	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 3-11-38			PLACE (Stat	
TOR	90. FACILITY NAME (If not Institution, give 501 east 23RD S				BALTIM			гн	9c. COUN	TY OF D	EATH	
DIRECTOR	too. STATE 10b. COUNT			10c. CI1	Y, TOWN OR LOCAT BALTIMO					10d. INSIDE CITY LIMITS?  VXX YES 2 \( \text{NO} \) NO		
FUNERAL	501 E. 23rd STRE				101	212				S.A	HAT COUN	FRY?
BY	11. MARITAL STATUS t X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2	NO If yes, specify Cuban, Mexicen, Puerto Rican, etc.) Bi							- America White, etc.	-
COMPLEIED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(0	Sive kind of a. Do NOT u	30.1	ON st of workin	g	16b. KIND OF BU				
	10th N/A DOMESTIC N/A  17. FATHER'S NAME (First, Middle, Last) UNK NOWN  18. MOTHER'S NAME (First, Middle, Meiden Surname) MARY DALLAS  19a. INFORMANT'S NAME (Type/Frint) FANNIE ATWATER  19b. MAILING AOORESS (Street and Number or Purel Route Number, City or Town, State Zip Code) 501 E. 23rd STREET/BALTIMORE, MD 21218											
O DE												
	20a METHOD OF DISPOSITION  XXBuriel 2 Cremetion 3 Rer 4 Denetion 5 Other (Specify)	novel from State			OF DISPOSITION (NE		ENS		NDALK,		wn, Stata	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	- An	78.0	22. NAME AI			/1101 E.	NORTH	I AVI	ENUE	
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Arterios	on eech iln	ic C	ardiovas				piratory arre	eat,	inter	roximate vai Betwee et and Dear
	Sequentielly list conditions, if eny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSE		,							
	PART II. Other significent condition	ns contributing to dec	s contributing to deeth but not resulting in the underlying ceuse give						N AUTOPSY RMED?	AWAILABLE PRIOR		
THE STORE WE	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF D	EATH (Check	Inqui	iry		t 🗌 YES	2 NO
	EXAMINER?  SYYES 2 NO  27. MANNER OF DEATH  1 Matural 5 Pending	HOSPITAL:  1   Inpatient 2   ER  28a. DATE OF INJ (Month, Day, )	URY	28b. TIM	JURY WO	URY AT RK?	2	Other (Specify)	INJURY OCC	URED		
2	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF IN building, atc.	JURY At he (Specify)	ome, farm,	M 1	ES 2		t6f. LOCATION (Street City or Town, State		or Rural R	loute Numbe	r
		SICIAN: To the best of my ER: On the bests of axemi									) and manne	er as stated.
4	1996. SIGNATURE AND TITLE OF CERTIFY	Fille	A	4		29c. LICE	M.E		29d. DATE	SIGNED	(Month, Day,	Year)
2	Mario F. Golle Ji	. M.D.	411 F	ENN/	STREET,	BALT:	IMORE	, MARYLANI				
	31. DATE FILEO (Month, Day, Year)	32 AEGISTRAR'S	SIGNAFURE	dul								



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TO THE HOSPITAL OF VENDING MISICIAN: The law requires that the death certificate be executed withing. Yours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dect. of Health and Mental Hyplene pilot to burial, cremation, or removal.  IMPORTANT: If filled 28 is marked, or filem 23 shows any Injury, or other traumatic event, the medical examiner must be maintified at nace.
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04547 94 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First, MARGARE		R. ARI	BOGAST						2. DATE OF E	17 DA	y 94	4 YEAR	3. TIME OF DEATH a 10:07
	4. SOCIAL SECURITY NUMBER 212-20-607	73	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	#F UNDER	1 YEAR	IF UNDER	24 HRS. MH.	7. DATE OF B (Month, Day 07	HRTN y, Year) 25	24	Count	HPLACE (State or Foreign (TV) VIRGINIA
TOR	90. FACILITY NAME (If not instit 8022 OLD Q	UART		ROAD		9b, CITY		EVEI		EATH			NTY OF D	ARUNDEL
DIRECTOR	10a. STATE 1	Ob. COUNTY	ARUNDI	т.	10c. CIT	Y, TOWN C	EVE							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER							. ZIP COD				10g. CIT	IZEN OF 1	1 YES 2 XNO
FUNERAL	7740 TWIN	OAK	S ROAD	IT EVER IN U.S. AR	MED	112	WAS DEC	211		NIC ORIGIN? (S		- No.		E - American Indian.
BY	1 Never Married 2 Mid 3 Widowed 4 Divorce	ed	FORCES? 1	YES 2X	10		If yes, sp	ecify Cube	n, Mexica Specif	an, Puerto Rican	erto Rican, stc.)  Black, White, a Specify:  WHITE			
ETEC	15. DECED (Specify only hi Elementary/Secondary (0-12		completed)	(G	CEDENT'S tve kind of Do NOT u	Work done (	CCUPATIO during mo	ON ist of workin	g	16b. KIND OF BUSINESS/INDUSTRY				
COMPLETED	12		College (1-4 or 5		CHI	NE C	PEF	RATO	R	MET	CAL	MAN	UFAC	CTURING
BE CO	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)  ADA KIRKPATRICK													
10	19e. INFORMANT'S NAME (Type/Print)  DENZIL D. ARBOGAST  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stelle, Zip Code)  7740 TWIN OAKS ROAD—SEVERN, MARYLAN											AND 21144		
	20e. METHOD OF DISPOSITION  1 X Burlai 2 Cremetion 3 Removal from State  4 Donetion 6 Other (specify)  21. SIGNATURE OF FAREY SERVICE LICENSEE/  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY													
	Da Ja	MIL.	J. K	sufm	m						FUN W.G	ERA:	L HO	OME 21061
	23. PART I. Enter the dise shock, pr hes immediate cause (Final disease or condition resulting in death)	rt telluge. I	complications that List only one ceu	t caused the ds use on each line	•		the mo	de of dy	ng, suc	h as cardisc	or reapir	ratory sr	rest,	Approximats interval Batween Onset and Death
_	DUE TO (OR AS A CONSEQUENCE OF): The facts of													
ATIO	Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING  b. DUE TO (OR AS A CONSEQUENCE OF):  Pull  Pull													
CERTIFICATION	CAUSE (Disease or Injury that initisted events resulting in death) LAST	1	DUE TO	(OR AS A CONSEC	AS A CONSEQUENCE OF):									
	PART II. Other significent	conditions	s contributing to	death but not n	eeuiting	in the un	deriyin	g cause g	lven in	Part I. 24a.	. WAS AN	WTOPSY	24b	. WERE AUTOPSY FINDINGS
MEDICAL											PERFORI			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO N	WEDICAL					26. Pt	ACE OF D	EATH (Ch	eck only one)				N/A
YSIC	1 YES 2 NO		HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER 4   Num		. 5 \/Re	sidence	6 C Other (Spe	ecify)			
ву Рн	27. MANNER OF DEATN  1 X Natural S Per 2 Accident	nding vatigation	28e. DATE OF (Month, D	ay, Year)		M	1 🔲 1	RK7	) NO	28d. DESCRIB	E NOW IN	JURY OC	CURED	
8	4 Nomicide det	uid not ba lermined	26e. PLACE O building,	F INJURY — At hos atc. (Specify)	me, term,	street, lect	ory, offic	•		28f. LOCATION City or Tox	N (Street ei vn, State)	nd Number	or Rural F	Route Number,
COMPLET			CIAN: To the best of R: On the basis of ex											) and menner as stated.
BE	296. SIGNATURE AND TITLE OF	F CERTIFIED		- 0		7	~	the tice	NSE NUM	WBER				(Month, Day, Year)
5	DALJIT S.	ERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	1 27) (Type	Print)	יז דו	TATV	L T	מכו	-GT	-		
	31. DATE FICEP (Appril) Day, Year	1994	32 REASTR	AS SIGNATURE	ndell	CIVAL	IN II	. T T . F.	1011	LE 201	. 611	THE I	DOILL	

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BALTIMORE, MARYLAND 21215-0020 urs after death. Page 6 may be retained by the hospital or attending physician in by the funeral director, page 5 should be detached for use as the bunal-tra	
DIVISION OF VITAL RECORDS, P.O. BOX 68760.  BALTIMORE, MARYLAND 21215-0020  L.OR ATENCINA PRINCIPAL PRESIDENCE that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	The same of the sa

TO THE HOSPITAL OR ATTENDING PHYSICIAN Securities that the death certificate be executed with ours after death. Page 6 may be retained by the hosp to the hosp to the following physician and completely filled in by the funeral director, page 5 should be detached within 72 hours are death with the State of the state o

	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF I		MENTAL HYGIEN	<b>E</b> 9	4 04548			
	1. DECEDENT'S NAME (First, Middle, Last)	Samuel Alex	exander			2. DATE OF OEATH DA	09 46	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	03	-	10.0			
	A DOORE DESCRIPTIONS AT	1 M 2 D F 76		MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0	NRTHPLACE (State or Foreign country)			
	9e. FACILITY NAME (If not institution, give :			9b. CITY, TOWN	OR LOCATION OF DE	11/5/1 ATH	9c. COUNTY	PA OF DEATH			
OR	Francis Scott	Kev Med. Co	ent.	Balti	more Ci	t.v	imore City				
يز	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT			TOWN OR LOCA							
DIRECTOR		timore	100. 0111,	TOWN ON LOCA	non			10d. INSIDE CITY LIMITS? 1  YES 2 NO			
	10e. STREET AND NUMBER	CIMOIC		10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	2 Frienship Ci	rcle			21222		U.S.	. A .			
2	11. MARITAL STATUS  1 Never Merried 2 Merried	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	s or No 14. RACE — American Indian, Black, White, atc.					
ΒY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify			White			
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U	I ISUAL OCCUPATION	ON	16b. KIND OF BUS					
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we	ork done during mo retired.)	st of working	110 COUNTY 100					
MPI	Unk.	Unk.	N/A			N/A					
	17. FATHER'S NAME (First, Middle, Last)	L =			A STATE OF THE PARTY OF THE PAR	WE (First, Middle, Maiden					
H	Daniel Alexand  190. INFORMANT'S NAME (Type/Print)	er	10h MAILING	DDBESS (Street		ne Stine					
2	Virginia Lubre	cki									
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION City or Town, State										
	4 Donetion 5 Other (Specify)	G	reenmou	nt Cre		2/11 Ba	1timo:	re, MD			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	10		browski &	Son Fune	ral Hom	ne			
	Bemard	Deliverst	wy.	2818	E. Baltin	nore St. Ba	altimor				
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on a	the deeth. Do no	ot enter the mo	de of dying, such	ae cerdiac or reepi	ratory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	12/0 D						Onset and Death			
	resulting in death)  a. DUE TO (OR AS A CONSEQUENCE OF):										
z	NON QUANT										
TIO	ii siry, lesding to immediate										
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. PUE TO (OR ASIA	CONSEQUENCE OF	preu	monier						
CERTIFICATION	that initiated evanta resulting in death) LAST	4	0011020021102 01 )	•				į			
LCE	PART II. Other significant condition	ne contributing to death by	it not reculting is	the underlyin	- sever efter to t	Dank I Day ump su					
CAL	TATT II. Olitai algiinteani condition	is contributing to death of	at not reauting in	i tha underlyin	g cause givan in i	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN: MEDICA						1 TY YES 2	□ NO	OF DEATH?			
Z						-	ŀ	1 [] YES 2 [] NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	uconé.			ACE OF DEATH (Che	ck only one)					
YSI	1 NES 2 □ NO	HOSPITAL: 1 Inpatient 2 ER/Oulpa		OTHER: 4  Nursing Hon	e 5 Residence	6 Other (Specify)					
PH	27. MANNER OF DEATH  1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WO	RK?	28d. DESCRIBE HOW IN		D			
BY	2 Accident Investigation	280. PLACE OF INJURY	At home form of	M 1		281. LOCATION (Street e	NA				
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Speci	NA			City or Town, State)	and Namber of He	arar riodie Namoei,			
J.E.	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowle			end place, and due	to the causa(s) and man	mer en etated				
OME	ann)	ER: On the besis of exemination						use(s) end menner es atated.			
BE C	29b. SHUMATURE AND TITLE OF CENTIFIE	- 1			29c. LICENSE NUM	251.5	29d. DATE SIG	NED (Month, Day, Year)			
TO B	Co. M. S.C	en M.	).		AF 244	330024	▶ 2	19194			
	30. NAME AND ADDRESS OF PERSON WH	. (		FSK-	46		- <del>-</del>				
	31. DATE FILED (Month an Ibar)	SV ELLISON		( > 1-	w C						
	FEB 1 849844 gu	he Levidson Rand	LE								

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hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

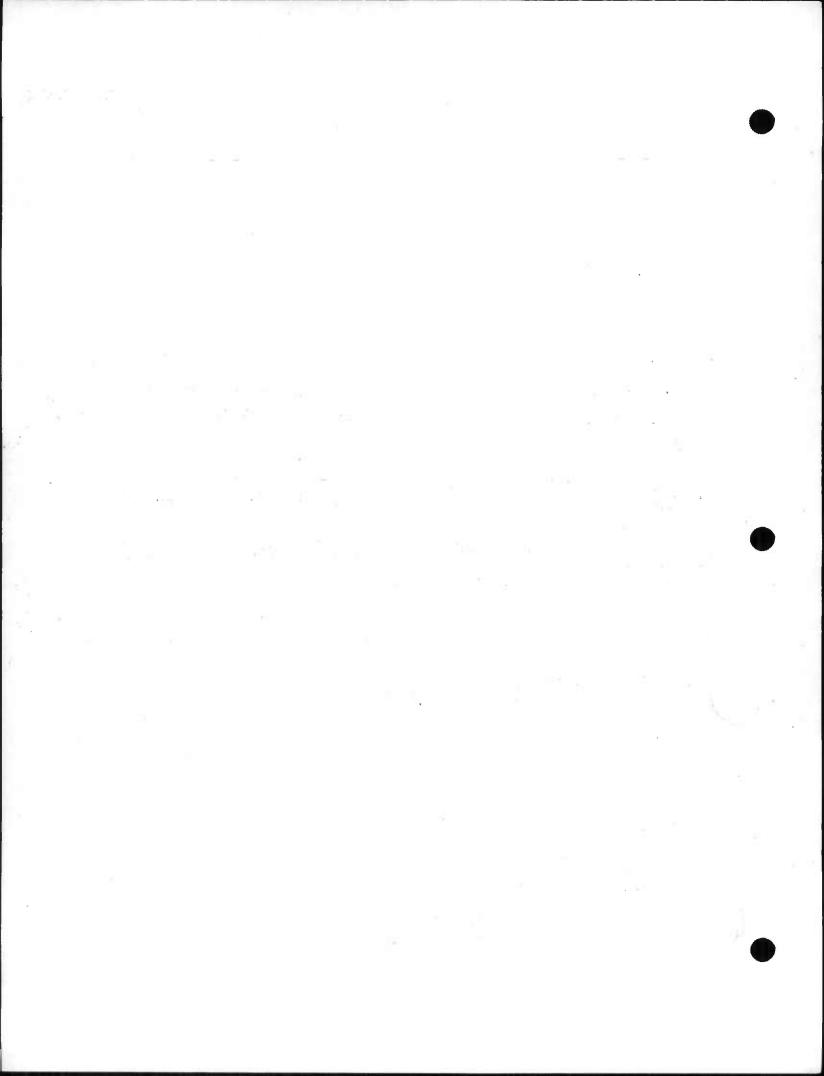
									-				HEG. NO			
		1. DECEDENT'S NAME (First, Middle, Lest)  Lyn Jesse						Arne	110	2		2. DATE	uary b	77,	1994	9:30 A M
		4. SOCIAL SECURITY NUMB		5. SEX	_	in yrs. last		IF UNDER		IF UNDER	24 HRS	7. DATE O	DE BIRTH	17,		LACE (State or Foreign
		105-40-018	87	1 🗆 M 2 💢 F		95		MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Yoar) 09/18	98	Country)	amaica
3 should		9e. FACILITY NAME (If not ins		treet end number)				9b. CITY,	TOWN	OR LOCATIO	ON OF DE		77710		NTY OF DE	
2, 3	OHO	Lorien Nu	rsing	Center				Co	<b>1</b> u	ımbia	ı			F	lowar	cd
	DIRECTOR	RESIDENCE OF DEC	10b. COUNTY				10c CITY	r. TOWN O					10d, INSIGE CITY			
Pag	E	Maryland		Howard	i.			, , , , , , , , ,	1200		۱۵۱،۱	mbia			- 1	LIMITS?
permit. Pages		10e. STREET AND NUMBER		HOWALU					10	of. ZIP CODE		דמוווו	1	10g. CIT		AT COUNTRY?
.55	FUNERAL	10406 Blue	e Arr	ow Cour	· t:						2.1	044			US	SA
physician. burial-transit	5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARM	MED	13. V	AS OE	CENDENT O	F HISPAN	IC ORIGIN? (Specify Yes or No.— 14. RAC				- Americen Indian, White, etc.
	ВУ	1 Never Merried 2 1 1 3 X Widowed 4 Divor		FORCES? 1 IF YES, GIVE V	WAR OR DA	TES	Y			S 2 NO		<i>/</i> :		_	Specify	r
as as	ED	**	EDENT'S EDUC				Jamaican  DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY							DISTRY	Jamaicar	
50 5	ᇤ		highest grade			(Gh	re kind of w Do NOT use	rork done d	uring m	ost of working	g	100.	KIND OF BU	SINE SS/INI	DUSTRY	
spital hed ft	립	8	,	Conege (1-4 of 3	"	J	Housekeeper					1	omes	tic	Serv	rice
the hospital detached fo	COMPL	17. FATHER'S NAME (First, Mic	ddle, Last)		-		18. MOTHER'S NAME (First, Middle, Maiden Surname)									
5 B 8	BE (			vailabl	.e		Not Available							le		
retained 5 should notified	0	190. INFORMANT'S NAME (Ty									er, City or Tow			1011		
y be r		Hugh C. At		<u>e</u>	1						Cou		olumb			1044
leath. Page 6 may be funeral director, page xaminer must be		1 Burtel 2 Cremetion 4 Donation 5 Other		oval from State	com	atom, aron	nd DATE O	has placed		y, I	nc.	2/18			City or Tow	e, MD
death. Pag tuneral dii L		21. SIGNATURE OF SUNERAL	SERVICE DE	ENSES Men M	4			22. N	AME A	AND ADDRES	SS OF FA	CHITY	ty o	f Md	Т	nc
7 9 7	- 8	Geor	ge E.	MacNah	b			29	9	Fred	eri	ck R	oad :	Balt	0	MD 21228
filled in by on, or rem		IMMEDIATE CAUSE (Findisease or condition	eart fellure.	List Dnly one ceu	Jse on es	ich line.		ot enter	the me	ode of dyi	ng, aucl	h as cerd	ec or resp	Iratory en	reat,	Approximate Interval Between Onset and Death
decuted with the completely fille burial, cremation, atic event, the		resulting in death)		DUE TO	SY d ST					1,,,,	6611	1200	d1100	-		lucays
8 0 0 5	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  UNDERLYING											gun			
phy phy	FIC	CAUSE (Disease or Injur		DUE TO	(OR AS A	CONSEC	UENCE OF	7):								-
manding phase Hygiene	E	resulting in death) LAST		d,			NOTE: 100 TO 100									
the dear of Menta in Jury,		PART II. Other eignificer	nt condition	a contributing to	deeth bu	ut not re	eultina i	n the unc	lerivin	O COURA C	dven in	Part I	24a, WAS AN	AUTOREV	245.3	WERE AUTOPSY FINDINGS
the	EDICAL			reculting in the underlying cause given in Part						PERFO	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
1 51	윤											_	1 TYES 2	Z   NO	1	OF DEATH? 1  YES 2 NO
1	ž											_				
G 42	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITE						PLACE OF D	EATH (Che	eck only one	)			
	YSI	1 TYES 2 NO		HOSPITAL:	ER/Outpo	etient 3	□ DOA	4 Nurs		me 5 🗆 Re	sidence	6 🗆 Other	(Specify)			
No PHYSIC for this cer sath with the marked, it	PHY		Pending	26e. DATE OF (Month, D			28b. TIME INJU		W	JURY AT ORK? YES 2	I NO	26d. DES	CRIBE HOW	INJURY OC	CURED	
After death and man	D BY	3 Suicide 6 0	Could not be	26e. PLACE C	F INJURY	— At hon	ne, term, at	treet, tecto					TION (Street		r or Rural Ro	ute Number,
OR ATTEN DIRECTOR. Nours after Nours after	COMPLETE		letermined													
	鱼	many at		CIAN: To the best of												
HOSPITAL WITHIN 72 TANT II	00				xamination	end/or in	rveatigation	n, in my op	inion,				end place, er	nd due to ti	he ceuse(e)	end menner se stated.
五 末 3 是	BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	ann.	~~					29c. LICE	NSE NUN	ABER		29d. DAT	E SIGNED	Month, Day, Year)
E 8 2 M	2	30 NAME AND AGORESS OF	PERSON WHO	O COMPLETED CAU	SE OF DEA	ATH (ITEM	1 27) (Type,	Print)		1//	173	11		0	11/	144
3		& harles	6	Taylor	m	2	Kn		w	~ Dr	IVr	Cil	unb	e h	1) =	21045
		FEB 1	11.11.17	give !	aurase	N-A	ndell									

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Lawrenge with cardificate be executed within a burs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate in the cardinal physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Lawrenge 1 and Hygiene prior to buriat, cremation, or removal.

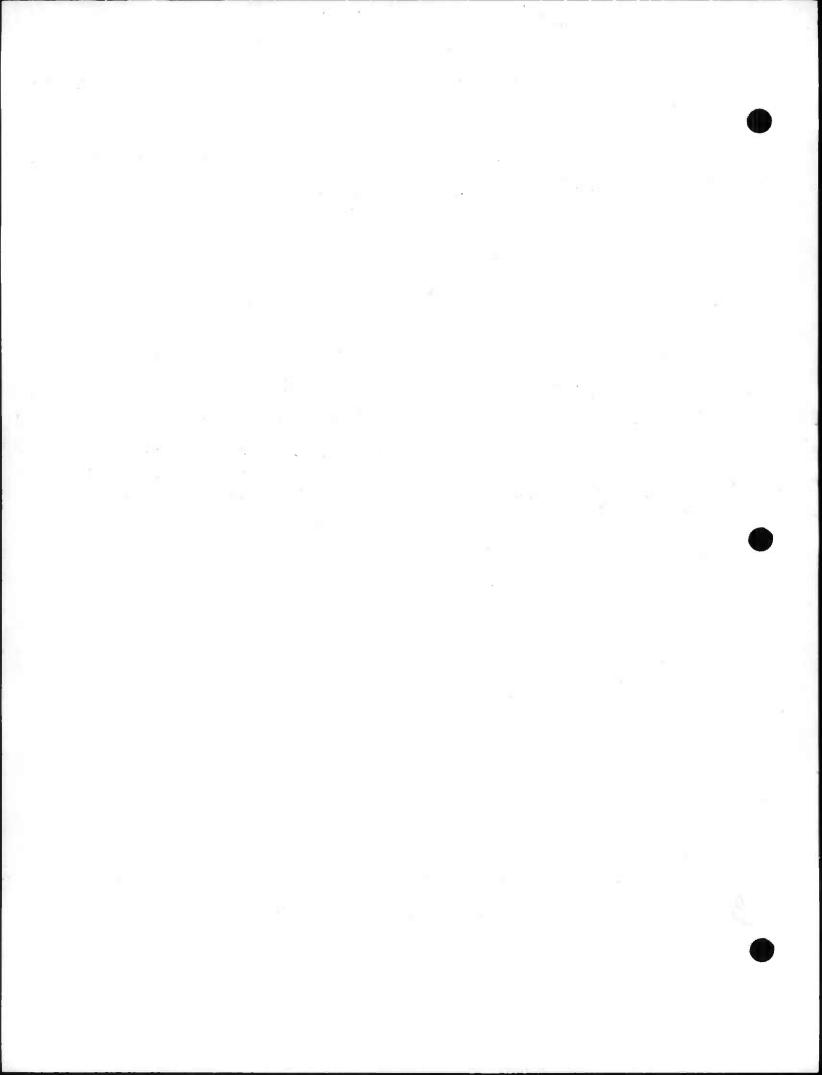
	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF HEALTH A		NTAL HYGIENI REG. NO.	E 0	1. 01.551		
	1. DECEDENT'S NAME (First, Middle, Le	- 0.4	re Delor	i Adams		DATE OF DEATH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	110	(In yrs. last birthday)	IF UNDER 1 YEAR   IF UNDER 2	4 HDS 7 F	DATE OF BIRTH	14 94	HPLACE (State or Foreign		
	212-20-7586	1 - M 2 X F 69		MONTHS DAYS HOURS	MIN.	(Month, Day, Year) 8 - 31 - 1924 Pennsylvania				
_	9a. FACILITY NAME (If not institution, gr	·		96. CITY, TOWN OR LOCATION			9c. COUNTY OF			
Į,	Francis Scott	Key Medical Co	enter	Baltimor	e Citi	y				
DIRECTOR	10e. STATE 10b. COU	INTY		Y, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?		
	Maryland 100. STREET AND NUMBER	Baltimore		101. ZIP CODE	Edgem	ere	t0g, CITIZEN OF	1 YES 2 X NO		
FUNERAL	7423 Bay Front	Road			21219	9		ed States		
	11. MARITAL STATUS  1 Never Merried 2XX Merried	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2XXNO	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2X XNO			or No — 14. RAC Black	CE — American Indian, ck, Whita, atc.		
BY	3 Widowed 4 Divorced		specify White							
16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 12th Grade  17. FATHER'S NAME (First, Middle, Last)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOMEMARY  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOMEMARY  18. MOTHER'S NAME (First, Middle, Maiden Surname)										
1 F	Elementary/Secondary (0-12) College (1-4 or 5+)  12th Grade  Own Home									
CO	17. FATHER'S NAME (First, Middle, Last)			18. MOTHE		First, Middle, Maiden				
BE	Albert McCread  190. INFORMANT'S NAME (Type/Print)	<u>и</u>	19b MAIT INC	Reb		Ellen Spo				
2	Mr. Merl A. Ad	ams		Bay Front Ro				d 21219		
examiner must be notified at once.  TO BE COM	20a. METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 F	lemoval from State cer	netary, crematory or o	OF DISPOSITION (Name of their place)		OATE 20c. LOC	CATION City or 1	own, State		
E	4 Donation 8 Other (Specify) _ 21. BIGNATURE OF FEMERIAL SERVICE	LICENSEE /	ardens o	Faith Cem.	2/17/9	94   Ba	ltimore,	Maryland		
E X	I Chalm	( + X )		Duda-Ruck	Fune	ral Home				
	23. PART I. Enter the diseases,	or complications that cause	d the death. Do	not enter the mode of dyin	g, such es	cerdiac or respir	ratory arrest,	and 21222 Approximete		
e a	IMMEDIATE CAUSE (Fine)	re. List only one ceuse 6n e			01			Intervel Between Onset and Death		
ent, t	reaulting in death)	e. Unyonic	CODS+	ructive	uolm	onary	Viseas	1 Lyn		
or other traumatic event, the medical	Convention list conditions	Theum						4 days		
ATIO	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE O	F):						
FIG	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS /	A CONSEQUENCE O	F):						
CERTIFICATION	resulting In deeth) LAST	_ d.								
AL CE	PART II. Other significant condit	tions contributing to death t	out not resulting	In the underlying ceuse gi	ven in Part	I. 24s. WAS AN A		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
	Coronary A	tery Disea	Failur	•		1 TYES 2		CDMPLETION DF CAUSE DF DEATH?		
E /5	Congestive	HEUVE	Fallor					1  YE\$ 2  NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEA	ATH (Check or	nly one)				
TASI	1 TYES 2 NO 27. MANNER OF DEATH	1 Dinpatient 2 ER/Outs 28e. DATE OF INJURY	petient 3 DOA	4 Nursing Home 5 Resi		Other (Specify)	HIEW COOLINGS			
BY PHYSICIA	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		WORK?  M 1 YES 2		. DESCRIBE HOW IN	NORT OCCURED			
	3 Suicide 8 Could not 4 Homicide determined	be 28s. PLACE OF INJURY building, atc. (Spec	f — At homa, ferm,	street, fectory, office	281.	LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,		
ETE	44 00000000									
D BE COMPLETED	onel	INER: On the best of my know						s) and manner so stated,		
BE C	29b. SIGNATURE AND TITLE OF CERTI				SE NUMBER			D (Mpnth, Day, Year)		
TO B	Carlos &	. Snee, }	1. m	D 64	1722	3	D 2/1	4/94		
1	30. Name and address of Person	ice Tr. mn	FSK	me Bal	Line	ne D	10	,		
	31. DATE FILED (MOOTH, Day, Year) 199	4 July Davids	ATURE		11000	, , , ,	<i>V</i>			
	LED TO 100	Jane Dellas	ion-yande							



		FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH		REG. NO.	91	, 01	551		
		1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH		3. TIME	OF DEATH		
		Joseph	C.	Bla	ckmon		bruary 1			10:50 P		
		4. SOCIAL SECURITY NUMBER		MON	NOER 1 YEAR IF UNDER 2 THE DAYS HOURS		ATE OF BIRTH Month, Day, Year)	6. 1	BIRTHPLACE (S Country)	State or Foreign		
Pin		256-03-7515	1 W 2 F	_88_ YRS.			Nov 22, 1905 Georgia					
3 should	œ	9e. FACILITY NAME (If not institution, give st		9b.	CITY, TOWN OR LOCATION	N OF DEATH		9c. COUNTY				
1, 2, 3	ECTOR	IVY Hall Geriati	cic Center	M	iddle River			Balti	more			
sade	œ 1	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION				10d. INS	SIDE CITY		
permit. Pages		Maryland Balt	more	Middle	e River					ES 2 NO		
	RAL				10f. ZIP CODE		1	10g. CITIZEN	OF WHAT COL	JNTRY?		
020 physician. bunial-transit	FUNER	16 Gyro Drive	12. WAS DECEDENT EVER IN	II S ARMED	21220 13. WAS DECENDENT OF		DIGIN2 /Specify Vec	U.S.	RACE — Amer	dean Indian		
D20 physic burial		1 Never Married 2 Merried	FORCES? 1 YES	2 <b>10</b> 0	Il yes, specity Cuben.	, Mexicen, Pu			Black, White,			
9 12 9	В	3 Wildowed 4 Divorced	ii res, are rais on bar		1 - 123 2 JQ NO	эреспу.			Specify:	hite		
	8	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S USU	done during most of working		16b. KIND OF BUSINESS/INDUSTRY					
	LET .	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	-		State	Gove	rament			
AND 2 the hospital detached to	COMPL	8										
YLA by the be deti		17. FATHER'S NAME (First, Middle, Last)	77. 1		1	,	irst, Middle, Meiden S					
MARYLAND retained by the hospit should be detached notified at once.	BE	Joseph B.  19e. INFORMANT'S NAME (Type/Print)	Blackmon	19b. MAILING ADD	RESS (Street and Number of	lie	Elber		McDani	eI		
	5	Barbara Schw	vinn		ver Avenue		x, Maryl					
Page ad by		20e. METHOD OF DISPOSITION	20b. F	PLACE AND DATE OF DI					or Town, State			
OR ma ector. p		1 X Buriel 2 Cremation 3 Remo		tery, crematory or other p	Mem. Gard.	2/14	/94 Bal	timore	Count	EM v		
Page al direc		21. SIGNATURE OF FUNERAL SERVICE LIC		4	22. NAME AND ADDRES	S OF FACILITY	Y		COUIT	Y a little		
BALTIMOF ter death. Page 6 m the funeral director. wal.	- 10	1 Manes 7/2	audienes	/	Bruzdzinsk 1407 Easte	i Fun	eral Home	e PA				
B, after s after removal		23. PART I. Enter the diseeses, or o			140 / Easte	ern Av	enue Es:	Sex. M	arylan	pproximate		
3 = 9		ehock, or heart fellure. I	List only one cause on each	ch line.	1			atory orroot,	Int	terval Between		
with:		iMMEDIATE CAUSE (Finel disease or condition	- Tepses	2 20 /0	Pineu	mor	ua		1 4	Jan co		
		reaulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	100	1	- 1			ruay 5 5		
68760 executed with and comple burial, cre-	z	Commentation that are distance.	- Hangn	ene , t	It. Doot							
OX 68 be execute sician and curior to burie traumatic	SE I	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING										
	2	CAUSE (Disease or injury										
certifica ding phy tygiene	ERTIFICATION	that initiated events reaulting in deeth) LAST		j								
DS, P. The death of the attend Mental H Miury, or	E		l									
he deat the aft the aft Mental	AL	PART ii. Other algnificant condition	a contributing to deeth bu	t not resulting in th	- /	lven in Part	i. 24a. WAS AN A PERFORI			UTOPSY FINDINGS LE PRIOR TO		
PHN	( ) II	- Multi	mou	dont	219		1 - YES 2	NO	CDMPLE OF DEAT	TION OF CAUSE		
	MEDIC		_/						1 🗆 YE	S 2 NO		
	PHYSICIAN:											
OF VITA PHYSICIAN: The this certificate the with the State Divertible to the the state of the st	<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DE							
F VIT SICIAN: TI Certificate the State	14S	1  YES 2 NO	1 ☐ Inpatient 2 ☐ ER/Outpat	tient 3 DOA 4 (	Nursing Home 5 Res		Other (Specify)  DESCRIBE HOW IN	HIERY COCKED				
NG PHYS after this ceath with marked.		1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK? M 1 YES 2		. DESCRIBE HOW IN	JUNT OCCUM	20			
NOING NOING H. After r death	BĄ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- At home, farm, street		-	LOCATION (Street as	nd Number or I	Rural Route Nun	nber,		
TTEN TOR: after	COMPLETED	4 Homicide 8 Could not be determined	building, atc. (Specif	(y)	-		City or Town, State)	_				
DIR. DIR.	Ä	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowle	doe death occurred at	the time data and place	and due to th	e cause(a) and man	nor no stated				
THE HOSPITAL THE FUNERAL filed within 72	JMC	onel	R: On the besie of examination						suse(e) end me	nner ee stated,		
FUN Within		29b. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICE	NSE NUMBER		29d. DATE SI	GNED (Month, I	Day Yearl		
TO THE HOSPITAL TO THE FUNERAL De filed within 72 h	BE	Mr. Coshce	D.M.D.	,	DC	-10	21	▶ 7 /	10/94	L		
668₹	5	30. NAME AND ADDRESS OF PERSON WIT	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Princ	1 2	to. 1	-1	9	MIL			
		805 Firsel	all Ave,	Ball	unal,	Well.	212	20				
		31. DATE FIRE BY Day 8 1994	Julia Savidson	- Pandell								

BALTIMORE, MARYLAND 21215-0020	The man recovers that the death certificate be executed with yours after death. Page 6 may be retained by the hospital or attending physician.	or under this been somed by the attention physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the Sun Dept of Health and Member 19 per 10 burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION ORVITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATT INDINE APPLICAN: The line inspanies that the death certificate be executed with	TO THE FLWETAL DIRECTOR After this conflicted has been signed by the attending physician and completely filled in by the 1 terminal manual principles of termation, or removal, the filled within 72 hours after the completely filled in by the 1	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN	-	4 04552	
	DROKA, BUT	dell Bleek	el Bleeka Bell Burdell				2. DATE OF DEATH MONTH DAY YEAR 9.579 M		
	4. SOCIAL SECURITY NUMBER 246-01-6933	1 - M 2 X F 8	35 YRS. MOR	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 - 25 - 1		BIRTHPLACE (State or Foreign Country) orth Carolina	
DIRECTOR	9a. FACILITY NAME (If not institution, give st Francis Scott K RESIDENCE OF DECEDENT				imore	EATH	9c. COUNT	Y OF OEATH	
REC	10a. STATE 10b. COUNTY	1	10c. CITY, TO	OWN OR LOCAT				10d. INSIDE CITY	
		timore	Du	ndalk				1 TES 2 NO	
FUNERAL	10a. STREET AND NUMBER 2909 Dunmurray	Poad Ant	- B		ZIP CODE		U.S.	N OF WHAT COUNTRY?	
N	11. MARITAL STATUS	12. WAS DECEDENT EVER II				HC ORIGIN? (Specify Ye		I. RACE — American Indian,	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, spe		n, Puerto Rican, atc.)		Specify: hite	
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade	ATION completed)	16a. DECEDENT'S USU (Give kind of work	done during mos	N st of working	16b. KIND OF BL	SINESS/INDUS	STRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT usa ret	red S	22100	Dont	. Sto	ro	
NO O	High School  17. FATHER'S NAME (First, Middle, Lest)		Recl	.red S		ME (First, Middle, Maider		I.e.	
ш	John W. Patter	son			Ellie				
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AO	ORESS (Street ar	nd Number or Rural	Route Number, City or Tox	vn, State, Zip Co	ode)	
F	WIlliam P. Bur	dell	3039 I	ibert	y Park	way,Dund	alk,	Md. 21222	
	20a. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Remo	oval from Stata Cen	. PLACE AND DATE OF Di netary, crematory or other p	olece)		1		y or Town, State	
	4 Donation 5 Other (Specify)		cred Hea						
	-Eling M. P.	Edison N	1. Perkin 083	s Bra 2134	dley-A WIllow	shton Fu Spring	neral Rd.,B	Home, Inc.	
	23. PART i. Enter the dieeesea, or of ahock, or heart failure.		the death. Do not e	enter the mod	de of dying, auc	h ea cerdiec or reap	lratory erree	t, Approximete	
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Stroke						Onset and Deeth	
	23. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	DUE TO (OR AS A	CONSEQUENCE OF):					110	
ON ON	Sequentially list conditione,	DUE TO (OR AS	CONSEQUENCE OF:					10ges	
CAT	if any, leeding to immediate cause. Enter UNDERLYING	. Their	moi					1136	
Ē	CAUSE (Disease or injury that initieted evente	DUE TO (OR AS A	CONSEQUENCE OF):					100	
ER	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  Death of the property of the prope								
A.	PART II. Other significent condition	e contributing to death b	ut not reauiting in th	ne underlying	ceuse given in	Part i. 24a. WAS AF PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE	
SICIAN: MEDIC							2   110	OF DEATH?	
Z Z									
100	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	ACE OF OEATH (Ch				
PHYS	1 YES 2 NAMO 27. MANNER OF OEATH	1 Impatiant 2 ER/Outp	28b. TIME OF			6 Other (Specify) 28d. OESCRIBE HOW	IN ITIBY OCCU	REO	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	M 1 Y	RK?	200. OLGONIBE NON	INDON'I OCCO	NEO	
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Special Control of the Contro	— At homa, farm, atree	t, factory, office		28f. LOCATION (Street City or Town, State	and Number or )	Rural Route Number,	
OMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  2 VEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								
O	295 SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI		T	SIGNED (Month, Day, Year)	
BE	('rules 2.	Ane	mn		14	1-23	D S	1111011	
유	30. NAME AND AODRESS OF PERSON WHO			*				1100	
	Francis Scott			r, Ea	stern A	Avenue,	Balto	.,Md.21224	
	FEB 1 8 1994	32. JEGIŞTRADIZ ŞIGN	on-Randell						



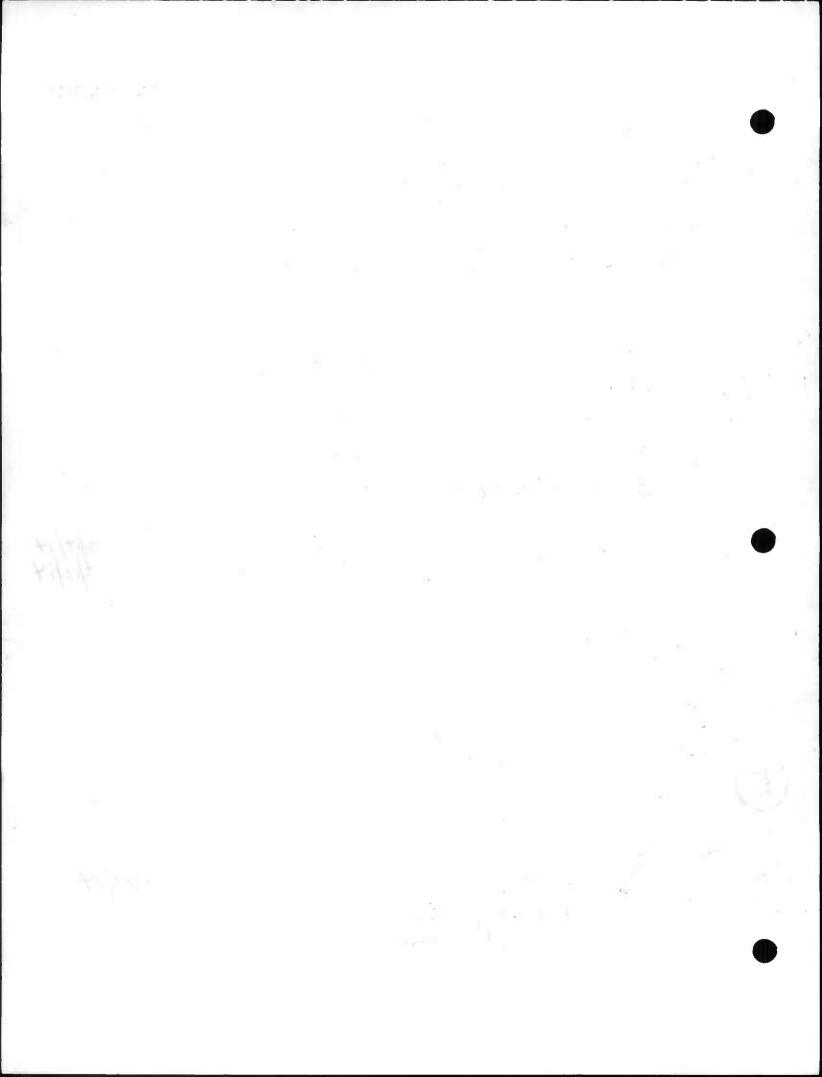
BALTIMORE, MARYLAND 21215-0020

VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OF A ENAMED HE LAND The law requires that the death certificate be executed with the found and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 in the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 in the completely of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 in marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)		Beise	2	2. DATE OF DEATH	" 94	EAR 3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 192-14-1579	1 🕅 M 2 🗆 F	n yrs. last birthday) IF1 69 YRS. MON	INDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTN (Morth, Day, Year) Jan. 3, 192		BIRTNPLACE (State or Foreign Country) ethlehem, PA.
TOR	98. FACILITY NAME (If not institution, give s FALLS ton Green Residence of Decement	meral Hos	pital .	FG 115ton	EATN	Sc. COUNTY	of DEATH
DIRECTOR	Maryland Harfo			wn on Location ston, Marylan			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER			101. ZIP CODE	<u> </u>	10g. CITIZEI	1 VES 2 NO
FUNERAL	2505 Claret Drive			21047		U.S	.A.
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1  YES 2 NO Speci	en, Puarto Rican, etc.)		Black, White, atc. Specify: Nhite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	lone during most of working	16b. KIND OF BU		
APLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		cal Engineer	Vetera	ns Admi	inistration
	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden	Surname)	
8E	John Robert Beis	eT	19b. MAILING AGO		Martin Boute Number City or Tow	n State Zin Co	orial .
2		t90. INFORMANT'S NAME (Type/Print)  190. MAILING AGORESS (Street and Number or Paural Route Number, City or Town, State, Zip Code)  2505 Claret Dr. Fallston, Md. 21047					
	20a. METHOD OF DISPOSITION  1XC Burlal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of camelary, crematory or other place)  HighView Mem. Ceme. Feb. 17, 1994  Fallston, Md.						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGER A	)	22. NAME AND ADDRESS OF F	E.F. La	assahn	Funeral Home
Н	23. PART i. Enter the diseases, of	complications that caused		11750 Belair			
	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS CONSEQUENCE OF)						
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events						
CERI	reaulting in death) LAST	A					
MEDICAL	PERFORMED? AMAILA  1 YES 2 NO OF DEA					24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			24 SHACE OF DEATH (C			
SICI	EXAMINER? 1 YES 2 NO	NER? HOSPITAL: OTHER:					
РНҮ	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCUR	ŧΕΟ
ВУ	2 Accident Investigation	26a. PLACE OF INJURY	— At home, farm, street	M 1 YES 2 NO	281. LOCATION (Street	and Number or	Rural Boute Number
TED	3 Suicide 8 Could not be 4 Homicide determined building, atc. (Specify)						
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.						
BE	296. SIGNATURE AND TITLE OF CENTIFIER	ATTITLE OF CENTIFIER			DA306		Seed of the Day Mary
5	30. NAME AND ADDRESS OF RESSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)					-1	
	31. OATE FILED (Month, Day, Vo. 1994	32 AGGISTHAM'S SIGNA JUNE DAVIDSON	- Pandell				



0020	physician.
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TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

Page 6 may be retained by the hospital or attending physician.	infitrate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be state Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	ner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4 Homicide

1 - FOR STATE OF MARY REGISTRAR	LAND / DEPARTI CERTIFIC			MENTAL HYGIENI REG. NO.	94	04554
1. DECEDENT'S NAME (First, Middle, Last)  Allen Burris, Sr.				2. DATE OF DEATH MONTH 62	16-44	3. TIME OF DEATH
217-24-3415   ¹X№ 2□F	65 YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04/16/19	Cou	ATHPLACE (State or Foreign unity)
9a. FACILITY NAME (If not institution, give street end number) Union Memorial Hospital RESIDENCE OF DECEMENT	9		e Location of DE Ore City		9c. COUNTY OF	DEATH
Maryland 10b. COUNTY		rown on Locat l'timor	e City			10d. INSIDE CITY LIMITS? XX YES 2 NO
3677 Ash Street		101.	21211		10g. CITIZEN OI	F WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER FORCES? XXYE IF YES, GIVE WAR OR THE YES, G	S 2 NO DATES	It yes, spe	ENDENT OF HISPAN celty Cubsn, Mexica MEXICO Specify	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	Bi	ACE — American Indian, ack, White, etc. ectly: White
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  The proof of the pr						
17. FATHER'S NAME (First, Middle, Last) Raymond Adam Burris  18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary						
190. INFORMANT'S NAME (Type/Print) David Burris	3537	Rolan	d Avenu		more,	Maryland
20s. METHOD OF DISPOSITION  XX Burlet 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION   Name of completery, cremetory or other place   Maryland Veterans Cem2/22 Crownsville, Maryland  21. SIGNATURE OF DISPOSITION  220c. LOCATION — City or Town, State  Maryland Veterans Cem2/22 Crownsville, Maryland  22c. NAME AND ADDRESS OF FACILITY						Town, State lle, Maryland
> Sum Burger &	Yenss	Burg 3631	ee-Hens	ss Funera	ltimor	21211 ce, Maryland
23. PART I. Enger tha diseases, or complications that cause ahock, or heart failura. List only one cause on iMMEDIATE CAUSE (Final disease or condition resulting in death)	and the desth. Do not and line.  A CONSEQUENCE OF:					Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in dasth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):						
PART II. Other significent conditions contributing to death  Ochets Mell to s	but not resulting in	tha underlying	causa given in	Part i. 24a. WAS AN PERFOR	MED?	AAIL ABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

1 YES 2 NO PISCUL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 00A OTHER: 4 Nursing Home 1 TES 2 7 NO 5 - Reeldence 8 - Other (Specify)

At home, farm, street, fectory, office

27. MANNER OF DEATH

1 Naturel 5 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 YES 2 NO 2 Accident
3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the

MEDICAL EXAMINER: On

ASON WHO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) Dundo William UNION MEMONIC

mo 32. REGISTRAR'S SIGNATURE

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DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

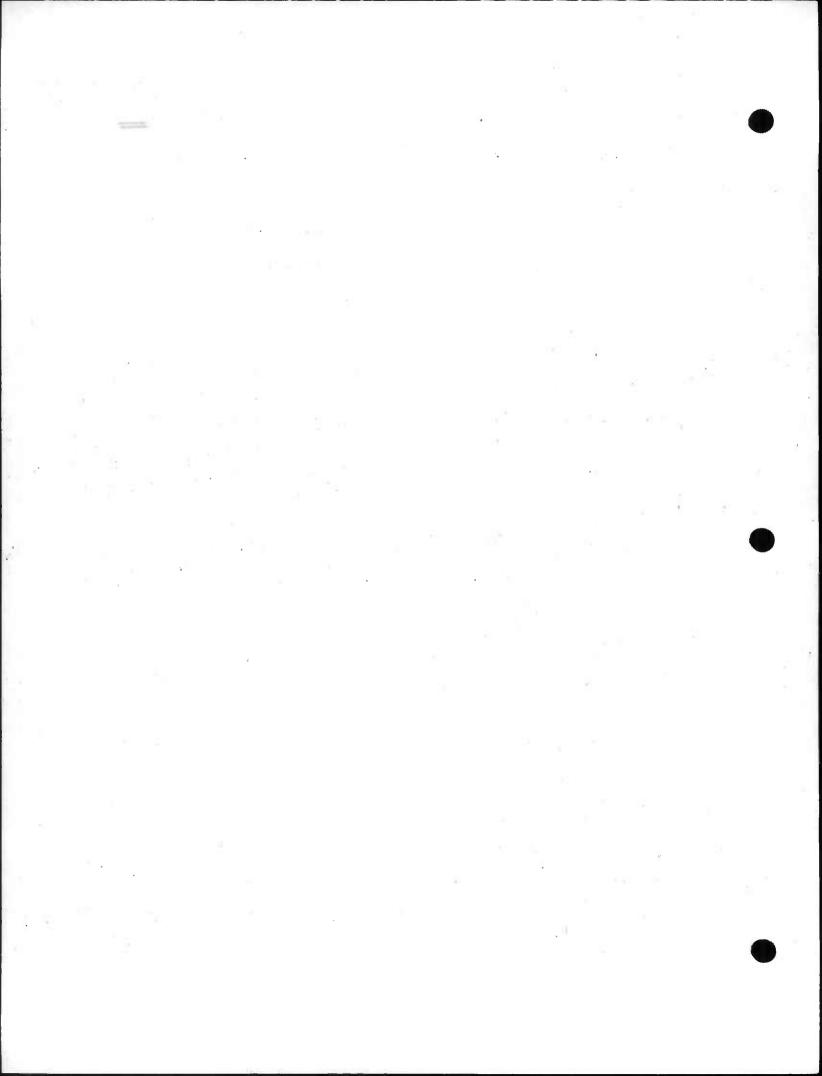
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F.H. G-708 2/18/94 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE Item: 2, per F.H. FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF OFATH 0 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTIN (Month, Day, Year) 03/04/1918 IF UNDER 1 YEAR IF UNDER 24 HRS A RIETNEL ACE (State or 246-30-6362 1 M 2 F 75 YRS. North Carolin for use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give XOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Sinai Hospital DIRECTOR 7 MORE TIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO Baltimore City FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 2527 Loyola Parkway USA 21215 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES STORIO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indien, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) YES 2 NO BY Specify: Negro 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only h Elementary/Secondery (0-12) College (1-4 or 5 +) Homemaker detached 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Meiden Surname) 8 te Nemo Stanley Jenny Little BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6 page 5 s Ann Dorsey 504 Shamrock La. Balto, CO., MD. 21208 ours after death. Page 6 may be must be 20e. METNOD OF DISPOSITION

1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE funeral director, Pine Lawn 4 Donation 5 Other (Specify) North Carolina 2/21/94 JOSEPH L. RUSS FUNE 2222 W. North Ave, other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FUNERAL HOME Ave, Balto.MD. 21216 filled in by the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory street, Approximate Intervei Between shock, or heart failure. List only one cause on each line cremation, or Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) signed by the attending physician and completely Health and Mental Hygiene prior to burial, crematify HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with CERTIFICATION Sequentially list conditions, DUE TO JOR AS A CONSEQUENC if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST injury, or PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO 1 TES 2 NO has be Dept. c PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one) n the State D **EXAMINER?** HOSPITAL: OTHER 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY this c 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED is marked, Natural 5 Pending Investigation 1 YES 2 ND DIRECTOR: After the hours after death v BY Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 28 4 Nomicide TO THE HOSPITAL OR AT
TO THE FUNERAL DIRECT
DE filed within 72 hours a
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> 32. REGISTRAR'S SIGNATURE i Sinden Rudell

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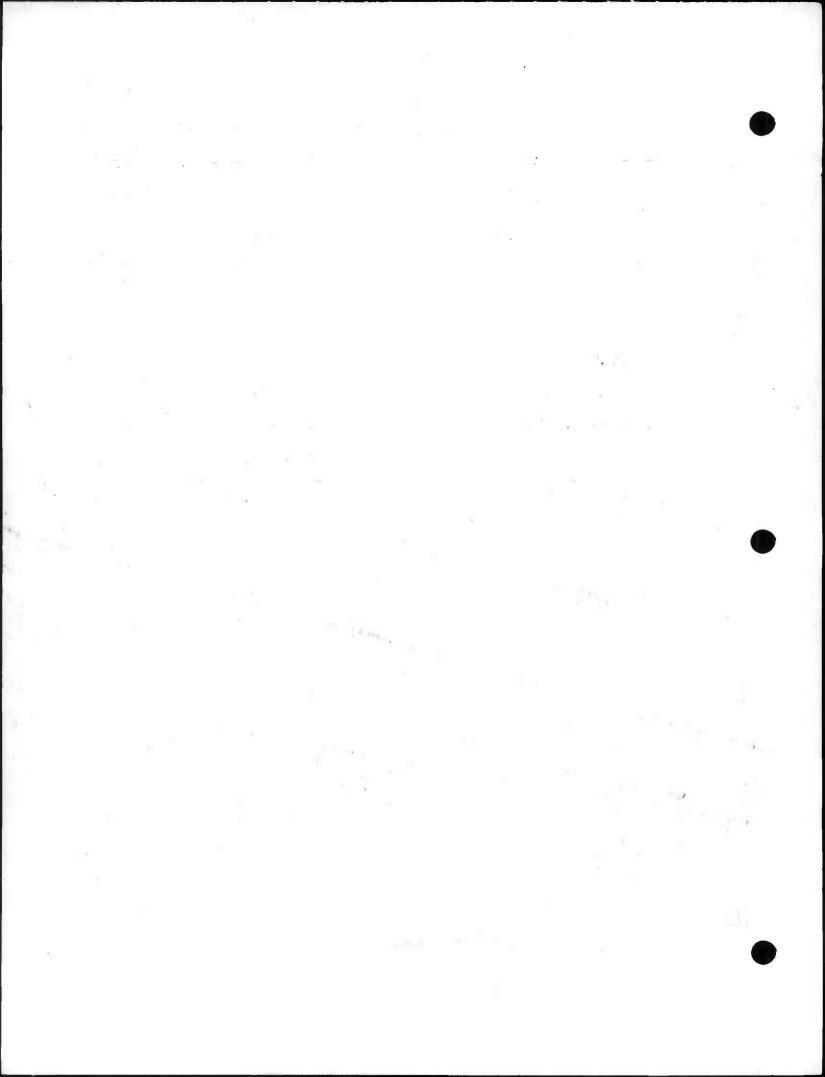


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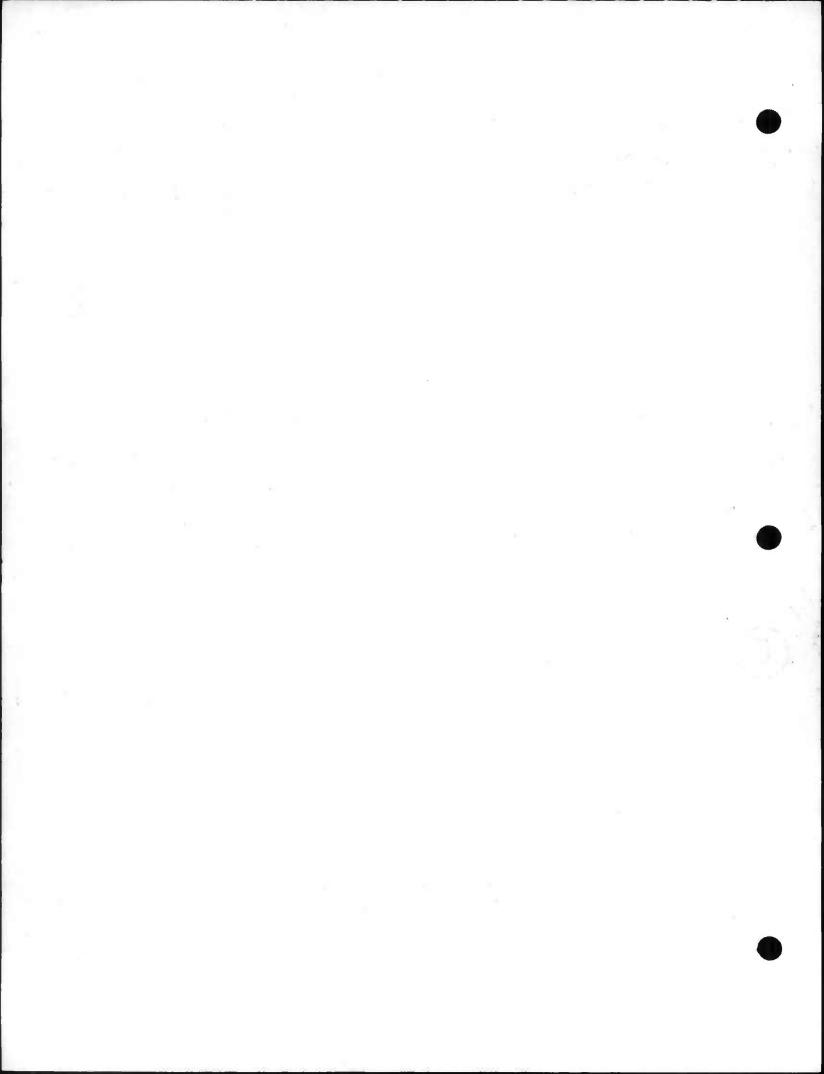
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TO THE HOSPITAL OR ATTE DAY DESIGNATION. The law requires that the death certificate be executed with:  TO THE FUNERAL DIRECTOR ATTE FOR EXAMPLE Seens agoined by the attending physician and completely filled in by the funeral director, be filed within 72 hours attending the following completely filed in by the funeral director, be filed within 72 hours attended to the fil	E HOSPITAL OR ATTE DAY DETICAL. The law requires that the death certificate be executed with:  E FUNERAL DIRECTOR ATTE DAY DETICAL. The law requires that the death certificate be executed with:  E FUNERAL DIRECTOR AND THE PROPERTY HAS BEEN SIGNED by the attending physician and completely filled in by the funeral direct de within 72 hours. Dept. of Health and Mental Mygiene prior to burial, cremation, or removal.  FIRMANT If items.	HOSPIAL OR ATTENDED TO THE law requires that the death certificate be executed with the country of the law requires that the death certificate be executed with the country of the country	SPITAL OR WITE DWIN EXCELLING. The law requires that the death certificate be executed with.  SPITAL OR WITE DWIN EXCELLING The law requires that the death certificate be executed with.  See a spiral of the law requires that the deep of the attending physician and completely filled in by the funeral direction in 72 hours are the many or other paintains of the property.  The file of the law requirements of the property of the p	5	-	Ö,		911

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AN		TAL HYGIENE	94	0455	6		
	1. DECEDENT'S NAME (First, Middle, Les	william	Rowland 1	Blair	MC	ATE OF DEATH	1994	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER  065⇔14⇔8079	5. SEX 6. AGE (	(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 H	IRS. 7. DA	TE OF BIRTH lonth, Day, Year) •19-1921	0, 8	BIRTHPLACE (State or For Country) NEW YORK			
TOR	3028 B Wallfo			96. CITY, TOWN OR LOCATION OF DUNDALK	OF DEATH		9c. COUNTY	of DEATH timore			
DIRECTOR	10a. STATE 10b. COUN	Baltimore	10c. CITY	, TOWN OR LOCATION	undal	lk		10d. INSIDE CITY LIMITS?			
FUNERAL	100. STREET AND NUMBER 3028 B Wallfor	2		of WHAT COUNTRY? ted States	5						
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1X X YES IF YES, GIVE WAR OR D. NOU Y WW	2 NO	13. WAS DECENDENT OF H If yea, specify Cuban, M 1  YES 2 X NO	laxican, Puai			RACE — American India Black, White, atc. Specify: White	in,		
PLETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12) 12th Grade	DUCATION de completed) College (1-4 or 5+)	(Give kind of w life. Do NOT use	USUAL OCCUPATION ork done during most of working retired.)		Bethleh		el Corp.			
BE COMPL	17. FATHER'S NAME (First, Middle, Leet)  George A. Blai	た	Stee	18. MOTHER		st, Middle, Meiden S Ulard					
TO B	Mr. Thomas E.	Blair		ADORESS (Street and Number or 1 Melbowne Roc		iumber, City or Town, Indalk,					
	20a. METHOD OF DISPOSITION 1	moval from Stata cem	PLACE AND OATEO	FDISPOSITION (Name of Service Corp. 2	2/15/9	94 To	WSON,	Maryland			
	21. SIGNATURE OF PURENTAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Duda→Ruck Funeral Home of Dundalk, Inc.  7922 Wise Ave. Dundalk, Maryland 2122  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate										
	shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):								otween Death		
ERTIFICATION	that initiated events  resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
I: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  1 VES 2 NO										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL: 1   Inpatiant 2   ER/Outp		26. PLACE OF DEATH OTHER: 4 □ Nursing Home 5 X Realde							
ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	OF 28c, INJURY AT WORK?  M 1 YES 2 NO	28d.	DESCRIBE HOW IN	JURY OCCURE	:0				
ETED	3 Suicide 8 Could not be detarmined 28. PLACE OF INJURY — At home, larm, streat, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPL	1		use(a) and manner as st	ated.							
TO BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month) Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2) (Type, Print)  29c. LICENSE NUMBER 29d. DATE SIGNED (Month) Day, Year)  29d. DATE SIGNED (Month) Day, Year)										
-	K. Camp	bell 494	o Eask	in Ave, B	a 110.	MD	21224	/			
	31. DATE FIRE THE POY, Son 1992	Juna Davids	n-Rendere								



		Page	
BALLIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires with the law requires within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed to the activation and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page he within 72 hours after death with the State Debt. of Health and Thomas after death with the State Debt. of Health and Thomas Deft. of Health and Thomas Deft.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
0	within 2	pletely fi	ent, th
28/6	ecuted v	nd comp burfal, c	itic evi
2	e be exc	sician ar	trauma
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DIVISION OF VITAL RECYMPANY, BOX 58/50	ING PHY	offer this eath with	market
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-d	TAL	RAL I	HH
	THE HOSP	THE FUNE	MPORTANT

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIE	NE 91	04557			
	1. DECEDENT'S NAME (First, Middle, Las	st)				2, DATE OF OEATH		3. TIME OF DEATH			
	GILBERT	STANLEY	BI	RNBACH		FEB	199	4 3:45 A			
	4. SOCIAL SECURITY HUMBER 233–50–9638	1 🔜 M 2 🗆 F	(In yrs. last birthday) 63 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JAN 4,1		BIRTHPLACE (State or Foreign Country) VEST VIRGINIA			
DIRECTOR	99. FACILITY HAME (If not institution, give OUTSIDE #3 FARME			96. CITY, TOWN C	OR LOCATION OF D	DEATH		OF DEATH			
<u>မ</u>	RESIDENCE OF DECEDENT  10a. STATE  10b. COUR	NTY	10c. Cf	TY, TOWN OR LOCAT	TON			10d. INSIDE CITY			
	MARYLAND  100. STREET AND HUMBER	BALTIMORE			IMORE		10a CITIZE	1 YES 2 XNO			
E	3 FARMHOUSE COU	ייסו			21208			USA			
BY FUNERAL	11. MARITAL STATUS  1 Hever Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 T HO	If yes, sp	ENDEHT OF HISPA	NIC ORIGIN? (Specify an, Puarto Rican, etc.)	fes or Ho— 14	RACE — American Indian, Black, White, stc. Specify:			
ED	15. DECEDENT'S E	OUCATION	16. DECEDENTS	S USUAL OCCUPATION		Tel VINO OF E	USINESS/IHDUS	WHITE			
13	(Specify only highest gre Elementary/Secondary (0-12)	ede completed)		work done during mo		166. KIND OF E	OSINESS/INDUS	INT			
	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		ATTORNE	Y	AT	LAW				
once.	17. FATHER'S NAME (First, Middle, Last)		174		18. MOTHER'S N	AME (First, Middle, Maid	en Surname)				
iii   iii	THEODORE		BIRNBAG	CH	MARY			KIRSON			
TO BI	19a, IHFORMAHT'S HAME (Type/Print)					Route Number, City or T					
T I	BRENDA BIRNBA	CH	3	FARMHOUS	E COURT	, BALTIMOR	E, MD	21208			
must be	20st ARETHOD OF DISPOSITION  1										
iner	21, SIGNATURE OF FUHERAL SERVICE.			22. NAME A	D ADDRESS OF FA	ACILITY C DDOC T	NC				
examiner	SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD BALTIMORE, MD 21215										
or other traumatic event, the ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  A Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
snows any injury, o	PART II. Other significant conditions of the con	lons contributing to death b	out not reaulting	in the underlying	g causa givan in	Part I. 24a. WAS / PERF	AH AUTOPSY ORMED? 2  HO	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 VES 2 HO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C	heck only one)		I ′			
YSICI/	EXAMINER? X YES 2 NO	HOSPITAL: 1   Inpstlant 2   ER/Outs	patient 3 🗆 DOA	OTHER: 4  Hursing Hom	e 5 🗆 Rasidenca	6 X Other (Specify)	OUTSTDE	HOME			
	27. MAHNER OF DEATH	26s. DATE OF IHJURY (Month, Day, Year)	28b. Til	WE OF 28c, IHJ		26d. DESCRIBE HOY					
marked, BY Pt	1 Maturel 5 Pending 2 Accident Investigation				rES 2 HO						
28 18 TED 28	3 Suicide 8 Could not b										
릴립	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIHER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
-1 1	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE HUMBER 29d. DATE SIGNED (Month, De										
	Therefore le	Kana	11.1			•					
일	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	THEODORE NEKENS 111 Penn Street, Baltimore, Maryland 21201										
	31. DATE FILED (Meet). Pay. Hear 199		on-Randal	٤		The court of the					



	1. DECEDENT'S NAME (First, Middle, Last ERIC	B	BRIMIGIO KHMINGI	ON ON				2. DATE OF	16, I	994	3. TIME OF DEAT 11:53
	4. SOCIAL SECURITY NUMBER 217 94 3727	5. SEX 1 XM 2 F	6. AGE (In yrs. las		IF UNDER 1 YE		IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, 7 111;	Day, Year)	0.	BIRTHPLACE (State of Fo
OR	90. FACILITY NAME (If not institution, give Johns Hopl		tals	9			More Ci	ATH		17.	imore City
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  Md.  Car	roll		10c. CITY,	TOWN OR LE		sburg				10d. INSIDE CITY LIMITS? 1 YES 2
FUNERAL	100. STREET AND NUMBER 6519 Monro	e Ave.					ZIP CODE 21784			10g. CITIZE	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  12 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2 X		If you	, spec	NDENT OF HISPAN cify Cuban, Maxica 2 X NO Specify	n, Puerto Ri	(Specify Yea can, etc.)	or No — 14	Black, White, atc.  Specify: White
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(G	CEDENT'S US live kind of wor Do NOT use i	rk done durin retired.)	g most	t of working	16b.		INESS/INDUS	
COMPLET	10 17. FATHER'S NAME (First, Middle, Last)	Dwimigies	St	udent	_	18. MOTHER'S NA			Surname)		
TO BE	John Lynden  19a. INFORMANT'S NAME (Type/Print)  Barbara J. Brim	196				Barbar	Route Numbe	r, City or Town	n, State, Zip Co		
	Barbara J. Brimingion  6519 Monroe Ave. Eldersburg, Md. 21784  20a. METHOD OF DISPOSITION  1/2 Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of cemelory, crematory or other place) Greenwood Cemetery  Stonington, Maine										
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE HAIDIN	r Green	.iwcca_	22. NAM	E AND	ADDRESS OF FA	Hai	ght Fi	neral	Home
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, landing to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
RTIF	CAUSE (Disease or injury that initiated events	d	OR AS A CONSE								i
MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events	d			the under	ying	cause givan in		24s. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION DF ( OF DEATH? 1 🔀 YES 2
SICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	d	death but not r	rasulting in	2 OTHER:	8. PLA	ICE OF DEATH (Ch	eck only one	PERFOR	MED?	AMILABLE PRIOR COMPLETION DF ( OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 🔀 YES 2 🗆 NO  27. MANNER OF DEATH  1 🗀 Natural 5 🗀 Pending	HOSPITAL:  1 X Inputtent 2   28e. DATE OF I (Month, De Fiel)	death but not r	rasulting in	22 OTHER: I Nursing OF 28c	8. PLA Home	CE OF DEATH (Ch 5 □ Realdence RY AT	eck only one  5 Other  28d. DESC	PERFOR  1 VES 2  (Specify)  CRIBE HOW II	MED?  NO	AMILABLE PRIOR COMPLETION DF 6 OF DEATH?
TED BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1 X Inpetient 2 = 28e. DATE OF (Month, De Feb. 1.4) 28e. PLACE OF building, a	ER/Outpetlant 3	28b. TIME: 12 : 4 6	2 DTHER:   Nursing OF 28c RY 5 PM 1	8. PLA Home INJUI WORI	SCE OF DEATH (Ch. S   Realdence RY AT K?	eck only one  5 Other  28d. DESC  Stuf  281. LOCA  City or	PERFOR  1 VES 2  (Specify)  RIBE HOW II  Fed To  Town, Street a Town, State)	NSURY OCCUR	AMILABLE PRIOR COMPLETION DF ( OF DEATH?)  1 Yes 2   RED  BLIENS  Burel Route Number,
MPLETED BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation   Invest	HOSPITAL: 1 X Inputant 2 C  28e. DATE OF I (Month, De Feb. 1.4) 28a. PLACE OF building, a Shepp	ER/Outpetlant 3 INJURY 1994 FINJURY — At ho atc. (Specify) pard Pro	28b. TIME 12: 46 oma, farm, str	2 DTHER: I Nursing 28c PY 1 DEPTH 1 DEPTH 1 DEPTH 2 DE	B. PLA Home INJUI WORI YE office	SCE OF DEATH (Ch.  5  Residence RY AT IK7 ES 2 NO	eck only one  5 Other  28d. DESC  Stuf  28f. LOCA  City or	PERFOR  1 VES 2  (Specify)  FRIBE HOW II  Fed To  Town, State)  OWSON	MED?  NO  NJURY OCCUP  ag in  nd Number or  Balt  there so stated.	AMALABLE PRIOR COMPLETION DE C
TED BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation   Invest	HOSPITAL: 1 X Inputlent 2 280. DATE OF 1 (Month, De Feb. 1.4) 280. PLACE OF building, Shepp	ER/Outpetlant 3 INJURY 1994 FINJURY — At ho atc. (Specify) pard Pro	28b. TIME 12: 46 oma, farm, str	2 DTHER: I Nursing 28c PY 1 DEPTH 1 DEPTH 1 DEPTH 2 DE	Home INJUI WOR YE office	SCE OF DEATH (Ch.  5  Residence RY AT IK7 ES 2 NO	eck only one,  6 Other  28d, DE\$C  Stuf  28f, LOCA  City or  T  to the caus time, data a	PERFOR  1 VES 2  (Specify)  FRIBE HOW II  Fed To  Town, State)  OWSON	MED?  NO  NJURY OCCUP  Ag in  Ind Number or  Balt  Here se stated.  d due to the o	AMALABLE PRIOR COMPLETION DF (COMPLETION DF (COMPLETION) DF (COMPLETION) DE (C

Pages 1, 2, 3 should

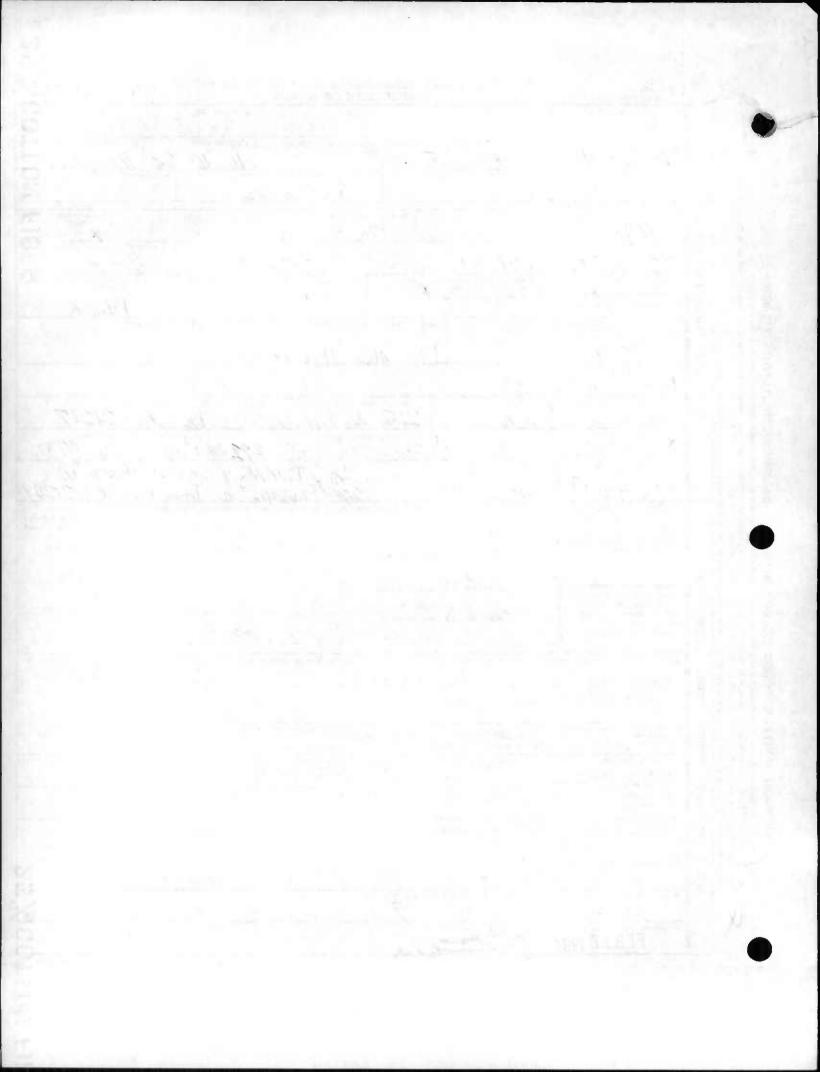
permit.

**BLVISION OF VITAL RECORDS, P.O. BOX 68760,** 

the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit if Mental Hyglene prior to burial, cremation, or removal. ours after death, Page 6 may be retained by the hospital or attending physician. UTENDING PHYSICIAN. The law requires that the death certificate be executed within n signed by the Health and N has been s Dept. of H After 1 Sp. 1 OSMITAL OF INCIDENCE

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONT OS Plotes 0 25 S. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, You IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT DIRECTOR RESIDEN 10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 | NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Maxican, Puerto Rican, etc.) If yes, specify Cubs 1 ☐ YES 2 N NO 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY lege (1-4 or 5+) once. 17, FATHER'S NAME (First, Middle, to BE notified RMANT'S NAME (TV 2 pe METHOD OF DISPOSITION Burtal 2 Creptation 20b. PLACE AND DATE OF DISPOS 1X Burtal 2 Crepti must medical examiner am ea, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or Approximate , or heart fallure. List only one cause on each line Interval Between iMMEDIATE CAUSE (Final disesse or condition resulting in death) **Onset and Death** the Coridium event, DUE TO (OR AS A CONSEQUENCE OF); traumatic CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF): Sequentisity list conditions, If any, leading to immediate cause. Enter UNDERLYING he105 116 CAUSE (Disease or Injury that initiated events or other TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 1m injury, 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL any ( OSCHALY 1 YES 2 NO OF DEATH? 40 -1 YES 2 - NO 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate his with the State of selection or them. Item EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) etient 2 - ER/Outpetlant 3 - DOA 27. MANNER OF DEATH 28b. TIME OF 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural WORK? BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, 28s. PLACE OF INJURY — At home, farm 3 Sulcide .15 8 Could not be determined BE COMPLETED 4 Homicide 22 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner se stated 29b. SHORWHURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE STATE OF , dec 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 2 00 LOUETRARIS SIGNATURE 31 DATE FILED (Month FEB 1 8

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 27, 28f, PER MEO FILM G-713 7/11/94 t.t ITEM: 3. PER HOSPITAL FILM G-709 3/22/94 t.t

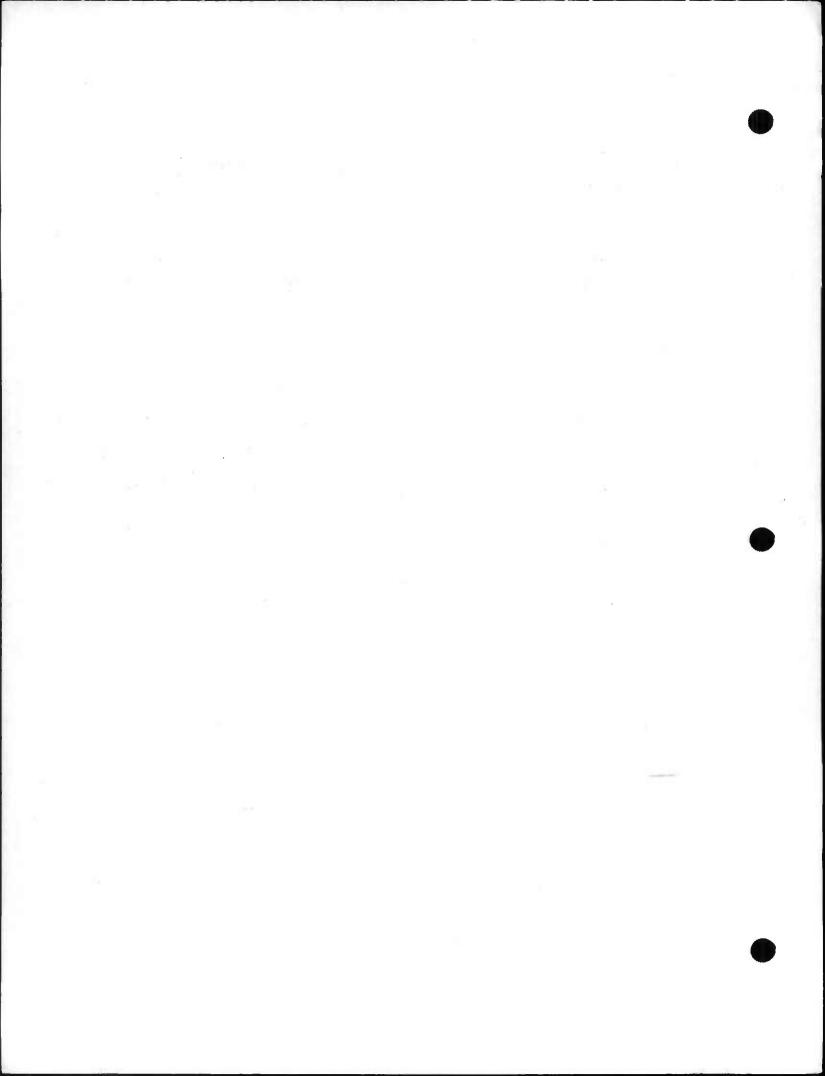
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04560 94

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.	0400			
	1. DECEDENT'S NAME (First, Middle, Lest)  TERRY GENE	CHAPMAN	7			2. DATE OF DEATH MONTH	DAY Y 17 19:	3. TIME OF DEA 94 4:30			
	4. SOCIAL SECURITY NUMBER 327-48-1223		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-12-1		BIRTHPLACE (State or F			
OB	9a. FACILITY NAME (If not institution, give st  NORTH ARUNDEL HO	· ·			OR LOCATION OF DE	АТН	9c. COUNTY	Y OF DEATH  E ARUNDEL			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  MARYLAND A	NNE ARUNDEL	10c. CIT	Y, TOWN OR LOCA	TION BURNIE		-	10d. INSIDE CIT LIMITS? 1 YES 2			
FUNERAL	100. STREET AND NUMBER 7733 SPENCER ROA	D		10	21060			N OF WHAT COUNTRY?			
B	11. MARITAL STATUS 11. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR C	2 X NO	If yes, s		IIC DRIGIN? (Specify ) n, Puerto Rican, atc.)	'es or No— 14	4. RACE — American Ind Black, White, atc. Specify: WHI			
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (t-4 or 5+)  NONE	(Give kind of life. Do NOT u	USUAL OCCUPATION Work done during mose retired.)  ONAL STO	ost of working		USINESS/INDUS				
BE COM	17. FATHER'S NAME (First, Middle, Last) HENRY J. CHAPMAN				·	ME (First, Middle, Maide D.F.	on Surneme)				
5	t9a. INFORMANT'S NAME (Type/Print) HENRY L. CHAPMAN					Route Number, City or To		LAND 21060			
	20e. METHOD OF DISPOSITION  1		b. PLACE AND DATE	ERVICES		1994 BAI	TIMORE	y or Town, Stata , MARYLAND			
22. NAME AND ADDRESS OF FACILITY SINGLETON FUNE!  1 SECOND AVENUE, S.W., GLEN BURI  23. PART   Injurity diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest,											
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. HEAT THE LULE  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. WOENTH LITERAT DES SASE  DUE TO (OR AS A CONSEQUENCE OF):  C. WOENTH LITERAT DES SASE  DUE TO (OR AS A CONSEQUENCE OF):  C. WOENTH DOCKUS SYN DROWS  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO										
MEDICAL	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  Francing Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  1										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND	HOSPITAL:	petient 3 DOA	OTHER:	LACE OF OEATH (Ch						
ву Рн	27. MANNER OF DEATH  1  Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28d. DESCRIBE HOW INJURY OCCURED FELL ON ICE								
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, octy)  LO EUZ E	28f. LOCATION (Street City or Town, Sta 7733 SPENCE	LOCATION (Street and Number or Rural Route Number, City or Town, State) 33 SPENCER RD., GLEN BURNIE, MD.						
COMPLETED	anel	CIAN: To the best of my known.  R: On the basis of axamination.									
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIES	2			29c. LICENSE NUM  D 1997	ABER	29d. DATE S ▶ 2	SIGNED (Month, Day, Your			
	31. DATE FILED (Month, Day, Year) FFD 1 8 100 4	D COMPLETED CAUSE OF DI	175 500	20 //E	spane 1	Bys (TEN	Buca	18 MARY 21061			

FEB 1 8 1994

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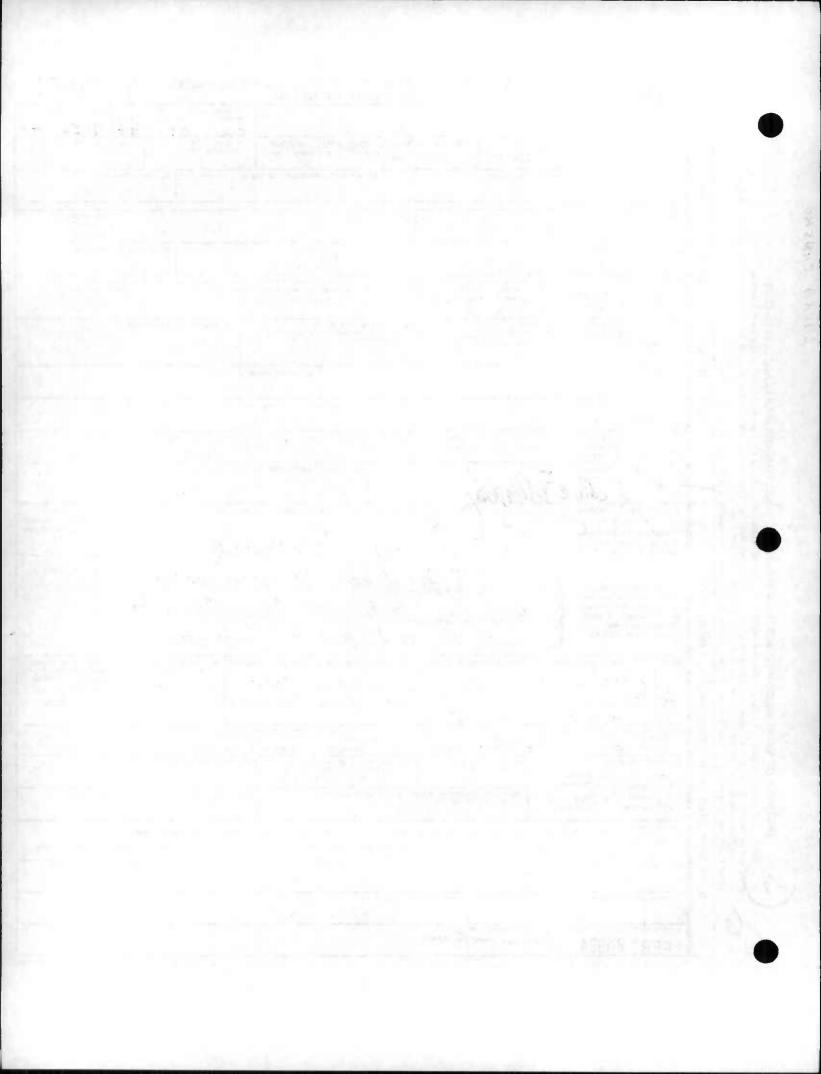


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THE MERICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

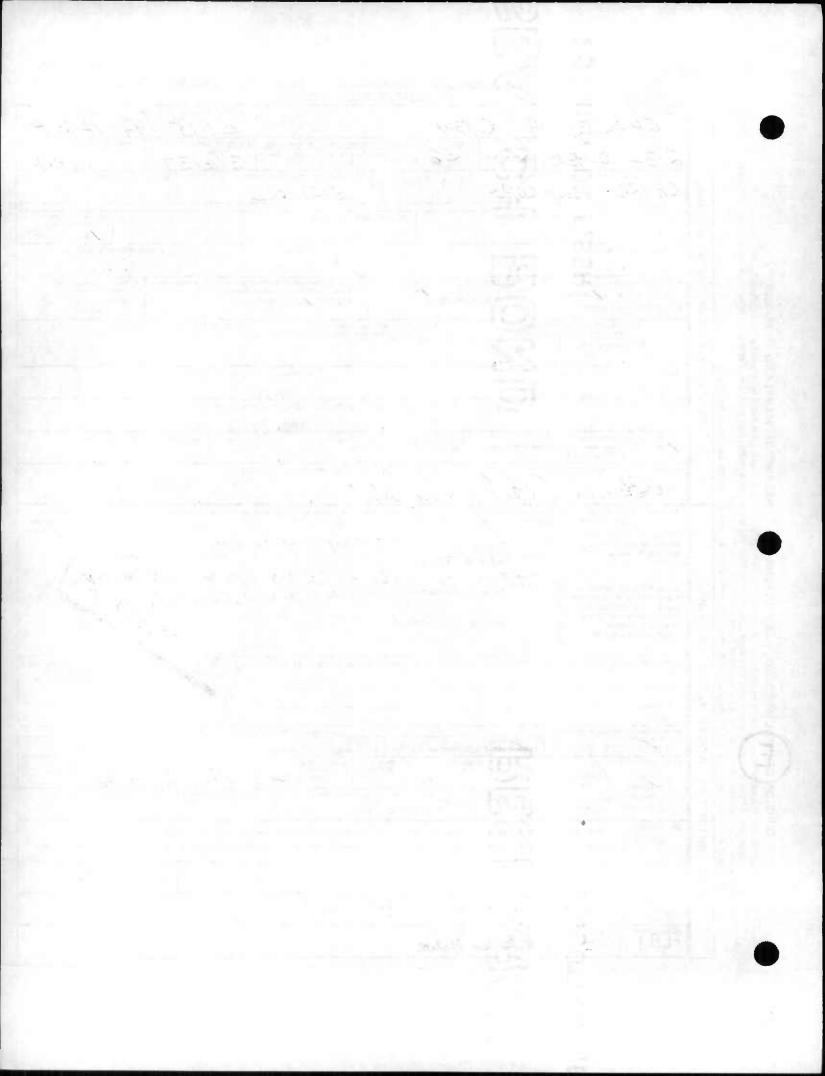
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIENE REG. NO.	94	04561			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	YEAR	3. TIME OF DEATH			
	LAURA C. CHASKO					02 07	94	7:50 AM			
		. SEX 6. AGE (In	mc mc	HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) Country)					
	264-50-7428 1  9e. FACILITY NAME (If not institution, give stree	- 11	84 YRS.	CITY TOWN O	B LOCATION OF D	10-18-'09 PENNSYLVANIA					
TOR	90. FACILITY NAME (If not institution, give street and number)  GREATER LAUREL BELTSVILLE HOSPITAL  RESIDENCE OF DECEDENT  90. CITY, TOWN OR LOCATION OF DEATH  PRINCE GEORGE  PRINCE GEORGE										
DIRECTOR	10e. STATE 10b. COUNTY	CE GEORGE		TSVILLE				10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
AL AL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF W				
FUNERAL	4311 BRIGGS CHANE	Y ROAD		2	0705		USA				
BY FUN	11. MARITAL STATUS  1	2. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 VNO	If yes, spe	ENDENT OF HISPAI celty Cuben, Mexics 2 X NO Specifi	NIC ORIGIN? (Specify Yes or in, Puerto Rican, atc.) y:	Black,	- American Indian, White, etc.			
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		6a. DECEDENT'S US	UAL OCCUPATIO	N of updates	16b. KIND OF BUSIN	IESS/INDUSTRY				
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use n	stired.)							
COMPL	8	Ø	SERVICE	EMPLOYE		HOTEL/MO					
	17. FATHER'S NAME (First, Middle, Last) STANLEY KUTISH					ME (First, Middle, Melden Su USKIEWICZ	rname)				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street ar		Route Number, City or Town,	Stefe, Zip Code)				
2	MARIE MARLO					DAD, BELTSV		20705			
	20s. METHOD OF DISPOSITION  15 Burisl 2 Cremation 3 Remove  1 Donation 5 Other (Specify)	from State cemet	LACE AND DATE OF I	placel			ITION — City or Tow				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	D + 1	JOSÉPH'			CILITY FLECK FI	T WYOMIN	G, PA			
	· Jaco	anda				SPRING RD.,					
	23. PART I. Enter the diseases, or con shock, or heart failure. Lia	nplications that cause to	he death. Do not	enter the mod	da of dying, auc	h sa cardiac or respira	tory arrest,	Approximata Interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Respond Transport Tra										
7		DUE TO (ON AN A CONSEQUENCE OF									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A O	OMBEQUENCE OF)		1	1	1				
S	CAUSE (Disease or injury	DUE TO (OR AS A C	ONSEQUENCE OF	رن	1 50	emelouy	17				
RTI	that initiated events resulting in death) LAST	Sura	abeli	NIM	al	IN AR & DIN	~				
8	DART II Other elgeliteest conditions of	and all rubbers as a first but				1 g sqib					
8	PART II. Other algnificant conditions of	contributing to sentin but	not resulting in	line underlying	cause given in	PERFORMI	E0?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC	Anterio Clarit	in (01.01	12/40	100000	100	1 🗆 YES 2 🗲	130	OF DEATH?			
	Scarile	Jement	a .	accept	1			1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	,		ACE OF DEATH (Ch	eck only one)					
YSI	1 TYES 2 THO	Inpatient 2 - ER/Outpat		THER:	5 Residence	8 Other (Specify)					
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	JRY AT RK? ES 2 NO	28d. DESCRIBE HOW INJ	URY OCCURED				
ВУ	2 Accident investigation										
Ē	4 Homicide determined	building, atc. (Specify	,			City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
BE	29b. SIGNATURE AND TITLE OF CONTINUES	10	un?		29¢ LICENSE NU	MBER 2	29d. DATE SIGNED	(Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pr	(m) (4	1/1/2	105. 11	184	. 7			
	31. DATE FILED (Month, Day, Year)	32. HEALTHANS SIGNAT	URE	31/	acope	(off)	2	0/0/			
20	FEB 1 8 1994	Danden Made									



1 - FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020	TATION IN the majories that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	mental man been signed by the attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Cent. of Health and Mental Hygiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.
DIVISION OF WITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN TO UP INQUITES that the death certificate be executed within 24	TO THE FLINEFAL DIFFECTOR. After the contract has been signed by the attending physician and completely filled in by the fa- tion that within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

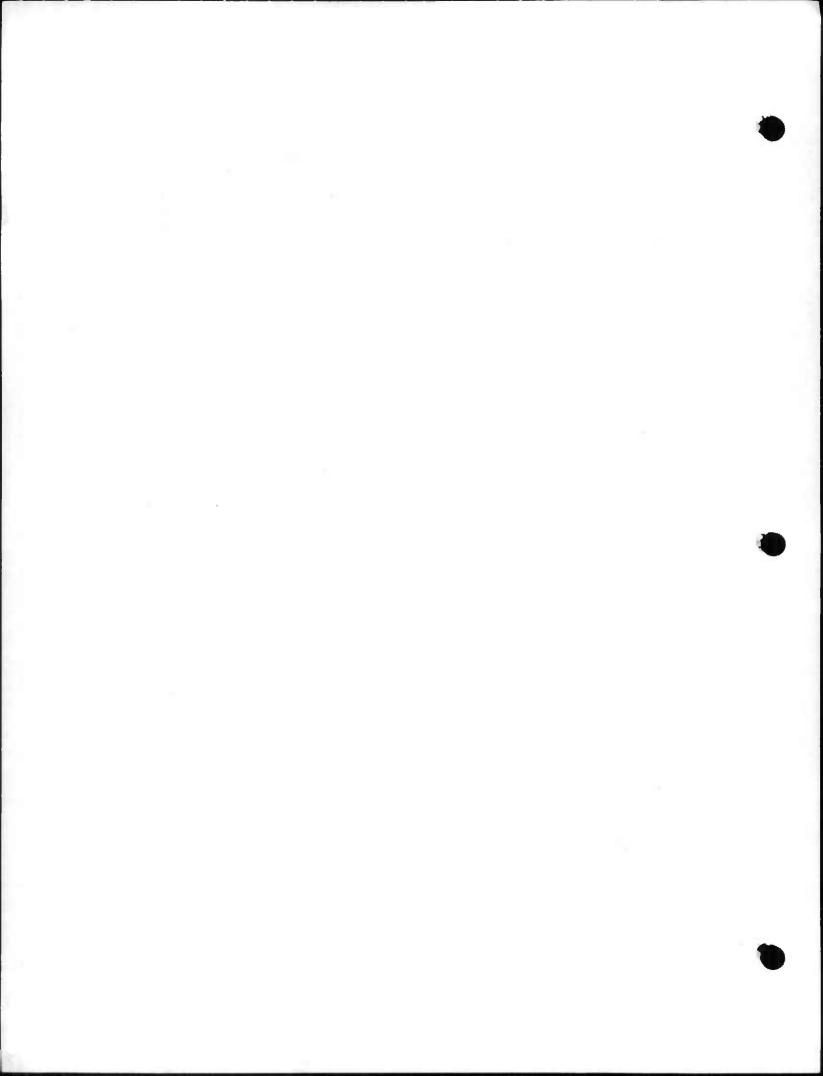
	1. DECEDENT'S NAME (First, M CHARLE		2. DATE OF DEATH MONTH BAY SEAR 12.05 PM										
	4. SOCIAL SECURITY NUMBER 2/3 - 30-6	4390	5. SEX	5. AGE (In yrs, lac		# UNDER	1 YEAR DAYS	F UNDER 24 HRS. HOURS MIN.	7. DAT	TE OF BIRTH byth, Gay, Year)	4	8. BIRTH Countr	144
OR	On FACILITY NAME (If not instit CHURCH F	tosp		1100 N BASALTO MD	2123	96. CITY,	Amin	R LOCATION OF		710/3	9c. COUN	-	
DIRECTOR	RESIDENCE OF DECE	Ob. COUNTY			10c. CITY	, TOWN O	R LOCAT	ION					10d, INSIDE CITY
띰	MD				Ва	ltin	nore	City					LIMITS?
FUNERAL	104. STREET AND NUMBER	7 4					101	ZIP CODE					VHAT COUNTRY?
띨	135 N. Kenv	vood A						21224				U.S	
B⊀	11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. AR YES 2 WAR OR DATES	MED VO	1	yes, sp	ENDENT OF NISP ecify Cuban, Mexi 2 NO Spe	ican, Puert	GIN? (Specify Yes to Rican, etc.)	or No—	Black	E — American Indian, K, White, atc. White
COMPLETED	15. DECED (Specify only h	DENT'S EDUC	ATION completed)	(G	CEDENT'S	ork done d		N st of working	1	66. KIND OF BUS	INESS/IND	USTRY	
1 1	Elementary/Secondary (0-12 Unk .	2)	College (1-4 or 5	+)	Do NOT us					D- : 7 1			
8	17. FATNER'S NAME (First, Midd	dle. Lest)	Unk.	11	ronwo	rker		18 MOTNER'S	NAME (Fire	Build:	2.3	-	
	Charles Cre	-W.						France			ouy		
BE	19e. INFORMANT'S NAME (Type			190	b. MAILINO	ADDRESS	(Street e			umber, City or Town	r, State, Zip	Code)	
2	Melissa Cre	ew		1	35 N.	Ker	woo	d Ave.	Balt:	imore. 1	MD 21	224	
	20s, METHOD OF DISPOSITION 1 Buriel 2 Cremation 4 Donation 5 Other (S	3 Remo	val from State	20b. PLACE	matory or ot	her place)		me of Cem.	1	18/ Bal	cation —	-	
	21. SIGNATURE OF FUNERAL		ENSEE 1 1	THOTEL	1 1	22.1	NAME AP	D ADDRESS OF	FACILITY		-		ilu.
	Elem	and.	Bel	ousle	So	28	18	E. Balt	imore	on Funer e St. Ba	altim	ore	MD 21224
CERTIFICATION	23. PART I. Enter the disc shock, Dr has IMMEDIATE CAUSE (Final disease or condition reauting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIN/ CAUSE (Disease or injury that initiated eventa resulting in death) LAST	VERE (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A C	BR DUENCE OF	PA 1	N	INO	ne	4			Approximate interval Between Onset and Death		
MEDICAL	PART II. Other algnificant		contributing to	death but not r	reauiting i	n the un	derlyln	g cause given	in Part	PENEOR	MED?	24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO I	MEDICAL	HOSPITAL:	7.55		OTHER	1:	ACE OF DEATN					
HYS	1 YES 2 NO		26e, DATE OF	ER/Outpatient 3	28b. TIME	OF	28c. INJ	e 6 🗆 Residenc	28d. D	PESCRIBE HOW I	NJURY OCC	URED	
BY PI	1 Netural 5 Pe	ending restigation	APLOX	Day. Year) 1/27/94	INJ	M	1 🗆 1	RK? 'ES 2 No	SLI	VIA RIA	NIC	TEA	(3)
		ould not be termined	28e. PLACE C building,	of INJURY — Al ho etc. (Specify)	ome, farm, a			WIFE)		OCATION (Street e lity or Town, State)	nd Number	or Rural I	Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner ee stated.												
BE	296. SIGNATURE AND TITLE O	F CERTIFIER	Du	m	1			29c. LICENSE N	NUMBER 977		29d. DATE	SIONED	(Month, Day, Year)
2	900 LGE - K	THO	MAK /	SE OF DEATH (ITE	M 27) (Type,	Print) P	COR	D 81	ALTO	o MD a	2123,	,	7
	FEB 1 8 1994	er) fi	32. REGISTRA	AR'S SIGNATURE	10177								



	FOR
1 -	STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 04563

15. DECEDENT'S EDUCATION (Give kind of working)  To part of the pa	1										
2/7-22-84/7 1 M AXF 80 YHS. DOTHER DAY NOUNS WHILL 2-24-1907 Maryland  2/7-22-84/7 1 M AXF 80 YHS. DOTHER DAY NOUNS WHILL 2-24-1907 Maryland  38. FACRITY NAME (if not institution, pive street and number)  38. CITY, TOWN OR LOCATION OF DEATH  4700 Chatford Ave.  100. COUNTY OF DEATH  100. COUNTY OF DEATH  100. STATE	м										
See FACILITY NAME (Front institution, pive street and number)  See FACILITY NAME (Front institution, pive street and number)  See FACILITY NAME (Front institution, pive street and number)  See FACILITY NAME (Front institution, pive street and number)  See FACILITY NAME (Front institution, pive street and number)  See FACILITY NAME (Front institution, pive street and number)  See FACILITY NAME (Front institution, pive street and number)  See FACILITY NAME (Front institution, pive street and number)  See FACILITY NAME (Front institution, pive street and number)  See FACILITY NAME (Front institution, pive street and number)  See FACILITY NAME (Front institution)  See FACILITY	sign										
THESIDENCE OF DECEDENTY  100. STATE  100. COUNTY  100. STATE  100. COUNTY  100. STATE  100											
Baltimore    18   YES 2   100. STREET AND NUMBER   100. STREET AND NUMB											
The street and numbers    10											
4700 Chatford Ave.  11. MARITAL STATUS  12. WAS DECEDENT FOR HISPANIC ORIGINT (Specify Yes or No— 15. RACE—American India Back, Withlice, etc.)  12. WAS DECEDENT'S EDUCATION (Specify) (No India Back, Withlice, etc.)  13. Widowed 4   Divorced  15. DECEDENT'S EDUCATION (Specify) (No India Back, Withlice, etc.)  16. DECEDENT'S EDUCATION (Specify) (No India Back, Withlice, etc.)  17. FATHER'S NAME (First, Middia, Last)  18. MOTHER'S NAME (First, M	10										
18. DECEDENT'S EDUCATION [Give kind of work done during most of working letementary/Secondary (0-12) College (1-4 or 5+)  18. DECEDENT'S EDUCATION [Give kind of work done during most of working letementary/Secondary (0-12) College (1-4 or 5+)  18. MOTHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Last)  19. MALLING ADDRESS (Street and Number or Flural Foute Number, City or Town, State, Zip Code)  19. MALLING ADDRESS (Street and Number or Flural Foute Number, City or Town, State, Zip Code)  19. MALLING ADDRESS (Street and Number or Flural Foute Number, City or Town, State, Zip Code)  19. MALLING ADDRESS (Street and Number or Flural Foute Number, City or Town, State, Zip Code)  20. METHOD OF DISPOSITION 1 [Keutal 2   Cremation 3   Removed from State 20. METHOD OF DISPOSITION 20. METHOD OF DISPOSITION 21. SIGNATure of Function 1   Removed from State 22. NAME AND ADDRESS OF FACILITY  ### And Let Up Miller Funcal Home 7527 ### And Ond Rd. Balto., Md. 2123  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interest and solven form state and solven form form state and solven form state and solven form state and solven form form form form form form form form											
15. DECEDENT'S EDUCATION (Give kind of working)  To part of the pa	9,										
Robert Finnick    Solution   Participal   Pa											
Robert Finnick    Solution   Participal   Pa											
Robert Finnick    Solution   Participal   Pa											
20a. METHOD OF DISPOSITION  1 Serial 2 Service Licensee  20a. METHOD OF DISPOSITION (Name of complete), cremation 3 Removed from State  20b. PLACE AND DATE OF DISPOSITION (Name of complete), crematory or other place)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  ### Ant Ley Miller Funeral Home  7527 ### Ant Lond Rd. Balto., Md. 2/23  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final)											
20a. METHOD OF DISPOSITION    Complete   Com											
Hantley Miller Funeral Home 7527 Hanford Rd. Balto., Nd. 2123  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final											
1 IMMEDIATE CAUSE (Final											
1 IMMEDIATE CAUSE (Final	4										
a. SUDDEN CHRS) DULMON BRUY FIREUS)  DUE TO (OR AS A CONSEQUENCE OF):	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.    Approximate interval Between Onset and Death   Onset and Death										
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	disease or condition as SUDDEN CARD, O PULMON AND ARREST DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
resulting in death) LAST											
de d											
PERFORMED? MALABLE PRIOR	0										
The parties of the pa											
1 YES 2											
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO   1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF DEATH  1   YES 2   NO   286. DATE OF INJURY  (Month, Day, Year)  28. PLACE OF DEATH (Check only one)											
To the state of th											
HUNDRY    Month, Day, Year)   Month, Day, Year											
O Li c s c s c s c s c s c s c s c s c s c											
(Check only (Check only (Check only )	ited.										
29d. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year)											
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  PATA & AYBY 30 (E. UKIV. PARK.UY. BRUT. M.	1										
31. DATE FILED (Morith, Day, Year) FEB 1 8 1994											

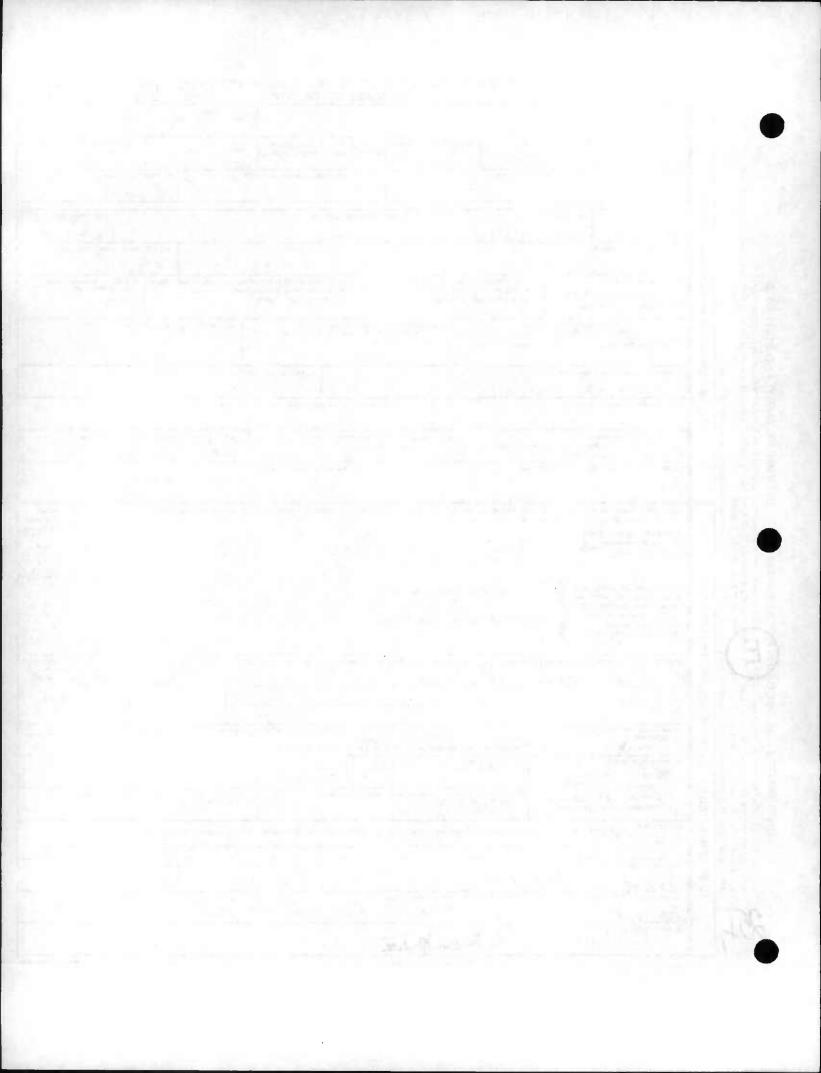


BALTIMORE, MARYLAND 21215-0020

was after death. Page 6 may be retained by the hospital or attending physician.
In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ir removal.

	00	8	OF
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires may be some ficate be executed within 24 hou	TO THE FUNERAL DIRECTOR: After this certificate has been signed of the present physician and completely filled it	ation
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	MH.	plete	nem.
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	1. DECEDENT'S NAME (First, Middle, Las	10					2. DATE OF DEATH			ME OF DEATH
	RICHARD OWEN	CULLUM					FEBRUARY 1		94 1	2:30 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bir	MO	UNDER 1 YEAR IF UNDER		7. DATE OF BIRTH (Month, Day, Year)			E (State or Foreign
4	446-36-2078	1√2 M 2 □ F	54	YRS.			August 17.		T	exas
	9a. FACILITY NAME (If not institution, give				CITY, TOWN OR LOCATIO	N OF DEA			TY OF DEATH	
	THE JOHNS HOPKIN	IS HOSPITA	BALTIMORE C	ITY						
	10a. STATE 10b. COUN	NTY	10	Oc. CITY, T	OWN OR LOCATION				10d.	INSIDE CITY
	Virginia Prin	ce Willia	am	Ma	anassas				1	LIMITS?
	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZ	EN OF WHAT	COUNTRY?
	9900 Greenview	Lane	N INSTERNA		2	2110		J	J.S.A.	
1	11. MARITAL STATUS  1 Never Married 2 Married		NT EVER IN U.S. ARMED	D	13. WAS DECENDENT OF			or No	14. RACE — AI Black, Whi	merican Indian, ta, etc.
	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 TES 2 NO				SpecMy: White	
1	15. DECEDENT'S ED	1961 - DUCATION	16a. DECED	DENT'S US	UAL OCCUPATION		16b. KIND OF BUS	INESS/INDL		-
	(Specify only highest gre Elementary/Secondary (0-12)	College (1-4 or 5	life Do	kind of work NOT use re	done during most of working tired.)	g				
		_5		Colo	nel		U.S.	Army		
	17. FATHER'S NAME (First, Middle, Last)					IER'S NAM	E (First, Middle, Maiden			
		Cullum				L	ouise Hu	dgin	5	
	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING AD	DRESS (Street and Number	or Rural Ro	oute Number, City or Town	7. State, Zip	Code)	
	Mrs. Jill Cullu	ım			ame as 10e		PERMIT			
	20a. METHOD OF DISPOSITION 15 Burlai 2 Cremation 3 Re	emoval from State	20b. PLACE AND cemetery, cremate		DISPOSITION (Name of place)		DATE 20c. LO	CATION — C	ity or Town, S	tata
ı	4 Donation 5 Other (Specify)	1	<ul><li>Calvery</li></ul>	Cat	nolic Cemet			St. 1	Peters	burg, F
	21. SIGNATURE DE FUNERAL SERVICE	LICENSEE	. /		22. NAME AND ADDRES	IS OF FACI	1050 Yoz	rk pd	2120	1
	Ilwald (	de holer	h.		Ruck Tows	on Fi	uneral Hon			*
	IMMEDIATE CAUSE (Final disease or condition	1/ono	neclusive	. 1	Disease of	Lha	1 . 110			
		b. Due to	O (C (US/VC) O (OR AS A CONSEQUE O (OR AS A CONSEQUE	MOE OF)	Visiase of ne Morro		Live. Transpla	int		interval Between
	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	O OR AS A CONSEQUE	NOE OF):	ne Morro	The w	Transpla.	MED?	24b. WERI AMAL COMMO OF D	interyal Betwoons of the Control of
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	O (OR AS A CONSEQUED OF A CONS	NCE OF):	he underlying cause g	The will have the policy of th	Part i. 24a. WAS AN PERFOR	MED?	24b. WERI AMAL COMMO OF D	E AUTOPSY FINDIN ABLE PRIOR TO PLETION OF CAUSE
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   2   NO	b. DUE TO  c. DUE TO  d. HOSPITAL:	O (OR AS A CONSEQUED OF A CONS	NCE OF:	he underlying cause g	The Willer in P	Part i. 24a. WAS AN PERFOR	MED?	24b. WERI AMAL COMMO OF D	interyal Between Onset and De Grand Indiana In
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	b. DUE TO c. DUE TO d. HOSPITAL: 10 Inputent 2 28e. DATE O	O (OR AS A CONSEQUED O (OR AS	NCE OF:	28. PLACE OF DE THER: Nursing Home 5   Rei	The Wilven in P	Part i. 24a. WAS AN PERFOR	MED? NO	24b. WERI AMAL COMMO OF D	E AUTOPSY FINDIN ABLE PRIOR TO PLETION OF CAUSE
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation.	DUE TO  C.  DUE TO  d.  HOSPITAL: 1 Inpetient: 2 28e. DATE Of (Month, in	O (OR AS A CONSEQUE  O (OR AS	NOE OF):  NOE OF):  UNCE OF):  UN	28. PLACE OF DE  THER: Nursing Home 5 Rei F WORK? M 1 YES 2	She wilven in P	Part I. 24a, WAS AN PERFOR 1 YES 2	MED?	24b. WERI AMAI. COMM OF D	E AUTOPSY FINDIN ABLE PRIOR TO PLETTON OF CAUSI EATH?  YES 2 NO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO  C.  DUE TO  d.  HOSPITAL: 1 Inpetient 2  28e. DATE Of (Month, in publishing)  28e. PLACE obuilding	O (OR AS A CONSEQUED O (OR AS	NOE OF):  NOE OF):  UNCE OF):  UN	28. PLACE OF DE  THER: Nursing Home 5 Rei F WORK? M 1 YES 2	She wilven in P	Part i. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERI AMAI. COMM OF D	E AUTOPSY FINDIN ABLE PRIOR TO PLETTON OF CAUSI EATH?  YES 2 NO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algulificant conditions in the condition of the conditio	DUE TO  C. DUE TO  d	O (OR AS A CONSEQUE O (OR	NOE OF:  NOE	28. PLACE OF DE  THER: Nursing Home 5 Rei F WORK? M 1 YES 2	She will be to the saidence of	Part i. 24a. WAS AN PERFOR 1 YES 2  Ck only one)  Ch Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street as City or Town, State)  o the cause(a) and man	MED? NO NO NO NJURY OCC	24b. WERI AMAIL COMMON OF D 1	E AUTOPSY FINDIN ABLE PRIOR TO PLETION OF CAUSE CATH?  YES 2 MO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algulificant conditions in the condition of the conditio	DUE TO  C.  DUE TO  d.  Inpetion 2  28e. DATE Of Month, in  28e. PLACE of building  YSICIAN: To the best of inext.	O (OR AS A CONSEQUE O (OR	NOE OF:  NOE	26. PLACE OF DE  THER:   Nursing Home 5   Rei  F 28c. INJURY AT WORK?   M   1   YES 2     st, factory, office	She will be to the saidence of	Part I. 24a. WAS AN PERFOR 1 YES 2  Ck only one)  Cly or Town, State)  othe cause(a) and manume, data and place, and	NJURY OCC	24b. WERI AMAIL COMMON OF D 1	E AUTOPSY FINDIN ABLE PRIOR TO PLETION OF CAUSI EATH? YES 2 WO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER)	DUE TO  C.  DUE TO  d.  Inpetion 2  28e. DATE Of Month, in  28e. PLACE of building  YSICIAN: To the best of inext.	O (OR AS A CONSEQUE O (OR	NOE OF:  NOE	26. PLACE OF DE  THER:   Nursing Home 5   Rei  F 28c. INJURY AT WORK?   M   1   YES 2     st, factory, office	She wilven in P	Part I. 24a. WAS AN PERFOR 1 YES 2  Ck only one)  Cly or Town, State)  othe cause(a) and manume, data and place, and	NJURY OCC	24b. WERI AMAIL COMMOF D 1 URED or Rural Route I	E AUTOPSY FINDIN ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER)	DUE TO  C. DUE TO  d	O (OR AS A CONSEQUE O (OR	NOE OF):  NOE OF):  NOE OF):  Ulting In t  Bb. TIME O INJURY  farm, stre- occurred a partigation, I	26. PLACE OF DE  THER: Nursing Home 5 Rei  \$ 28c. INJURY AT WORK?  M 1 YES 2   st, factory, office  It the time, date and place, in my opinion, death occurred.	She wilven in P	Part I. 24a. WAS AN PERFOR 1 YES 2  Ck only one)  Cly or Town, State)  othe cause(a) and manume, data and place, and	NJURY OCC	24b. WERI AMAIL COMMOF D 1 URED or Rural Route I	E AUTOPSY FINDIN ABLE PRIOR TO TAILS EATH? YES 2 DNO

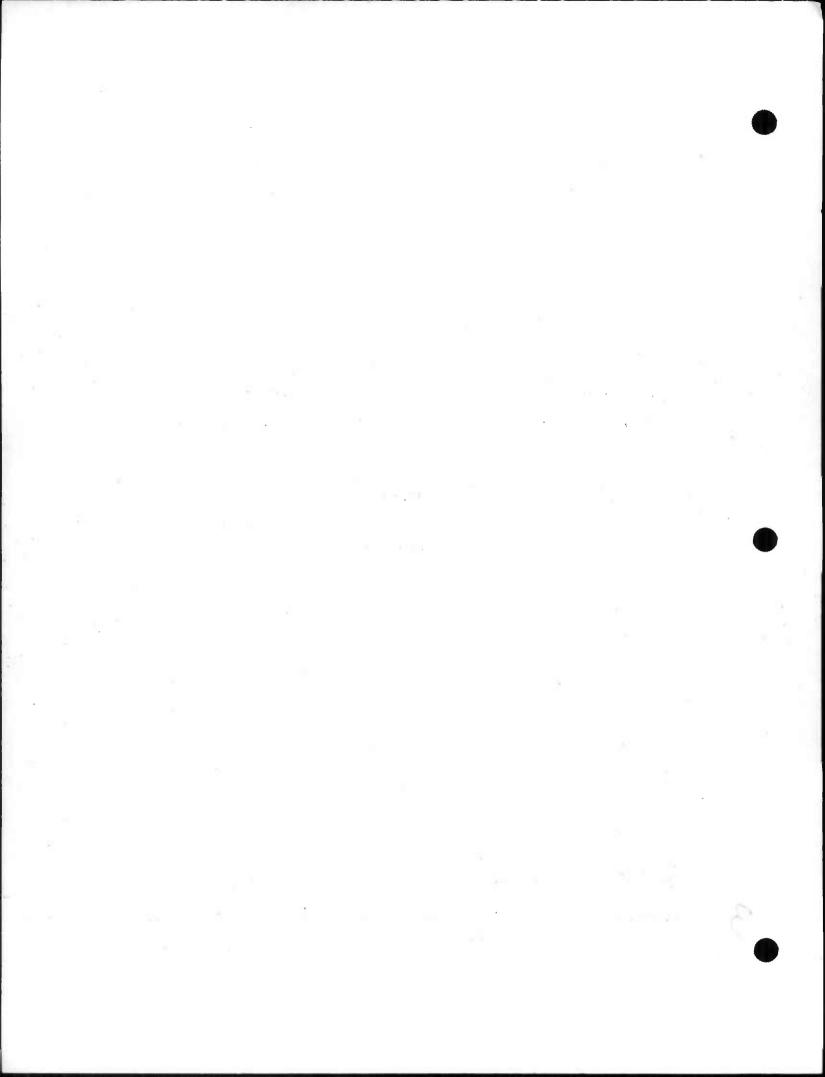


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DIVISION OF VITAL RECORDS, P.O. BOX 6876

BALTIMORE, MARYLAND 21215-0020	burs after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within burs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

		PARTMENT OF HEALTH AND TIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	94 04565				
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH				
	Levada B. Carey			994 M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birt		7. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (State or Foreign Country)				
	214-74-8625   94	TRS. MONTHS DAYS HOURS MIN.	MArch11,18					
-	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, YOWN OR LOCATION OF E	DEATH 90	. COUNTY OF DEATH				
DIRECTOR	Medbridge Nursing Home Rossville Balt							
l m	10e. STATE 10b. COUNTY 10	c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?				
	Md. Baltimore	Rossville		1 YES 2 X NO				
A L	10e. STREET AND NUMBER	101. ZIP CODE	10	g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	6600 Ridge Road	2123	7	USA				
1 2	11. MARITAL STATUS  1 ☐ Never Married 2 ☐ Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO	t3. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic		No.— 14. RACE — American Indian, Black, White, atc.				
B	3 XWidowed 4 Divorced IF YES, GIVE WAR OR DATES	1 TES 2 NO Spec		Specify:				
ED	15. DECEDENT'S EDUCATION 16s. DECED	ENT'S USUAL OCCUPATION	16b. KIND OF BUSINE	_   White				
L	(Specify only highest grade completed) (Give ki	nd of work done during most of working NOT use retired.)	I IOD. KIND OF BUSINE	33/INDU31R1				
7		usewife						
once. COMPLET	17. FATHER'S NAME (First, Middle, Last)		AME (First, Middle, Maiden Sum	iame)				
m at	John McDowell	Ra	chel Atkins	son				
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MJ	AILING ADDRESS (Street and Number or Rura						
2 F	Robert Carev 51	03 Clifford Ro	ad Baltimo	ore MD. 21236				
<u> </u>	20a. METHOD OF DISPOSITION  20b. PLACE AND Commelton 3 Removal from State  20b. PLACE AND Commelton, cremetor	DATE OF DISPOSITION (Name of	DATE 20c. LOCATI	ION — City or Town, State				
Ē	4 Donation 5 Other (Specify) Oak LA	wn Cemetery 2		ltimore Md.				
examiner must be notified at once.  TO BE COM	21. STONATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF F		of Facey				
ex ex	Connelly timeral Hon	Connelly F		timore Md.21221				
ry, or other traumatic event, the medical CERTIFICATION	Be-PART i. Enter the diseases, or complications that caused the deeth. shock, or hear feiture. List only one cause on each line.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  But TO (OR AS A CONSEQUEN CAUSE. Enter UNDERLYING CAUSE (Disease or Injury cause.	Mutia		interval Between Onset and Death				
HE	that initiated events resulting in death) LAST	ICE OF):						
	d							
MEDICAL	PART II. Other significent conditions contributing to death but not reeuled Agree Heasian.  Calarium a	iting in the underlying ceuse given in	1 Part I. 24a. WAS AN AUT PERFORMED 1 YES 2	27 AVAILABLE PRIOR TO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (C	heck only one)					
VSICI/	1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 D	OTHER: Nursing Home 5 Residence	6 Other (Specify)					
PH.	(Month Day Year)	b. TIME OF 28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJUI	RY OCCURED				
BY 1	1 Natural 5 Pending 2 Accident Investigation	M 1 YES 2 NO						
Z8 IS TED	3 Suicide 6 Could not be detarmined 28s. PLACE DF INJURY — Al home, building, atc. (Specify)	farm, street, tactory, offica	281. LOCATION (Street and It City or Town, State)	Number or Rural Route Number,				
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death of	occurred at the time, data and place, and du	e to the cause(a) and manner	as stated				
O BE COMPLE	(Check only one) 2 MEDICAL EXAMINER: Do the basis of examination and/or invest							
S C	29b. SIGNATURE AND TITLE OF CERTIFIER							
M PUR	Mobert 1- Khit con	138	933	2/16/94				
<b>≜</b>   2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)	10 01	Ste 102 Bel the song				
	31. DATE FILED (Month, Day, Yest)	101 fluste	u RV.	Ste 102 Rel Par mg				
	St. DATE FILED (Month, Day, Year)			21018				



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1000	TENDING PHYSICIAN:	<b>DR: After this pertit</b>	flor death withghe 5
10 10 10	ATTENDING PHYSICAN:	CTOR: After this setting	after death with the S
TO HOLDING	IS ATTENDING PHYSICIAN:	PECTOR: After this sering	urs after death with the S
TO HOUSE	OR ATTENDING PHYSICIAN:	DIRECTOR: After this perting	hours after death without 5
TO HOUSE	TAL OR ATTENDING PHYSICIAN:	AL DIRECTOR: After this serting	72 hours after death with the 5
TO HOUSE	PITAL OR ATTENDING PHYSICIAN:	ERAL DIRECTOR: After this sering	in 72 hours after death with the 5
TO HOUSE	OSPITAL OR ATTENDING PHYSICIAN	UNERAL DIRECTOR: After this sering	ithin 72 hours after death with the 5
TO HOLDING	HOSPITAL OR ATTENDING PHYSICAN	FUNERAL DIRECTOR: After this serting	I within 72 hours after death without 5
The second of th	THE HOSPITAL OR ATTENDING PHYSPAN	THE FUNERAL DIFFICTOR: After this secting	led within 72 hours after death without 5
TO HOLDING	THE HOSPITAL OR ATTENDING PHYSPAM	O THE FUNERAL DIRECTOR: After this sector	e filed within 72 hours after death with the 5
TO HOLDING	TO THE HOSPITAL OR ATTENDING PHYSEAM. The Informatives that the death certificate be executed within from	TO THE FUNERAL DIFFECTOR AND THE PETITION AND THE PETITION OF THE ATTENDING PHYSICIAN AND COMPLETELY filled in	be filed within 72 hours after death with the 5

1. DECEDENT'S NAME (First, M		0	CRISJA			OF DEA		2. DATE OF DEATH	AY	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	ME-	S, SEX	8. AGE (In yrs. la		IF UNDER 1 Y	-	04.400	2 /(		94	G - 00 F
227-10-5871		1 ( M 2   F	80	YRS.		AYS HOURS	MIN.	(Month, Day, Year) APR. 7, 19		VIRGI	
9a, FACILITY NAME (If not instit		reet and number)	00			WN OR LOCAT				TY OF DEAT	
GOOD SAMARITA	GOOD SAMARITAN HOSPITAL BALTIMORE										
GOOD SAMARITA  RESIDENCE OF DECE  10a. STATE  MARYLAND	DENT Db. COUNTY								100	I. INSIDE CITY	
MARYLAND BALTIMORE								15	LIMITS?		
10s. STREET AND NUMBER  10s. STREET AND NUMBER  10s. CITIZEN OF WIND 21206								EN OF WHA	COUNTRY?		
10e. STREET AND NUMBER 5628 BELAIR 11. MARITAL STATUS	RUAD	12. WAS DECEDED	NT EVER IN U.S. A	RMED	1 12 WM	DECEMBENT		C ORIGIN? (Specify Ve	a or No.	usa	American Indias
3 Widowed 4 Divorce		FORCES?	MAR OR DATES	NO	lf y		en, Mexican	, Puerto Ricen, etc.)	or No	Black, W Specify: WH	American Indian, hite, etc.
(Specify only h	ENT'S EDUC		(0	Give kind of	USUAL OCCU	PATION ng most of work	ing	16b. KIND OF BU	SINESS/INDU	ISTRY	
Elementary/Secondary (0-12 10 17. FATHER'S NAME (First, Midd	)	College (1-4 or 5	+)	HATRE	RESSE	R					
17. FATHER'S NAME (First, Midd	ie, Last)			11/12/1/2	TEOOL		HER'S NAM	NE (First, Middle, Maiden	Sumame)		
I JUSEPH		LEGG	IN			EM				MYE	RS
19a. INFORMANT'S NAME (Type								oute Number, City or Tox			
JULIA M. CRI							RALI	IMORE, MD			
20s. METHOD OF DISPOSITION  1  Burtel 2  Cremation  4  Donation 5  Other (S)	3 Remo	rvel from State	20b. PLACE cometery. cr PARK		OF DISPOSITION	N (Neme of	2	118/94 BA			
21. SIONATURE OF FUNERAL S						ME AND ADDRE			LITTOI	, rii	
21. SIONATURE OF FUNERAL SERVICE LICENSEE  MARK J. ZAVOYNA  22. NAME AND ADDRESS OF FACILITY LEONARD J. RUCK INC. 5305 HARFORD ROAD BALTIMORE, MD. 21214											
IMMEDIATE CAUSE (Final disease or condition resulting in death)		DUE TO	ONGESTO OF AS A CONSE CUTEMIC	EOUENCE O	F):		_				Interval Betwonset and Do
if any, leading to immedia cause. Enter UNDERLYING	Sequentially list conditions, if any, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										40 YK
	conditions	contributing to	death but not	reaulting	In the unde	rlying cause	given in F				RE AUTOPSY FINDII
PART ii. Other algolificant	ATRIA FIBRILLATION PERFORMED?							co	MPLETION DF CAUS DEATH?		
	remi	CREWA	2 FATE	unt							YES 2 1 10
OF WHICH CASE DESERVED TO	encal I										
25. WAS CASE REFERRED TO A EXAMINER?  1 YES 2 NO	LUICAL	HOSPITAL:	FR/Outnotlant	3 🗆 004	OTHER:	Mome &					
27. MANNER OF DEATH  1 Netural 5 Pe	nding eatigation	28e. DATE OF		28b. TIM	E OF 28	c. INJURY AT WORK?		8 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCU	URED	
	uld not be ermined	28e. PLACE ( building	OF INJURY — At h	ome, 1erm,	street, factory	office		26f. LOCATION (Street City or Town, State	and Number o	or Rural Route	Number,
000)								to the cause(a) and me lime, data and place, a			d menner as state
296. SIGNATURE AND TITLE OF	2121	- M					ENSE NUM		29d. DATE	SIGNED (Mo	onth, Day, Year)
30. NAME AND ADDRESS OF P	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  DENNIS ROY IMPERSO GOD SAMARITAN HOSPITAL BATTHING MD										
DENNIS ROY 31. DATE FILED (Month, Day, 19) FEB 1 8	ini		GOOD S		CITAN	Hospi	MAZ	BALTE	nemo	MI	n

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DIVISION OF VITAL RECORDS, P.O. BOX 68

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examples must be netitled at once.

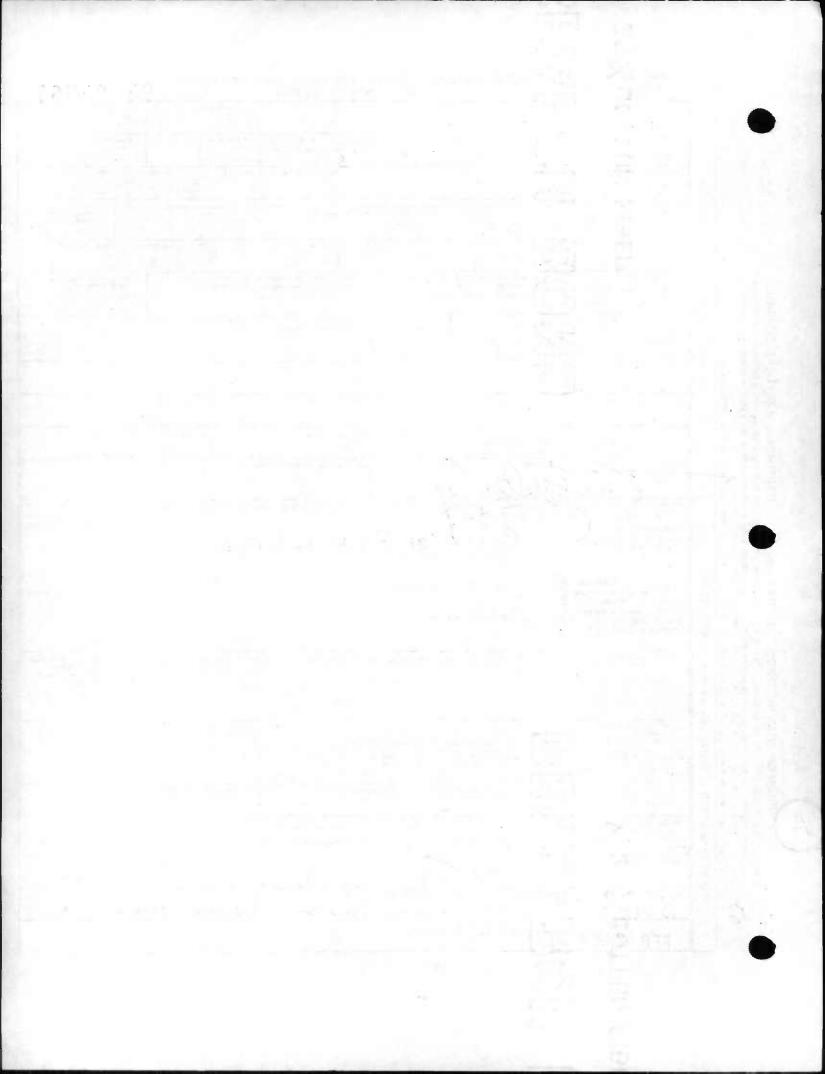
Sundu 2/2 31. DATE FILED (Month, Day, Your) FEB 1 8 1994

	Ime Addeddin ( and)					-	DEAT			REG. N		36	165	-
1. DECEDENT'S NAME (F)	Jeanne	Dagirma	aniian							nte of beath oruary		1 den.	3. TIME OF D	O P
4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER 1 Y	YEAR	IF UNDER	24 HBS	7 D/	TE OF BIRTH			NPLACE (State o	
214-78-38		YRS.			HOURS	MIN.	6-	nth, Day, Year) Country) 24-58 Virgin			try)	roraigii		
9e. FACILITY NAME (# no					9b. CITY, T	NO MWO	R LOCATIO	ON OF D	EATN	3.5	9c. CO	UNTY OF	DEATH	
7504 Haines Court						1					Pr	ince	George	
7504 Hair RESIDENCE OF D 10e. STATE  Maryland	10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCATIO	ON		_				10d. INSIDE C	ITY
Maryland	Pri	nce Georg	ge	Lau	irel								LIMITS?	□ NO
100. STREET AND NUMBER				_		10f, 2	ZIP CODE	E			10g. CI	TIZEN OF	WHAT COUNTRY	7
7504 Hair	nes Cou	rt				2	20707	7			US	A		
100. STREET AND NUMBE 7504 Hair 11. MARITAL STATUS 1 □ Never Married 2		FORCES?	NT EVER IN U.S. A t YES 2 2 WAR OR DATES	NO	lf y	yes, spec		n, Mexica	n, Pue	GIN? (Specify to Rican, etc.)	Yee or No-	14. RAC Blac Spe	E — American I	ndlan,
3 Widowed 4 D	livorced		WILL OIL DATES			160 8	2 (3410)	Specif	у.			Whi		
/Snorth,	ECEOENT'S EDU	ICATION completed)	18e. E	ECEDENT'S	USUAL OCC	UPATION	N t of workin	na		t6b. KIND OF	OUSINESS/IN	IOUSTRY		
Elementary/Secondary	y (0-12)	College (1-4 or 5	- 8	le. Do NOT u	se retired.)									
Elementary/Secondary 12 17. FATNER'S NAME (First	7272	0		Home	naker					Home				
										st, Middle, Maid	len Surneme)			
Eugene Bo										iers				
			1							umber, City or				
David A.		anjian	000 BL 400		Haine OF DISPOSITI			<u> </u>				-		_
1 Burial 2 Creme 4 Donation 5 Ott	ollon 3 🗆 Hem	noval from State	cemetery, c	rematory or o	ther place)			_			LOCATION -			
21. SIGNATURE OF FUNE			Bares	more	_wasni	lngr	on (	.rem	aro	rv II.a	ure .	Mar	vland	
1/	73		/ /				D ADORES			- 7 - 1 - LU	02.02.			
	(1,00)	to I ha	0/2		Fle	ME AND	Fune	ss of FA	Ho	me, IN	c.			
1 9	Pale	telba	elay		Fle 760	eck	Fune	eral Sp	Ho rin	me, IN	c. Lau	rel.		707
23. PART I. Enter the ahock, or	diseases, or heart failure.	complications the	cauted the c	death. Do	Fle 760	eck	Fune	eral Sp	Ho rin	me, IN	c. Lau	rel.		imete
ahock, or	r hedirt fallure. Finali	complications the	cauted the c	10.	Fle 760	AME AND	Fune Sandy	eral y Sp	Ho rin	me, IN g Road erdiec or re	c. Lau	rel.	MD 20	Imete Betwe
ahock, or	r hedirt fallure. Finali	List only one call	rebre	4	Fle 760 not enter the	AME AND	Fune Sandy	eral y Sp	Ho rin	me, IN g Road erdiec or re	c. Lau	rel.	MD 20	Imete Betwe
ahock, or iMMEDIATE CAUSE (disease or condition resulting in death)	r hedirt fallure. Finali	List only one call	Cautad/the cose poletic life	4	Fle 760 not enter the	AME AND	Fune Sandy	eral y Sp	Ho rin	me, IN g Road erdiec or re	c. Lau	rel.	MD 20	imete Betwe
ahock, or iMMEDIATE CAUSE (disease or condition resulting in death)	Final	DUE TO	O (OR AS A CONS	EOUENCE O	22. NA F1e 760 not enter the 210 d	AME AND	Fune Sandy	eral y Sp	Ho rin	me, IN g Road erdiec or re	c. Lau	rel.	MD 20	imete Betwe
ahock, or iMMEDIATE CAUSE (disease or condition resulting in death)	ditions, nediste	DUE TO	rebre	EOUENCE O	22. NA F1e 760 not enter the 210 d	AME AND	Fune Sandy	eral y Sp	Ho rin	me, IN g Road erdiec or re	c. Lau	rel.	MD 20	Betwe
ahock, or iMMEDIATE CAUSE (disease or condition resulting in death)	ditions, nediste	DUE TO	O (OR AS A CONS	EOUENCE O	22. NA F1e 760 not enter the 21/0 d	AME AND	Fune Sandy	eral y Sp	Ho rin	me, IN g Road erdiec or re	c. Lau	rel.	MD 20	imete Betwe
ahock, or iMMEDIATE CAUSE (disease or condition resulting in death)	ditiona, nediste	DUE TO	O (OR AS A CONS	EOUENCE O	22. NA F1e 760 not enter the 21/0 d	AME AND	Fune Sandy	eral y Sp	Ho rin	me, IN g Road erdiec or re	c. Lau	rel.	MD 20	imete Betwe
shock, or immediate Cause (disease or condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERI CAUSE (Disease or lithat initiated events resulting in death) Little	ditiona, nedlete LYING njury	DUE TO  DUE TO  DUE TO  DUE TO	O (OR AS A CONS	EOUENCE O	22. NA F1e   760	AME AND ECK OI S The mod	Fune Sandy die of dyl	ss of Faceral y Sp ing, suc	Ho rin	me, IN g Road	C • Lau applratory e	rel,	MD 20 Approx Interva Onset	Imete Betweend De
shock, or immediate cause (disease or condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDER CAUSE (Disease or lithat initiated events resulting in death) Library II. Other significant causes of the cause o	ditiona, nedlete LYING njury	DUE TO  DUE TO  DUE TO  DUE TO	O (OR AS A CONS	EOUENCE O	22. NA F1e   760	AME AND ECK OI S The mod	Fune Sandy die of dyl	ss of Faceral y Sp ing, suc	Ho rin	me, INg Road erdiec or re	c. Lau	rel,	MD 2( Approximaterya Onset )	r Finding
shock, or immediate cause (disease or condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDER CAUSE (Disease or lithat initiated events resulting in death) Library II. Other significant causes of the cause o	ditiona, nedlete LYING njury	DUE TO  DUE TO  DUE TO  DUE TO	O (OR AS A CONS	EOUENCE O	22. NA F1e   760	AME AND ECK OI S The mod	Fune Sandy die of dyl	ss of Faceral y Sp ing, suc	Ho rin	me, INg Road erdiec or re	C .  Lau apiratory e	rel,	MD 20 Approximaterya Onset	r Findin
ahock, or iMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list come if any, leading to improve the cause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Library in the cause.	ditiona, nedlete LYING njury	DUE TO  DUE TO  DUE TO  d.	O (OR AS A CONS	EOUENCE O	22. NA F1e   760	AME AND ECK OI S The mod	Fune Sandy die of dyl	ss of Faceral y Sp ing, suc	Ho rin	me, INg Road erdiec or re	C .  Lau apiratory e	rel,	MD 20 Approxinterva Onset	Y FINDIN OR TO
ahock, or iMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list come if any, leading to improve the cause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Library in the cause.	ditiona, nedlete LYING night of conditions conditions.	DUE TO  DUE TO  DUE TO  d.	O (OR AS A CONS	EOUENCE O	22. NA F1e 760 not enter the 2/10 definition of the 1/10 definition	AME AND SERVICE AN	D ADORES Fune Sandy ie of dyi	ss of Fa	Ho rin	me, IN g Road erdiec or re	C .  Lau apiratory e	rel,	MD 20 Approximaterya Onset	r Finding of Cause
ahock, or almost and a second to the condition resulting in death)  Sequentially list come if any, leading to impresse. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) L.	ditiona, nedlete LYING night of conditions conditions.	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  HOSPITAL:	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	EOUENCE O	22. NA F1e 760 not enter th  2/10 F1: F1: F1: The under	eck )1 S ne mod	D ADORES Fune Sandy to of dyl  Cause (	ss of Fa	Ho rin the as c	me, INg Road erdiec or re  24e. WAS PERI 1 YES	C .  Lau apiratory e	rel,	MD 20 Approximaterya Onset	r Finding of Cause
ahock, or almost and a second to the condition resulting in death)  Sequentially list come if any, leading to impresse. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) L.	ditiona, nedlete LYING night of conditions conditions.	DUE TO  DUE TO	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O death but not	EOUENCE O  EOUENCE O  EOUENCE O  Tresulting	22. NA F1e 760 not enter th    100	eck DIS ne mode	cause of	ss of Fa	Part I	me, INg Road g Road erdiec or re  24e. WAS PERI 1  YES	AN AUTOPS:	rel,	MD 20 Approximaterya Onset	r Finding of Cause
ahock, or iMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list comit any, leading to impresse. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Library in the cause. Examiner?  1. Other significations are caused in the cause of	ditions, nedlate LYING njury AST	DUE TO  DUE TO	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O death but not	EOUENCE O  EOUENCE O  EOUENCE O  Tresulting	22. NA F1e 760 not enter th    100	eck )1 S ne mod  26. PLA 19 Nome work work	Cause of Cau	ss of Faceral y Sp ing, suc	Part I	me, INg Road erdiec or re  24e. WAS PERI 1 YES	AN AUTOPS:	rel,	MD 20 Approximaterya Onset	Y FINDIN OR TO
ahock, or iMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list condition if any, leading to impresse. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Lipart III. Other significations are in the impression of the	ditiona, mediate LYING injury  AST  To MEDICAL  Pending investigation	DUE TO  DUE TO	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O death but not ER/Outpatient F INJURY Day, Year)	EOUENCE O  EOUENCE O  EOUENCE O  Tresulting	22. NA F1e 760 not enter th 2/10 F1: F1:  In the under  OTHER: 4   Nursin 14   Nursin 15   Nursin 16   Nursin 17   Nursin	eck )1 S ne mod  26. PLAN  26. PLAN  80. ININI  WOR  1 YE	Cause (	ss of Faceral y Sp ing, suc	Part I	24a. WAS PERI 1 YES	AN AUTOPS) ORMED? 2 \( \text{NO} \text{NO} \text{NO} \text{NO} \text{VINJURY O}	rel,	MD 20 Approximaterya Onset	r Finding of Cause
Abock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list control of the course. Enter UNDER CAUSE (Disease or lithat initiated events resulting in death) Lithat Initiated events resulting in death) Lithat CAUSE (Disease or lithat initiated events resulting in death) Lithat CAUSE (Disease or lithat initiated events resulting in death) Lithat CAUSE (Disease or lithat initiated events resulting in death) Lithat CAUSE (Disease or lithat initiated events and initiated events are lithat courselves and initiated events are lithat courselves and lithat courselves are lithat courselves are lithat courselves and lithat courselves are lithat courselves and lithat courselves are lithat courselves are lithat courselves and lithat courselves are lithat courselves ar	ditions, nedlate LYING njury AST	DUE TO  DUE TO	O (OR AS A CONS O death but not	EOUENCE O  EOUENCE O  EOUENCE O  Tresulting	22. NA F1e 760 not enter th 2/10 F1: F1:  In the under  OTHER: 4   Nursin 14   Nursin 15   Nursin 16   Nursin 17   Nursin	eck )1 S ne mod  26. PLAN  26. PLAN  80. ININI  WOR  1 YE	Cause (	ss of Faceral y Sp ing, suc	Part i	24a. WAS PERI 1 YES	C. Lau spiratory e  AN AUTOPS: FORMED? 2 \( \text{NO} \) W INJURY O	rel,	MD 20 Approximaterya Onset	r Finding of Cause
Abock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list control of the course. Enter UNDER CAUSE (Disease or lithat initiated events resulting in death) Lithat Initiated events resulting in death) Lithat CAUSE (Disease or lithat initiated events resulting in death) Lithat CAUSE (Disease or lithat initiated events resulting in death) Lithat CAUSE (Disease or lithat initiated events resulting in death) Lithat CAUSE (Disease or lithat initiated events and initiated events are lithat courselves and initiated events are lithat courselves and lithat courselves are lithat courselves are lithat courselves and lithat courselves are lithat courselves and lithat courselves are lithat courselves ar	ditiona, nediate LYING njury AST  To MEDICAL  Pending investigation  Could not be detarmined	DUE TO  DUE TO	O (OR AS A CONS O death but not FINJURY Day, Year) OF INJURY — At I	EOUENCE O  EOUENCE O  EOUENCE O  Tresulting  2 8b. Tilk. IN.	22. NA F1e 760 not enter th 2/10 F1: F1: F1: F1: F2: F3: F3: F3: F3: F3: F3: F3: F3: F3: F4: F3: F4: F4: F4: F4: F4: F4: F4: F4: F4: F4	eck DIS ne mod  26. PLAng Nome 8c. INJURY 1 UP YE	Cause (	ss of FA	Part 6	24e. WAS PERI 1 YES Tone)  COCATION (Street)  OCCATION (Street)  OCCATION (Street)	AN AUTOPSI FORMED?  2 \sum NO W INJURY O	rel, rrest,  24  CCUREO or or Rural	MD 20 Approximaterya Onset	Y FINDIN OR TO
ahock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list comit any, leading to immicause. Enter UNDERI CAUSE (Disease or lithat initiated events resulting in death) Library 1. Other aigniff  25. WAS CASE REFERRET EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide	ditiona, mediate LYING njury AST  TO MEDICAL  Pending investigation  Could not be determined	DUE TO  DUE TO	O (OR AS A CONS O (OR AS A CON	EOUENCE O  EOUENCE O  EOUENCE O  Tresulting  3 DOA  28b. Till (IN.)	22. NA F1e 760 not enter th 760 F1: F1: F1: F1: F2: F3: F3: F3: F4   Nursin E OF JURY M street, factory	eck DIS ne mode  26. PLA  26. PLA  26. PLA  37. WUOR  1   Ye  47. Office	Cause (	ss of FA	Part I	24e. WAS PERI 1 YES Tone)  Cone)  Cone)	AN AUTOPS: CORMED? 2 NO W INJURY O	rel, rrest,  24  CCUREO er or Rural	MD 20 ApproxInterva Onset  b. WERE AUTOPS AMALABLE PR COMPLETION 1 OF OCATH?  1 YES 2	Imete Betweend De Permit Principal P

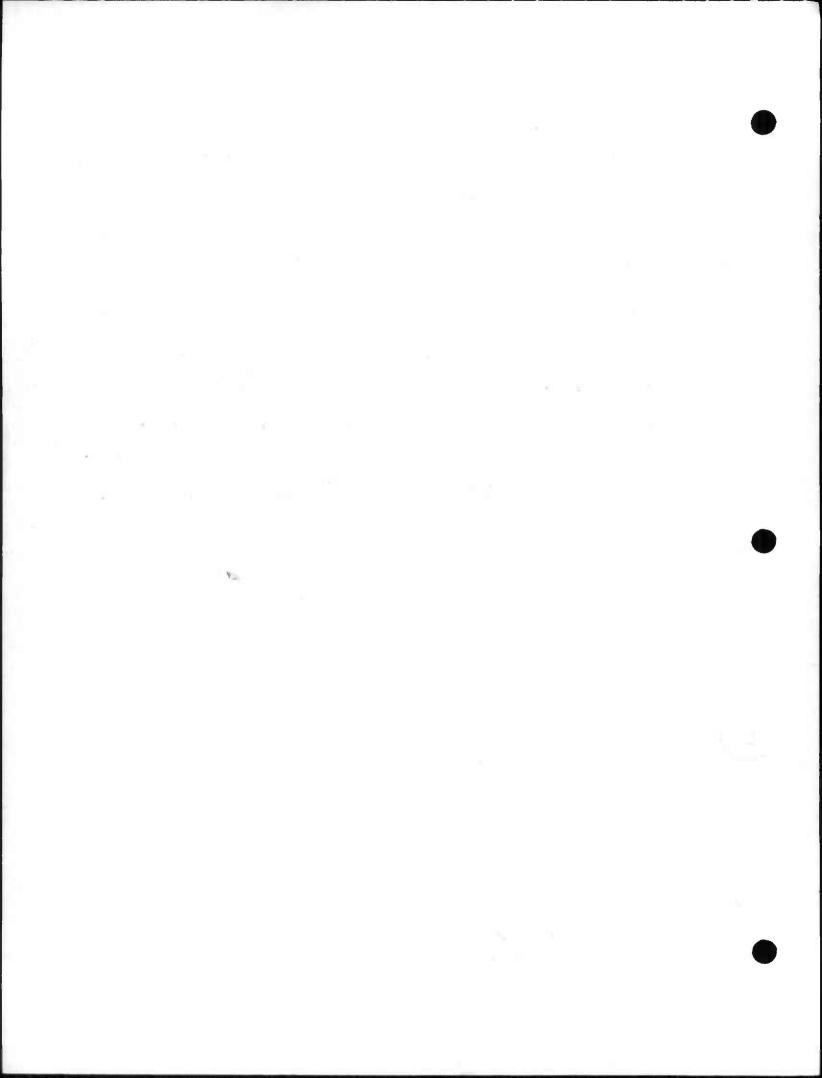
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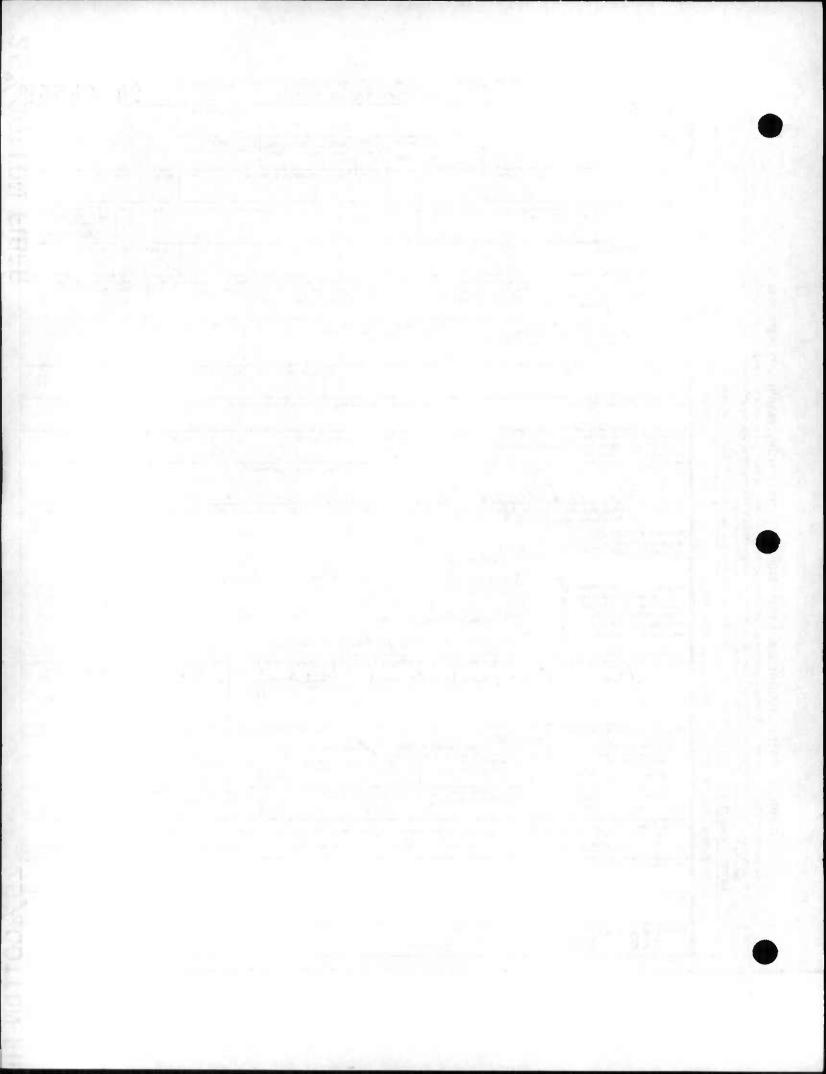
		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA CERTIFIC	MENT OF H	EALTH AND M	IENTAL HYGIEN	6.3	4 04568
	- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	- 1	Ernest Dobos, Jr.					MONTH D		4:18 PM
		4. SOCIAL SECURITY NUMBER 5.	. SEX 8. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
		2-0 -0 ,2,5	<del>x</del> <sup>M 2</sup> □ F 83	YRS.	WINS DATS	HOURS MIN.	10/20/191		Maryland
	_	9a. FACILITY NAME (If not institution, give street			. CITY, TOWN O	R LOCATION OF DEA	тн	9c. COUNTY	
	2	Carroll County Gen	Car	roll					
	DIRECTOR	10a. STATE 10b. COUNTY	NTY 10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY
	흅	Md		Fink	sburg				1 X YES 2 NO
	¥	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	NER	1500 Deer Park Roa				21048			USA
	E S	11. MARITAL STATUS 12 1 Never Married 2 Married	P. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 JNO		NDENT OF HISPANI city Cuban, Mexican	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.
	à	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES 12	1 TYES	2 NO Specify:			Specify:
		15. DECEDENT'S EDUCATI (Specify only highest grade con-		16a. DECEDENT'S US	UAL OCCUPATIO	N	18b. KIND OF BUS		White
	<u>.  </u>	Elementary/Secondary (0-12) C	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos tired.)	t of working			
45	COMPL	12		Electron	ic Sale	s	Self-	employ	ed
OUC	ဗ	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Malden	Surname)	
e pe	닒	Ernest Dobos, Sr.		_			Windish		
notified at once.	2	Shirles Dobos					oute Number, City or Tow		
De l		Shirley Dobos 20a. METHOD OF DISPOSITION	205	PLACEAND DATE OF D			Finksburg		21048 or Town, Stelle
Hust		1 57 Burtal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		orraine P		id Of		1timor	
ner		21. SIGNATURE OF FUNERAL SERVICE LICENS		orrarie r	22. NAME AN	D ADDRESS OF FAC	ILITY		c, ild.
жаш	Ì	DA XI	M-BILLE	(00) 11		-	n Funeral		
Ical		23. PART i. Enter the disesses, or com		the death. Do not			Avenue,		
Hed		shock, or haart fallure. List	t only one cause on ea	ch lina.		,,,			interval Between Onset and Death
the state of		iMMEDIATE CAUSE (Final disease or condition	Cardioc	genic Shoo	b				Onset and Death
vent	i	resulting in daeth) a		CONSEQUENCE OF):	JIC				
Injury, or other traumatic event, the medical examiner must be	Z	Sequantially list conditions,	Acute N	Myocardial	Infar	ction			Days
эпша	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	0				
er tr	<u> </u>	CAUSE (Disease or Injury	DUF TO (OR AS A	CONSEQUENCE OF):					
r ot		thet initieted events resulting in death) LAST							į
J,	<u>⊟</u>	0							
	<u> </u>	PART II. Other significent conditions of		it not rasuiting in t	ha underlying	cause given in F	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
shows any	MEDIC	CVA, prior mult Migraine Headac	apre MI:s				1 YES 2	X NO	OF DEATH?
shov v	<u> </u>	мизнати пеший	ine						1 🗆 YES 2 🖔 NO
8	AN	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Chec	ok only one)		
3	PHYSICIAN:	EXAMINER? 1/	QSPITAL:		THER:	5 Residence 6			
6 '0	Ě	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	₹ 28c. INJU	IRY AT	28d. DESCRIBE HOW II	NJURY OCCUR	ED
	BY	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		ES 2 NO			
1.5		3 Suicida 8 Could not be	28a. PLACE OF INJURY - building, etc. (Specif	— At home, term, etra:	at, factory, offica		26t. LOCATION (Street & City or Town, State)	and Number or I	Rural Route Number,
64		4 Homicide detarmined							
f iten	로	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowle	edga, death occurred a	t the time, date	and placa, and due t	o the cause(s) and mer	ner es stated.	
NI.	COMPL	2 MEDICAL EXAMINER: 0	In the basis of examination	and/or investigation, i	n my opinion, de	ath occured at the t	lme, data and place, an	d dua to the co	suse(s) and manner as stated.
		29b. SIGNATURE AND TITLE OF CERTIFIED	120 a Da	A 4		29c. LICENSE NUM		29d. DATE SI	GNED (Month, Day, Year)
M.	ᄥᆘ		MINICALLY.		$\sim$	1)/	23015	<b>P</b> 3	2/17/94
	O BE					37			
_ [ '	TO BE	30. NAME AND ADDRESS OF PERSON WHO CO		TH (ITEM 27) (Type, Pri	nt)				
		30. NAME AND ADDRESS OF PERSON WHO CO  D. S. Kalaria, M  31. DATE FILED (Angelin, Day, Sparing 94)		TH (ITEM 27) (Type, Pri	nt)		ster. Mar	uland	



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	1 - STATE REGISTRAR	CERTIFICATE OF		REG. NO.	94 0456
	1. DECEDENT'S NAME (First, Middle, Last)  EUZABETH C.DK/  4. SOCIAL SECURITY NUMBER 5. SEX ( 8. AGI	E (in yrs. last birthday)   IF UNDER 1 YEA		7	3. TIME OF DEATH  710  8. BIRTHPLACE (State or Foreign
L DIRECTOR	212-26-2825 1 M 2 F 8  9a. FACILITY NAME (If not institution, give street and number)	87 YRS. MONTHS DAY		(Month, Day, Year) 10-03-06	Country)  Maryland TY OF DEATH
	Harbor Hospital Center	Ba	ltimore		
	Maryland 10b. COUNTY	10c. CITY, TOWN OR LO	more		10d. INSIDE CITY LIMITS? 1 X XES 2 NO
FUNERAL	100. STREET AND NUMBER  617 St. Johns Lane  11. MARITAL STATUS  12. WAS DECEDENT EVER	DIALIS ADMED 12 MAG	101. ZIP CODE  21210  DECENDENT OF HISPANIC O	Ţ	EN OF WHAT COUNTRY?  J. S. A.  14. RACE — American Indian,
B≼	1 Never Merried 2 Merried FORCES? 1 YE IF YES, GIVE WAR OR	S 2 PHO It yes	yes a NO Specify:		Black, White, etc.  Specify:  White
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.)	ATION most of working	16b. KIND OF BUSINESS/INDU	
COMPL	8 17. FATHER'S NAME (First, Middle, Last) William Mummert	Homemaker	16. MOTHER'S NAME (	First, Middle, Maiden Surname) Wisner	
TO BE	198. INFORMANT'S NAME (Type/Print) Letitia Weise		eet and Number or Rural Route	Number, City or Town, State, Zip of Catonsvil	2.220
	20a. METHOD OF DISPOSITION 2	ob. PLACE AND DATE OF DISPOSITION emetery, cremetory or other place)  Druid Ridge	Cemetery 2  E AND ADDRESS OF FACILITY	DATE 20c LOCATION — C	lle, Mary
ERTIFICATION	- gustrox	A CONSEQUENCE OF):	obstruct	m'	
RTIFICA	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	s a consequence of):	Sum	Mary John	
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  L Dut not resulting in the underly	Sylving cause given in Pari	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
SICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other eignificent conditions contributing to death  Cash June 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	B A CONSEQUENCE OF):  Legis S	B. PLACE OF DEATH (Chock of	PERFORMED?  1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST  PART II. Other eignificent conditions contributing to death  Cash Decrease Cash Reference to Medical  EXAMINER?  1 YES 2 NO  1 Inperient 2 ER/Or  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending	B A CONSEQUENCE OF):  L Dut not resulting in the underline of the underlin	B. PLACE OF DEATH (Check of Home 5 - Residence 6 -	PERFORMED?  1 YES 2 NO	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?
BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST  PART II. Other significent conditions contributing to death  CAUSE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   Inpetient 2   ER/OR    27. MANNER OF DEATH   28s. DATE OF INJURE (Month, Dey. Year Investigation   1   Netural   1   Netural   2   Accident   Investigation   1   Netural   N	B A CONSEQUENCE OF):  Light of resulting in the underly of the second of	B. PLACE OF DEATH (Check of Home 5   Residence 6   No. 1974 AT WORK?   YES 2   NO	PERFORMED?  1 YES 2 NO  Other (Specify)	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/ON  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be	B A CONSEQUENCE OF):  Lagrangian September 1 September 1 September 2 September 1 September 2 September	B. PLACE OF DEATH (Check of Mome 5   Residence 6   NJURY AT WORK?   YES 2   NO office 286	PERFORMED?  1 YES 2 NO  Other (Specify)  5. DESCRIBE HOW INJURY OCCI City or Town, State)	AMILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1  YES 2 NO  URED  Or Rural Route Number,
PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST  PART II. Other significent conditions contributing to death Cause Cause (Disease or Injury thet initiated eventa resulting in death) LAST  PART II. Other significent conditions contributing to death Cause (Disease or Injury thet initiated eventa resulting in death) LAST  PART II. Other significent conditions contributing to death Cause Cause (Disease or Injury 1   Inpetion 2   ER/On 2   ER	B A CONSEQUENCE OF):  Lagrangian September 1 September 1 September 2 September 1 September 2 September	B. PLACE OF DEATH (Check of Mome 5   Residence 6   NJURY AT WORK?   YES 2   NO office 286	PERFORMED?  1 YES 2 NO  Other (Specify)  5. DESCRIBE HOW INJURY OCCI  City or Yown, State)  The cause(a) and manner as state  to data and place, and due to the	1   YES 2   NO  URED  Or Rural Route Number,

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		funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

r death. Page 6 may be retained by the hospital or attending	he funeral director, page 5 should be detached for use as the b ral.	examiner must be notified at once.	TO BE COMPLETED BY
TO THE HOST ALL OF WITENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNEM. CHESTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within a seas after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JAMES

RUPPEL,

M.D.

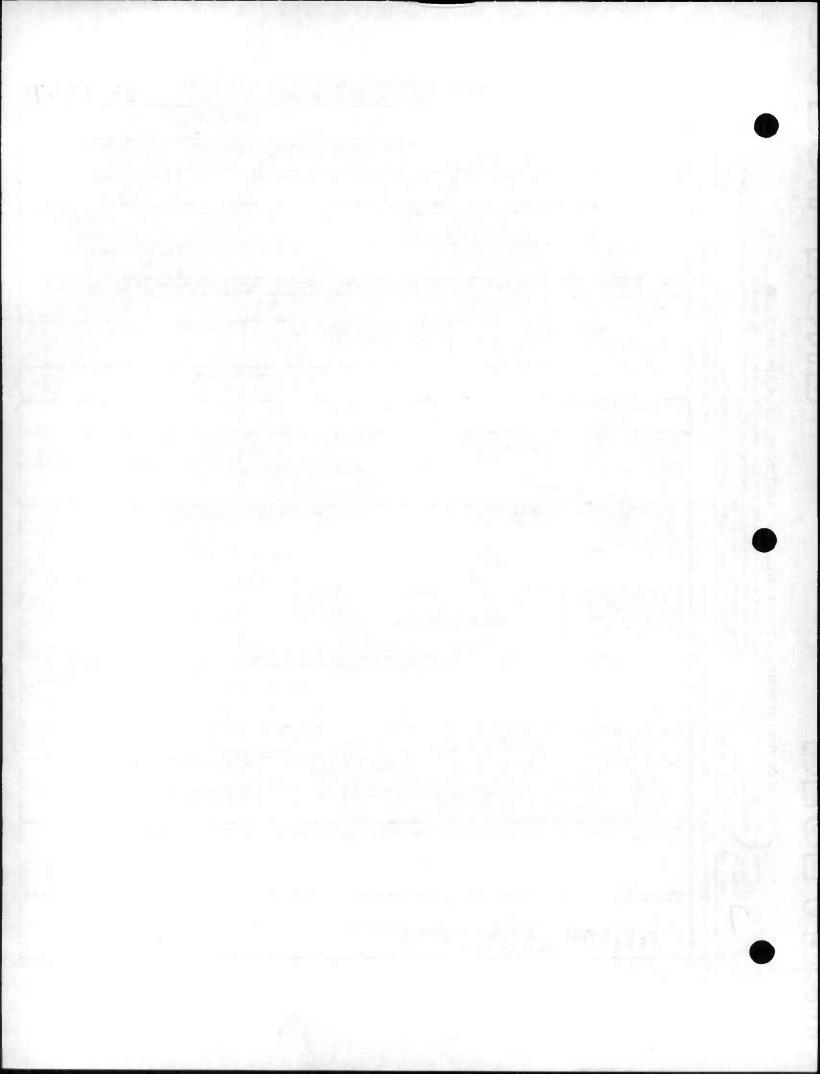
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COMPLETE	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYS 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER	ER: On the beels of exa						t the time,		due to the c		
0	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At h tc. (Specify)	nome, farm,	street, fed	tory, offic	•	281.	LOCATION (Street e. City or Town, State)	nd Number or	Rural Route N	umber,
ВУ РНУ	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day		28b. TIR		28c. INJ WO		28d	. DESCRIBE HOW IN	JURY OCCUP	RED	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE	R:	ACE OF DEATH					
AN: ME	25. WAS CASE REFERRED TO MEDICAL					28 84	ACE OF DEATH	(Check or	The cost	-3/-	10	YES 2 NO
MEDICAL	PART II. Other eignificant condition	ne contributing to d	eath but not	resulting	in the u	nderlying	g ceuse give	n in Part	1 YES 2	MED?	AWAILA	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH?
O	resulting In death) LAST	d										
ERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CONSE									
NO	Sequentielly list conditions,	b. DUE TO (C	DR AS A CONSE	S FOLIENCE O	E)							
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to (	MUM OR AS A CONSI	TYM,	6							Onset and Deati
	23. PANT I. Enter the diseases, or shock, or heart fellure.	complications that	ceused the d e on sech lin	leath. Do							,	Approximate Interval Between
	21. SIGNATURE OF PUMERAL SERVICE U	CENSEE			1	SECO	ND AVE	NUE.	SINGLET, S.W., GL.	ON FUN EN BUR	VERAL RNIE.M	HOME,
	20e, METHOD OF DISPOSITION 1 (Z Burlal 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)		20b. PLACE cemetery_ci	AND DATE	ther place	EMOR	IAL PA	RK	20c. LOC 1994 GL	EN BUI	RNIE ,	MARYLANI
0	190. INFORMANT'S NAME (Type/Print)  ED F. AD AMS			229	OBRE	CHT	ROAD,	MILL.	Number, City or Town ERSVILLE	, MD. 2	21108	
BE CO	CLARENCE HOWARD	EASTON					VIRGI	NIA	irst, Middle, Melden S H. REST			
COMPLET	Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, Last)	NONE		MME'RI			GNER		SELF EM		)	
ED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	9	ECEDENT'S Give kind of the Do NOT u	USUAL C	CCUPATIO	ON st of working		16b. KIND OF BUS	INESS/INDUS	ТВУ	
BY FUR	11. MARITAL STATUS  1 M Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1X IF YES, GIVE WAI KOREAN	EYER IN U.S. A X YES 2 T R OR DATES	RMED NO		If yes, sp		exican, Pu	RIGIN? (Specify Yea arto Rican, etc.)	or No — 14	Black, White	vericen Indian, e, etc. VHITE
FUNERAL	100. STREET AND NUMBER 229 OBRECHT ROAL	)				2	ZIP CODE			U.S.	of what c	OUNTRY?
		IE ARUNDEL		10c. CIT		LLER	SVILLE				1 🗆	NSIDE CITY LIMITS? YES X \( \) NO
DIRECTOR	229 OBRECHT ROAL		-				RSVILLE			ANNE	ARUND	
	9a. FACILITY NAME (If not institution, give		57	YRS.	9b. CIT	Y, TOWN C	OR LOCATION C	F DEATH	Month, Day, Year) 03-09-19	9c. COUNTY		
	4. SOCIAL SECURITY NUMBER 216-32-6549	5. 9EX	B. AGE (In yrs. le		IF UNDE	R 1 YEAR	IF UNDER 24 H	8 70	ATE OF BIRTH	1994	BIRTHPLACE Country)	(State or Foreign
	MALIN LEROY	EASTO	7.7					2.0	OATE OF DEATH	1004	EAR 3. TIA	ME OF DEATH

Myo completed cause of death (ITEM 27) (Type, Print)

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VISION OF VITAL RECORDS, P.O. BOX 68760

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	NTTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 m	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
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cremation, death with the State Dept, of Health and Mental Hygiene prior to burial, after

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marked, or Item 23 shows any injury, or other traumatic event,

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IMPORTANT: If Item

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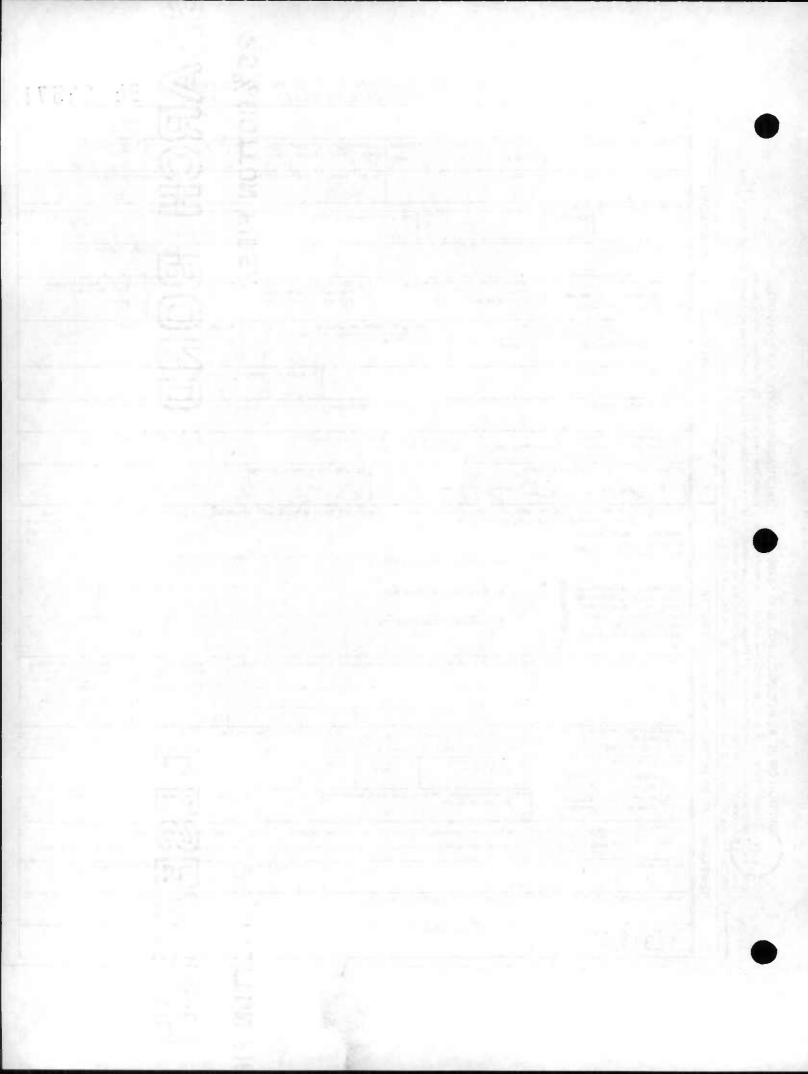
		4. SOCIAL
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examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	RESIDE
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH HARRY ECONOMIDES SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) a. BIRTNPLACE (S Country) DAYS HOURS 3-07-4261 1X M 2 | F 100 YRS. Greece 5-15-1893 ATY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH erview Nunsing Home Baltimore Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore XX YES 2 NO ET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? S. Oldham 21224 AL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FUNCES? 1 YES 2 NO if yes, specify Cuben, Mexican, Pu 1 ☐ YES 2 ☑ NO Specify: er Married 2 🔀 Married Specify: White owed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION

175 km kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) Restaurant Owner Self R'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) standinos Economides Annastasia Economide RMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) astasia E Bell Fordcrest Rd Balta HOD OF DISPOSITION
al 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE ntion 5 Other (Specify) (em lann Balto, Md TURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hantley Millen Funeral Home 7527 Hanford Rd. Balto Md. 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition teries clearie orless ( resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, Sequentiary net conductors, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? conficiel Heart taillees 1 | YES 2 | NO Poronace, Discap De mic Oleprobie 1 YES 2 NO te pertueros 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO ng Nome 5 - Residence 6 - Other (Specify) 4 U Norti 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCUREO 1 Matural 6 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, Isrm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be determined 4 Nomicide 29a. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE (17 licel (massess 19) 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 36 REGIREBATT MAIN AND FEB 1 8 1994



examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the modified examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or remain
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the tendent director, page 5 should be detached
r seam. Page 6 may be retained by the hospin	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with our series and series from be near be executed with

1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	94	04572
1. DECEDENT'S NAME. Mad	MARGARET	FRENT	Z	2. DATE OF DEATH MONTH Feb 15	1994 YEAR	3. TIME OF DEATH 2:00 am
4. SOCIAL SECURITY NUMBER 220 03 9201	5. SEX 6. AGE (In 7		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH	1.7 SIRTHE	LACE (State or Foreign
90. FACILITY NAME (If not institution Saint Joseph F	lospital	9b.	Towson, Mar		9c. COUNTY OF DE	
2 2 2 2	ounty		wn or location licott City			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	Chatham Rd.		101. ZIP CODE 21043		10g. CITIZEN OF WI	
Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2.00	13. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexico 1 YES 2 NO Specifi	en, Puerto Ricen, etc.)	or No.— 14. RACE Black, Specify	- American Indian, White, etc.
15. DECEDENT (Specify only highest Elementary Sepondary (0-12)  17. FATHER'S NAME (First, Middle, L.		6a. DECEDENT'S USU (Give kind of work ille. Do NOT use ref	done during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
***************************************	n S. Beck		16. MOTHER'S NA	E. Bauer	Surname)	
James H. Frent	ž	925 Ma	rksworth Rd.	Route Number, City or Town Balto., MD		
20e. METHOD OF DISPOSITION 3 Burlel 2 Cremetion 3 C 4 Donation 8 Other (Specify		LACEAND DATEOF DI			ation — City or Tow	
21. SIGNATURE OF PUNERAL SERV	E Sunfign	shi .	22. NAME AND ADDRESS OF FA Bruzdzinski F 1407 Eastern	uneral Home		000
23. PART i. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death)	s, or complications that caused to flure. List only one cause on each a. <b>Overien Carcin</b> DUE TO (OR AS A C	ioma	enter the mode of dying, suc	ch as cardiac or respir	atory arrest,	Approximate Interval Between Onset and Daati 2 weeks
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Coronary Arte DUE TO (OR AS A C	ONSEQUENCE OF):				2 mos.
PART II. Other algnificant cor  Bowel Obstruct  25. WAS CASE REFERRED TO MEDI EXAMINER?  1   YES 2   10  27. MANNER OF DEATH	ditions contributing to death but	not resulting in th	ie underlying ceuse given in	Pert I. 24a. WAS AN A PERFORM	NEO?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEOI EXAMINER?	HOSPITAL:	01	28. PLACE OF DEATH (C)			
	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DE\$CRIBE HOW IN	JURY OCCURED	
a Calif	28e. PLACE OF INJURY — building, etc. (Specify	At home, ferm, street	t, factory, office	28f. LOCATION (Street at City or Town, State)	nd Number or Runal Ro	oute Number,
	PHYSICIAN: To the best of my knowled					end menner ee stated.
296. SIGNATURE AND TITLE OF CE	4/		29c. LICENSE NU		29d, DATE SIGNED	
	II, M.D. ST. JOSEPH	HOSPITA	L, 7620 YORK R	OAD, TOWSO	N, MARYLA	ND 21/204

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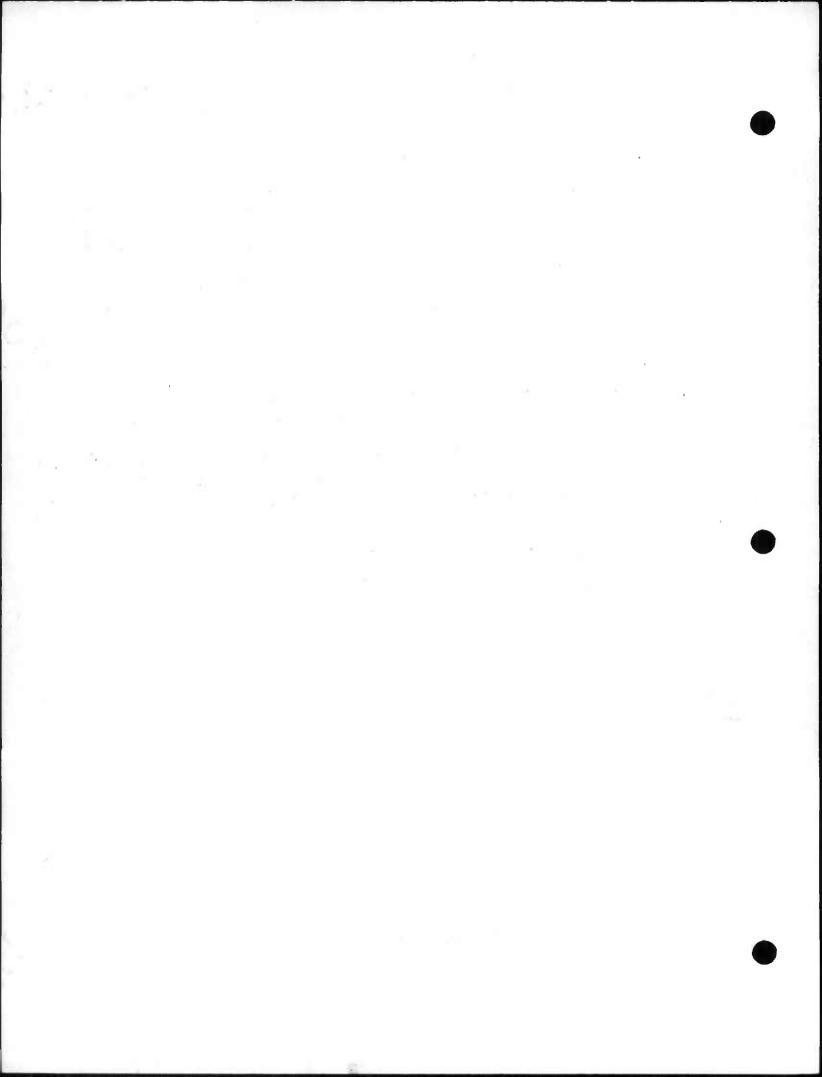
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		1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	IEALTH AND M DEATH	ENTAL HYGIEN REG. NO.	E (	01.	01.57
		1. DECEDENT'S NAME (First, Middle, Last) Daniel J. Fee	hlsz				2. DATE OF DEATH		EAR	NE OF DEATH
				yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2 16	1000 100 100		(State or Foreign
9			1 ₩ 2 □ # 92	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2/7/1902		Country)	aware
. 3 should	E E	9a. FACILITY NAME (If not institution, give street 137 Newburg Avenue	ef end number)			or location of dea insville	тн	9c. COUNTY	imore	
1, 2,	CTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		No.				рат		
ift. Pages	DIRE		timore		atonsvi					NSIDE CITY IMITS? YES 2 NO
permit.	ERAL	10e. STREET AND NUMBER			101	. ZIP CODE	_	10g. CITIZE	N OF WHAT C	OUNTRY?
an. ransit	NE NE	137 Newburg Avenue		21228					USA	
attending physician. use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 Tyes IF YES, GIVE WAR OR DAT	YES 2 NO If yes, specify Cuban, Mexican,					e, elc.	
6 .	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	mpleted)	(Give kind of wo	ork done during ma	ON ost of working	16b. KIND OF BUS	INESS/INDUS		
hospital lached fo		1 1	College (1-4 or 5+)	Yar	d Maste	r	Ra	ilroad	1	
4 5 8 E	Š	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden			
क विव	BE (	Daniel J. Feehly St	r.			Anna L	ong			
retain 5 sho	2	19e. INFORMANT'S NAME (Type/Print)					ute Number, City or Town			
		Joan Weglein  200. METHOD OF DISPOSITION	1				atonsvill			
Page 6 may be al director, page ner must be		1 & Buriel 2 Gremetion 3 Remove 4 Donation 5 Other (Specify)	al from State 20b. P	LACE AND DATE OF	er place)	ial Park	1	CATION — Cit		ite
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LICEN		adowitug	V	ND ADDRESS OF FACI		TCIMOL	e, ma	
hours after death. Pag of in by the funeral dla or removal.		D, 21	7 4.0				n Funeral			
		23. PART i. Enter the diseases, or con		1000 []	1736 E	dmondson	Avenue B	alto 2	1228	Approximate
tely fille mation,		shock, or haert fallure. Lie iMMEDIATE CAUSE (Finel	metasta	ch lina.						Interval Betwee Onset and Deat
th certificate be executed by the certificate be executed by the certification and a Hygiene prior to bur or other traumatic	ERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C							
the death the attended Mental	AL C	PART ii. Other significent conditions	contributing to deeth but	not resulting in	the underlying	g ceuse given in P	art I. 24s. WAS AN	AUTOPSY	24b. WERE	AUTOPSY FINDINGS
RECOK dustes of a	: MEDIC						PERFOR		OF DE	ABLE PRIOR TO LETION OF CAUSE EATH? YES 2 NO
A He in the in	SICIAN	25. WAS CASE REFERRED TO MEDICAL			26. Pt	ACE OF DEATH (Chec	k only one)		1	
	Sic		OSPITAL:		OTHER:  United States of the Indian States of the I	ne 5 Residence 8	Other (Specify)			
PHYSIC OF WHIT IS AND THERE,	PHY	27. MANNER OF OEATH  1 Netural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	26b. TIME INJU		PRK?	28d. OEŞCRIBE HOW II	NJURY OCCUP	RED	
DIRECTOR: After bours after death tem 28 Is mail	TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, lerm, st			28I. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			
AL DR AL DIRE 12 hour	COMPLET	opel	AN: To the beet of my knowled						, ,	
HOSPITAL FUNERAL within 72		29b. SIGNATURE AND TITLE OF CERTIFIER		- Indiana in the second	, in thy opinion, o					
로 를 들는 사람들이 되는 사람들이 되는 것이다.	BE	armine	~~			29c. LICENSE NUME	78	29d. DATE S	IGNED (Mont	, Day, Year)
₽ ₽ 3 <b>%</b>	2	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, I	Print)	10900	00	1	11/1	17
12		June Breiner  31. DATE FILED (Month, Day, Ybar).	MD 120	05 YO	ork R	ld Lu	thervill	RW	1d 2	1093
		FFB 1 8 1994	32. PEGIETRADO SIGNAT	1- Handell						



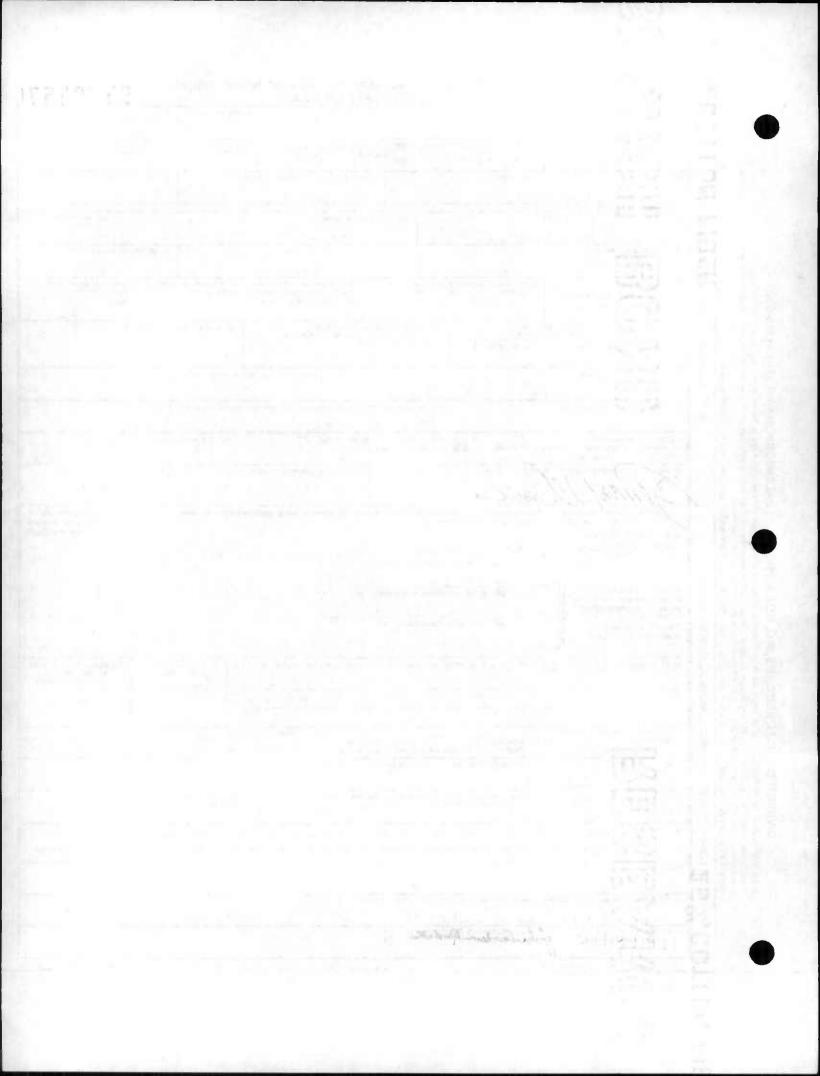
## DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the float has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -LIST Albino
FERNANDEZ 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 2 1 0 Joseph Fernandez 94 20 0 10:

- 1	048-10-1	703	1 1 M 2   F	73		THE DAYS	HOURS MIN.	(Month.	Day, Year) /	31	Country)	NCE (State or Poreign
	9a. FACILITY NAME (If not in						OR LOCATION OF				TY OF DEAT	n a
DIRECTOR	SINAL P	105PM	HC			BACT	IMORE	-				
Ä	10e. STATE	10b. COUNT			10c. CITY, TO	WN OR LOC	ATION				10	d. INSIDE CITY LIMITS?
	MD	BACT	IMORE		BACT	mol	35				1	YES 2 NO
N N	10e. STREET AND NUMBER	- 0					IOI. ZIP CODE			10g. CITIZI	EN OF WHA	T COUNTRY?
Ų.	3005 511	PPLE				1 3	2126	6				USA
BY FUNEHAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 1	2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.)					American Indian, Thite, atc.  White		
COMPLETED		EDENT'S EDU y highest grade 1-12)		16a. DE	ECEDENT'S USL Give kind of work L. Do NOT use re Shij	done during ired.)	nost of working	16b.	KIND OF BUS	INESS/INDU	ISTRY	
BE CO.	17. FATHER'S NAME (First, M	liddle, Last)					18. MOTNER'S	NAME (First, M	iddle, Malden l	Surname)		
	19a. INFORMANT'S NAME (	ype/Print)		19	b. MAILING AD	PRESS (Street	t and Number or Rur	al Route Numbe	er, City or Town	, State, Zip C	Code)	
2	Angeliqu	e Fer	nandez	4	901 D	eer	Park Rd	l, Bal	to, MI	0211	17	
	20a. METNOD OF DISPOSITION			4901 Deer Park Rd, Ba.  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  DAT			DATE			State		
	21. SIGNATURE OF PUNERA	A SERVICE LA	Will s	Wade	e,Dir		AND ADDRESS OF .Baltir				-	
PHISICIAN: MEDICAL CERTIFICATION	Sequentially list condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or injuthat initiated events resulting in death) LAS	lons, diate ING iry	С	AS A CONSE	OUENCE OF):	e 9.	rapt c'	IOLUM				
MEDICAL OF	PART II. Other algorifice	ent condition	na contributing to de	eth but not	resulting in t	ne undarly	ing cause given	in Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. W	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE F DEATH?
CIAIN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			26. THER:	PLACE OF DEATH (	Check only one	)			
2	1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5	Panding	28a. DATE OF INJ (Month, Day,	URY	28b. TIME OF	28c. I	ome 5 Residence NJURY AT VORK?		(Specify) CRIBE NOW IN	JURY OCCL	JRED	54
IED BY	2 Accident 3 Suicide 6	investigation Could not be determined	28s. PLACE OF IN- building, atc.	iJURY — At ho (Specify)	ome, farm, stree		YES 2 NO	281. LOCA City o	TION (Street er Town, State)	nd Number o	or Rural Rout	e Number,
COMPLE			ICIAN: To the best of my									nd menner as stated,
10 00	30. NAME AND ADDRESS OF	14.	Lott	vel	1 4	1	29c. LICENSE N	OWBER 23	2	≥ 2 ≥ 2	SIGNED (M	onth, Day, Year)
		EVY	H. Por	LLOC	M 27) (Type, Pril		HAI	404	IIV	40		
	FEB 1 8 19	94	1 . 32. REGISTRAR'S	- Market	3							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNEDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. hours after death. Page 6 may be retained by the hospital or attending physician, THE HIGSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FEB 1 8 1994

REGISTRAR  1. DECEDENT'S NAME				RTIFICAT	E OF DEATH	2. DATE O	REG. NO.	ŢŤ	3. TIME OF OEATH
JULIA		AE GRI	220			MONTH	12	1994	9:03A
4. SOCIAL SECURITY I	-1646	5. SEX 1 M 2 F	GE (In yrs. lest	VRS. F UNDE	R 1 YEAR   IF UNDER 24 HR	/0.0 th	F BIRTH Day, Year)	8. BIRTHI Country	PLACE State or Foreign
90. FACILITY NAME (II	LY M		ente.	96. CIT	Patto	DEATH	9c. C0	UNTY OF DE	EATH
10a. STATE	10b. COUNTY			10c. CITY TOWN	OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
3916		k ave			104. ZIP CODE 212	16	10g. Ci	TIZEN OF W	S.A.
11. MARITAL STATUS 1 Never Married 3 Widowed 4	2 Married Divorced	12. WAS DECEDENT EVE FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 NO		WAS DECENDENT OF HIS II yes, specify Cuban, Mai 1 YES 2 NO Sp			14. RACE Black Specif	- American Indian, Whita, etc.
	DECEOENT'S EDUC y only highest grade gry (0-12)		(G/M	EDENT'S USUAL Control of work done NOT use retired.)	during most of working	16b. F	CIND OF BUSINESS/II	NDUSTRY	
17. FATHER'S NAME (FI	Tisa	ale			Hnn	ia	Odle, Melden Surname)	e	
156. INFORMANT'S NA	ME (Type/Print)	odten	196.	811 P	S (Street and Number or Au	THE AUGUSTA	Balto	Zip Code)	d 21218
20e/METHOD OF OISP 1 Burlet 2 Cree 4 Donation 8 D	OSITION nation 3 - Remo	val from Stata	20b. PLACE AN	nd DATE OF DISPO	nem. Gar	den 2/19	20c. LOGATION -	City or Ton	wn, State
21. SIGNATURE OF FU	lh ;	Marc	1	2	Bach Ja	H- u	1 1 / 0	U	
23-PART I. Enter the ahock, immediate cause disease or condition resulting in death)	or haart failure. I (Final	lat only Dna cause o	n aach ilna.	OBSTE	r the mode of dying, a		MARY DI		Approximate interval Betwee Onset and Dea
Sequentially list co if any, leading to in cause. Enter UNDE	nmediate		AS A CONSEQU	UENCE OF):					
CAUSE (Disease or that initiated event resulting in death)			AS A CONSEQU	UENCE OF):					
PART II. Other aigr	ificant condition	s contributing to dea	th but not re	aulting in the u	nderlying cause given		24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	Y 24b.	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2000 NO
25. WAS CASE REFERR EXAMINER?		HOSPITAL:		OTHE	26. PLACE OF DEATH	(Check only one)			
	Pending	28a. DATE OF INJU (Month, Day, Ye	IRY	28b. TIME OF INJURY	28c. INJURY AT WORK?		(Specify) RIBE HOW INJURY O	CCURED	
	Could not be determined	28s. PLACE OF INJ building, etc. (	URY At horr (Specify)	ne, farm, street, fac		28f. LOCAT	FION (Street and Numb Town, State)	per or Rural R	oute Number,
4 Homicide									

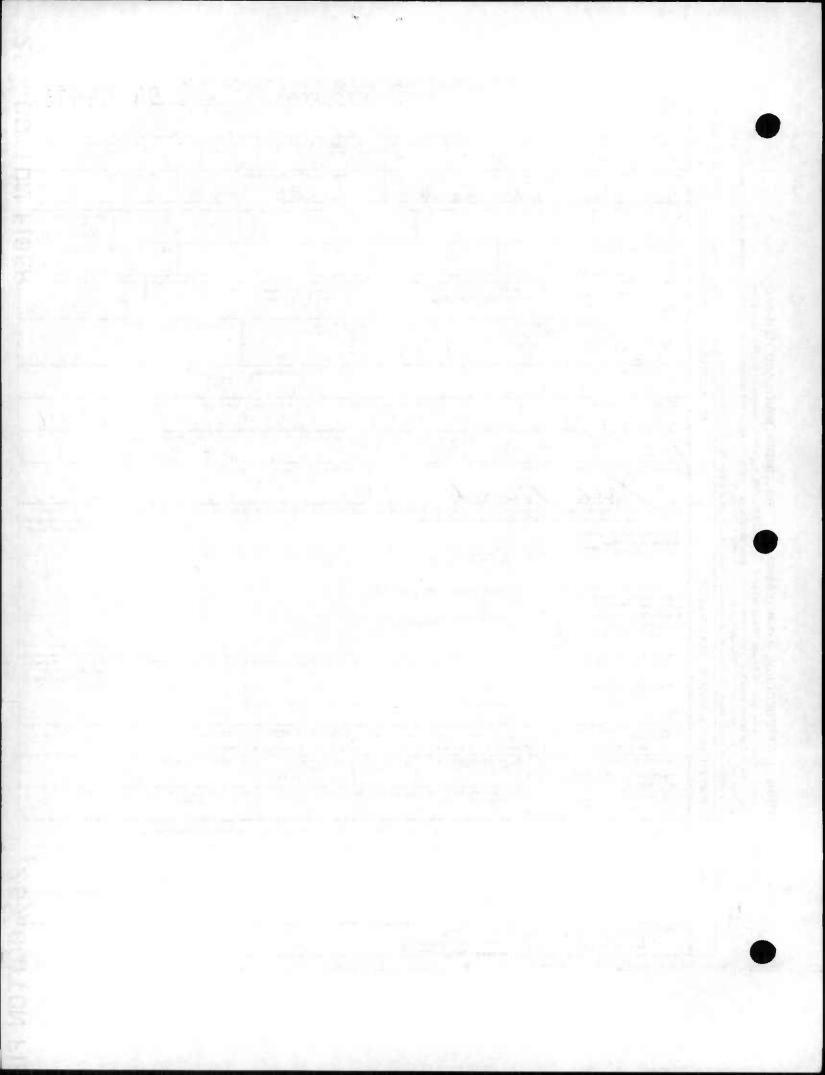
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Sequentially list conditions,

If any, leading to immediate

29b. SIGNATURE AND TITLE OF CERTIFIER

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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the death	the attend	Mental H	njury, or
ires that 1	signed by	Health and	ws any
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ICIAN: Th	certificate	the State	, or item
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OSPITAL C	JNERAL D	ithin 72 ha	NAT: If IR
THE H	THE FL	filed w	IPORT/

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH GRAY ARY 2:25 FEBRUARY 4. SOCIAL SECURITY NUMBER 8. BIRTNPLACE (State or Foreign 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year, 219-32-2444 DAYS HOURS 1 M 2 F 56 YRS. 11/11/ MD 9a. FACILITY NAME (If not inatitution, give alreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Med. Cent. Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6601 Ridge Road 21237 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Joseph Luca Josephine Maltese 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) William Gray Ridge Rd. Baltimore 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 Buriel 2 Cremation 3 Ra
4 Donation 6 Other (Specify) Cemetery 2/
22. NAME AND ADDRESS OF FACILITY Baltimore Cnty., MD Oak Lawn 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dabrowski & Son Funeral Home Deman 2818 E. BaltimoreSt. Baltimore. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, shock, or heart failure. List only one cause on aach-line. IMMEDIATE CAUSE (Finsi **Onset and Death** disesse or condition resulting in death) ERNIA >RAIN DUE TO (OR AS A CONSEQUENCE OF):

SE (Disease or Injury Initiated eventa Iting in death) LAST	but to (or as a consi		-ncephalispe	sithi			
Hipentens	ns contributing to death but not	resulting in the u	inderlying ceuse given in	Pert I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO	
AS CASE REFERRED TO MEDICAL	HOSPITAL:	OTHE	25. PLACE OF DEATH (Ch	eck only o	ne)		
TYES 2 NO	1 Inpetient 2 - ER/Outpetient		ursing Home 5 - Residence	6 🗆 Othe	er (Specify)		
NNER OF DEATH  Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)   26b. TIME OF INJURY AT WORK?   1   YES 2   NO			28d. DEŞCRIBE NOW INJURY OCCURED			
Suicide 8 Could not be Homicide detarmined	28e, PLACE OF INJURY — At I building, etc. (Specify)	nome, farm, street, fa	ctory, offica		CATION (Street and Number of or Town, State)	r Rural Route Number,	
ERTIFIER 1 CERTIFYING PHYS	SICIAN: To the hest of my knowledge of	fauth accurred at the	Non-detained above and don	to the on			

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated,

29c. LICENSE NUMBER

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Subarrachnoid

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REGISTRAR'S SIGNATURE

Johns

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DUE TO (OR AS A CONSEQUENCE OF):

29d. DATE SIGNED (Month, Day, Year)

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DIRECTOR: A

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If item 28

permit. Pages 1, 2, 3 should

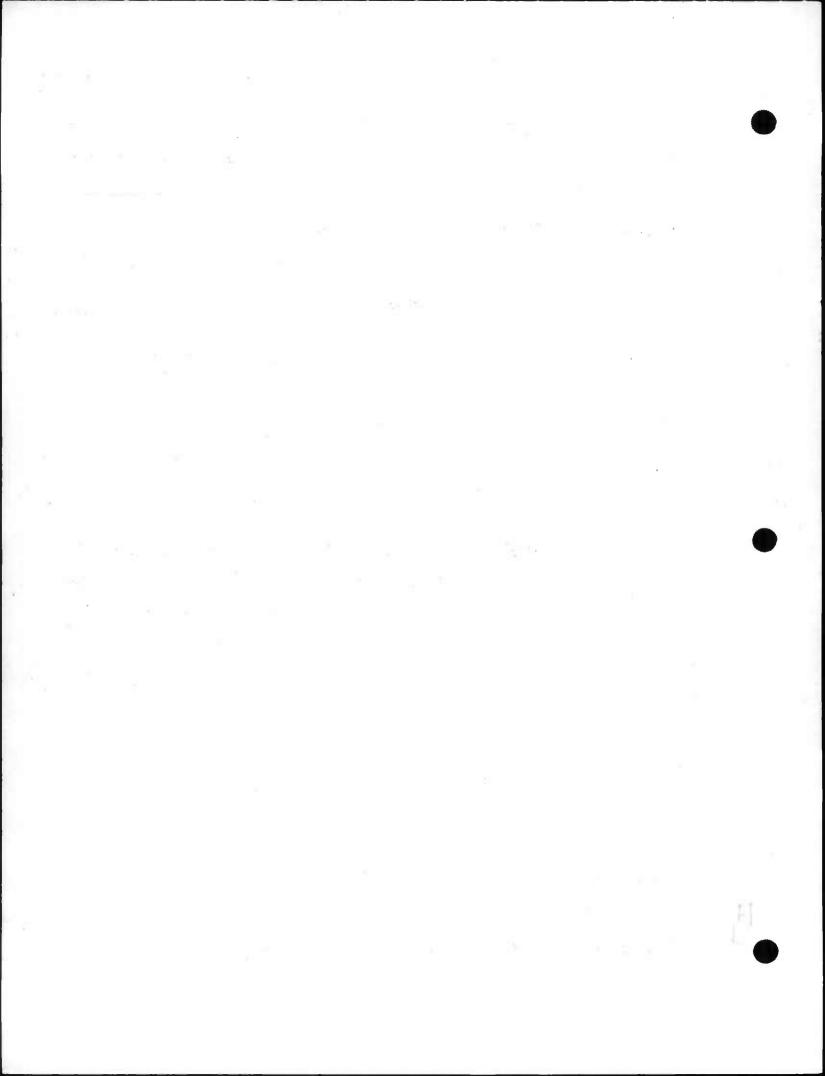
Item# 9c Per F.H. Film# 708 02/18/94 P.C. 04577 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 420 -ouis GROTSKY 94 A 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 🗆 F DAYS HOURS 469-16-8114 MINNESOTA YRS. 04 09 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SINAT HOSPITAL DIRECTOR BALTIMORE, RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ANNE ARUNDEL MARYLAND LINTHICUM 1 XYES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 803 LYNVUE ROAD 21090 USA 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 1 YES 2 NO Specify Specify: WWII 3 X Widowed 4 Divorced WHITE 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done duri life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 4 AGENT CARNIVALS. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname GROTSKY BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS LYNDA SMITH 803 LYNVUE ROAD LINTHICUM, MD 21090 20e. METHOD OF DISPOSITION
M Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Cemelery Cremelery of other place)
VETERANS CEMETERY - GARRISON-2-16-94 OWINGS MILLS, MD 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD BALTIMORE, MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximets shock or heert failure. Liet only one ceuse on each line. Intervel Between IMMEDIATE CAUSE (Finel Onset and Death disesse or condition · METASTATIC EXOPHAGEN CANCER, RESPIRATORY ARREST resulting in deeth) ESPIRATION FAILURE & CACHEXIA, FATIGUE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate couse. Enter UNDERLYING MALNUTRITION DYSPHAGIA From REWRITARE 2 Months CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24h WERF AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TYES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Anpellent 2 ER/Outpellent 3 DOA OTHER: 1 TES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Netural 5 Pending NONE 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data end place, end due to the cause(a) and menner ee stated.

MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CENTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MD 2/15/94

30. NAME AND ADDRESS OF PERSON-WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31, DAYE FILED (Month, Day, Year) FEB/1-8/1994 32. REGISTRAR'S SIGNATURE a Levidson



31. DATE FILED (Month, Day, Year)
FEB 1 8 1994

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DIVISION OF MITAL RECORDS, P.O. BOA 88780,	OR ATTERIOR SHARE ON: The law requires that the death certificate be executed within fours after death	
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TO THE HOSPITAL ON ATTE OFFERED N: The law requires that the death certificate be executed within four stand death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL UNIFORM Note that perfecte has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made to consider the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WHOPPIANT II them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	EGISTRAR		CERTIFIC	ATE OF D	EATH	REG. NO	NE 9	. 01010
1	EDENT'S NAME (FISH, MIDDIN, LAST)							YEAR 3. TIME OF DEATH
	AL SECURITY NUMBER	5. SEX 6. AGE		NTHS DAYS F	FUNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	ILITY NAME (If not institution, give a	reet and number)	91	CITY, TOWN OR				Y OF DEATH
Un		rangland	Jack	Balt	nuce		Bul	t cab
RESHE 10a. ST/	ATE 10b. COUNTY		10c. CITY,	DWN OR LOCATIO				10d. INSIDE CITY LIMITS?  1 YES 2 NO
	REET AND NUMBER	ton Aug		101. Z	P CODE		10g. CITIZE	n of what country?
110 No	NITAL STATUS EVER Married 2 Married Edowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, speci		NIC ORIGIN? (Specify Y sn, Puerto Rican, etc.) ly:	es or No— 1	4. RACE — American Indian, Black, White, atc. Specify: 13 a C K
	15. DECEDENT'S EDU (Specify only highest grade nentary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during most of tired.)	-	16b. KIND OF B		STRY
1)	PER'S HAME (First, Middle, Last)	Jatties			tudi	AME (First, Middle, Melde	-11	
1	CORMANT'S NAME (Type/Print)	-11	804	Newi	Number or Rural	Aoute Number, City or To	bal	to, md 2/2,
200 ME 1X Bu	THOD OF DISPOSITION urlet 2 Commention 3 Removement S Other (Specify)	eval from State	PLACE AND DATE OF C	DISPOSITION (Name	PK	2/8/9 20c. L	ocation - ch	alistum, mo
21, SIGN	NATURE/OF FUNERAL SERVICE LIC	ensee Marc	L	PAGE AND 430	ADDRESS OF FA	la bust	+ Au	
23. PA	RT I. Enter the disesses, or of shock, or heart failure.	omplications that cause List only one cause on a	d the deeth. Do not	enter the mode	of dying, suc	th as cerdiac or rea	piratory arres	Approximate Interval Between
disess	DIATE CAUSE (Finel se or condition ing in death)	DUE TO (OR AS	A CONSEQUENCE OF):	netu	ity.			Onset and Death
If any,	entially list conditions, leading to immediate Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE OF):					
that in	E (Disease or injury litisted events ing in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):					
resulti		contributing to deeth t	out not resulting in t	the underlying o	euse given in	Part I. 24a. WAS A PERFO	N AUTOPSY ORMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	II. Other algnificant condition					_		1 - YES 2 - NO
PART								1   YES 2   NO
PART	CASE REFERRED TO MEDICAL	HOSPITAL:		THER:	E OF DEATH (C)			1 TES 2 NO
25. WAS EXA 1 27. MAN 1 1 2	CASE REFERRED TO MEDICAL MINER?  YES 2 NO INER OF DEATH Netural 5 Pending	HOSPITAL:  10 Inpetient 2 ER/Outs  28a. DATE OF INJURY (Month, Day, Year)		THER:  Nursing Home F 28c, INJUR WORK	5 Residence	neck only one)  6  Other (Specify)  28d. DESCRIBE HOW	INJURY OCCU	
25. WAS EXA 1 — 27. MAN 1 1 2 — 3 — 3 — 3	CASE REFERRED TO MEDICAL MINER?  YES 2 NO INER OF DEATH Netural 5 Pending	1 Inpetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O INJUR  Y — At home, farm, stre	THER:  Nursing Home  28c. INJUR WORK  1   YES	5 Residence	6 Other (Specify)	t and Number of	RED

TED CAUSE OF DEATH (ITEM 27) (Type, Print)

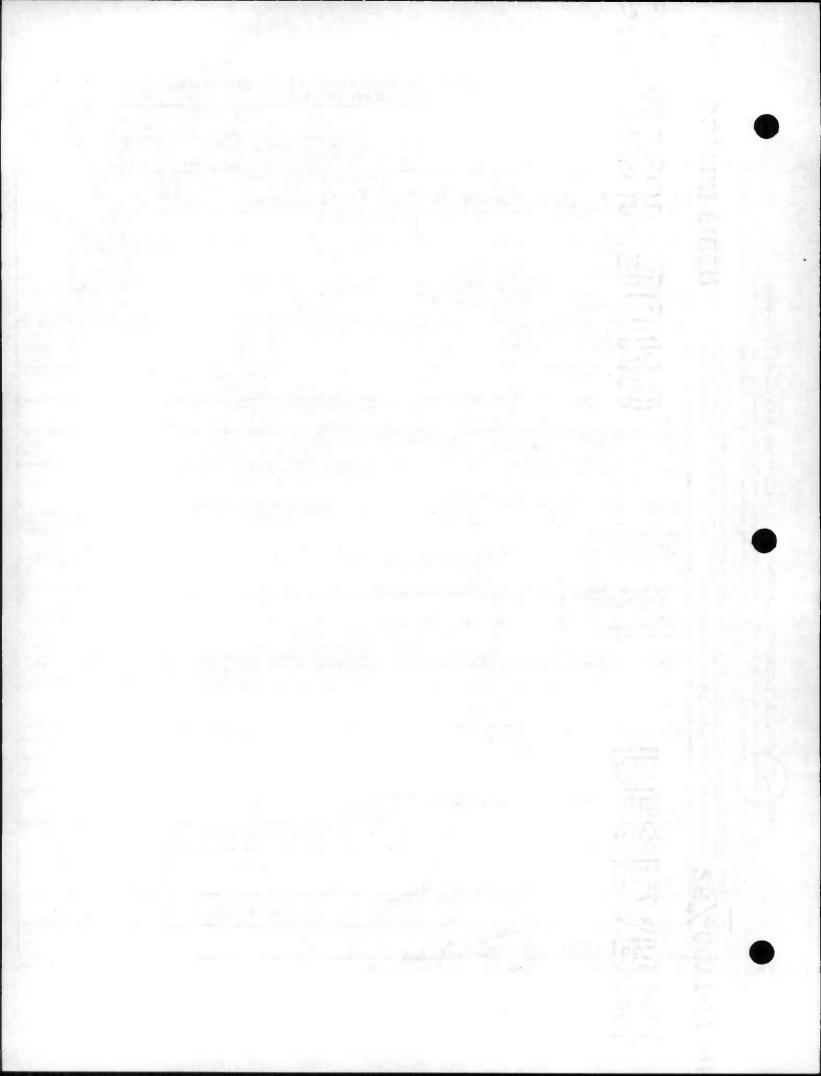
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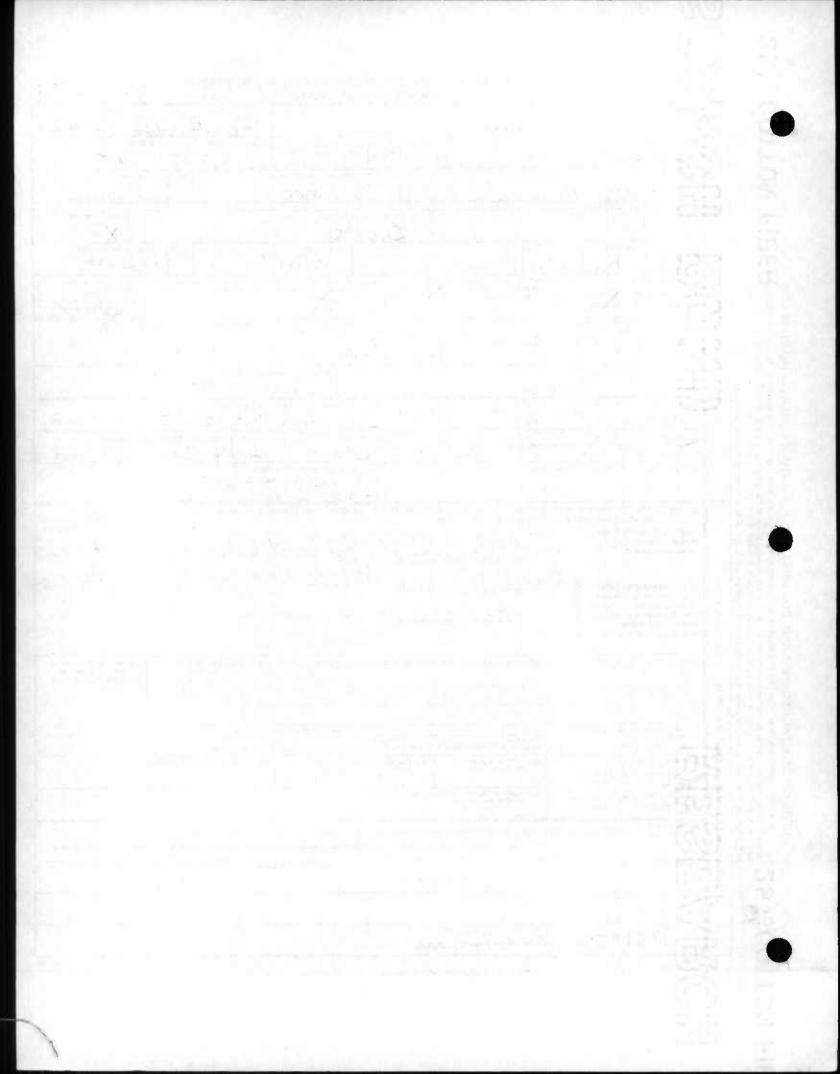
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Bult no



VSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.	his carificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	l or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	10	within 72 hours after death with the State Dept. of Health and Mental Hy	item 28 is marked or item 23 shows any injury, or
THE HOSPITAL OF	THE FUNERAL DIRECTOR: After	filed within 72 hot	PORTANT- If He

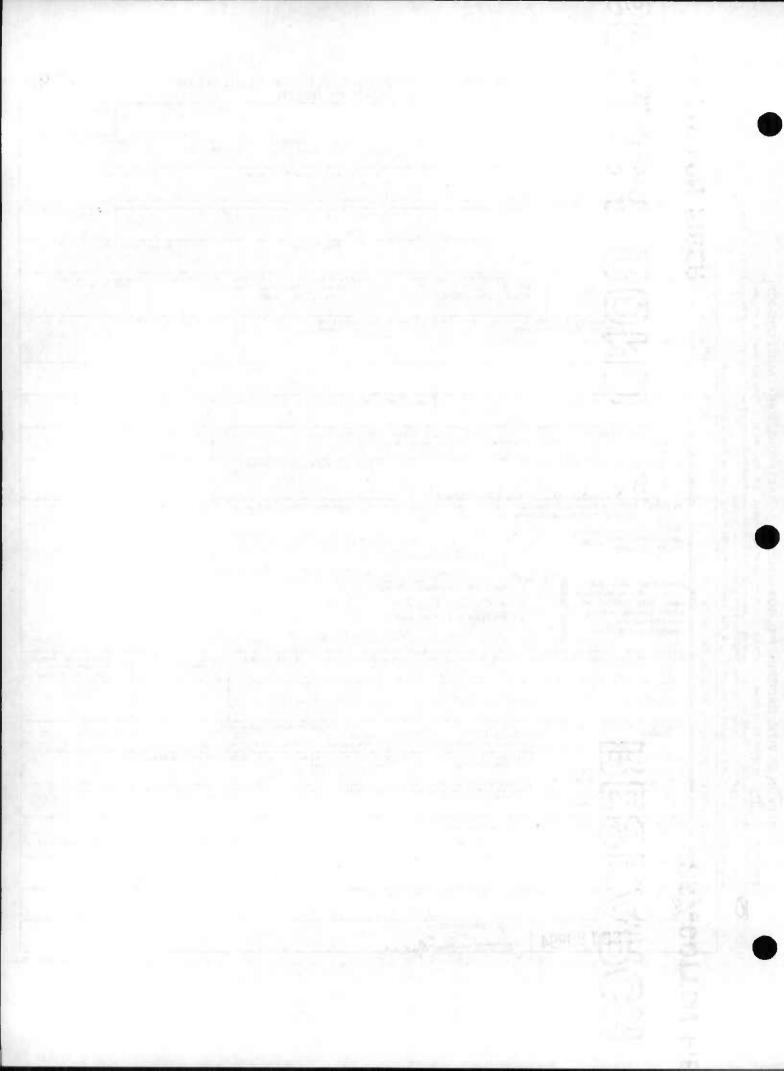
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE		94 0457
	1. DECEDENT'S NAME (FIRST, MICHIG. LESN),	Henry			2. DATE OF OEATH	4, 199	3. TIME OF DEATH
1	228-22 4292	5. SEX B. AGE (In y	rs. last birthday) IF UND WRS. MONTH	ER 1 YEAR IF UNDER 24 HRS	Manch Day Man	27	MATHPLACE (State or Foreign Country)
TOR	Ba. FACILITY NAME (If not institution, give ptn	Spital	9ь. СІ	Baltimor	,	Bc. COUNTY	of DEATH
DIRECTOR	10s. STATE 10b. COUNTY		10c. CITY TOWN	ORILOCATION			10d. INSIDE CITY
FUNERAL	2017 Ridge	hill are	,	101. ZIP CODE 2	17	10g. CITIZER	N OF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divolced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR OATE	2 DINO	3. WAS DECENDENT OF HISE If yes, specky Ouban, Max 1 YES 2 NO Spe	Ican, Puerto Rican, etc.)	Yes or No- 14	Black, White, etc.  Specify: Black
APLETED	15. DECEOENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16 ompleted) 16 College (1-4 or 5+)	GIVE PROPERTY SUSUAL (Give kind of work dor life. Do NOT use retired	e during most of working	16b. KIND OF I	nkno	TRY Wh
BE COMPL		ira		200	NAME (First, Middle, Maid	en Surneme)	
101	Se ma HETHOLOGE OF DEPOSITION	nry	907:	SS (Street and Number or Au 5-tan-tro	KdK	palto,	md 2122
	20e,METHOD OF DISPOSITION  Suriel 2 Cremetion 3 Remove  Donation 6 Other (Specify)  21. SIGNATURE OF PUNERAL SERVICE LICE	ral from State demoto	ACE AND DATE OF OISP	2. NAME AND ADDRESS OF	2/19/4	Cater	suile, and
	· Yortia	Ebron		March f.	H-Wes bash a	t e	
	23. PART I. Enter the diseases, or coahock, or heart feiture. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	ADULT  DUE TO (OR AS A CC	RESP		4 DISTR		Approximate interval Between Onset and Date A
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO	ONSEDUENCE OF):	1 MITE N	rego corre	MAC	
: MEDICAL C	PART II. Other algnificant conditions	contributing to death but	not reaulting in the	underlying cause given	In Part I. 24a. WAS. PERF 1 - YES	AN AUTOPSY OBMED? 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN:		HOSPITAL: 1 □ Inpatient 2 □ ER/Outpatie	отн				
	27. MANNER OF DEATH  1 Sturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HON	W INJURY OCCUP	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — building, etc. (Specify)	Al home, farm, street, fi		261. LOCATION (Stre- City or Town, Sta		Rural Route Number,
COMPLET	onel —	AN: To the bast of my knowledg					
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	- House	MAPP	29c. LICENSE ?	UMBER	29d. DATE S	IGNED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO	120N, K	10, 51	NAI HOS	PITAL 01	- BAG	THONE UD
	FEB 1 8 1994	2. REGISTRAN'S SIGNATU	IRF				



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	DSPITAL OF ATTIMITIES IN SICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician.	INERAL. CENTRAL AND THE CONTROLS DEED SIGNED BY THE ATTENDING Physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	thin 72 from the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INT: If Imm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
_	TO THE HOSPITAL	TO THE FUNERAL	be filed within 72 l	IMPORTANT: If I

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE		14 04580				
	1. DECEDENT'S HAME (First, Middle, Last) LENON	HARVEY					3. TIME OF DEATH				
	4. SOCIAL SECURITY HUMBER 243-16-5566	243-16-5566 1 (दे M 2 □ F 77 YRS. MONTHS DAYS HOURS MIN.					BIRTHPLACE (State or Foreign Country) N.C.				
. DIRECTOR	90. FACILITY HAME (If not institution, give st GREATER BA) RESIDENCE OF DECEDENT	LTO MED	BALTO	DEATH	9c. COUNTY	OF DEATH					
	M D 106. STATE 106. COUNTY		10c, CITY, TOW BAL	N OR LOCATION TO			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND HUMBER 6212 NORVO	ROAD		21207			S.A.				
B⊀	11. MARITAL STATUS 1 Never Merried 2XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	en, Puerto Ricen, etc.)	es or No— 14.	RACE — American Indian, Black, White, etc. Specify: BLACK				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5 +)	life. Do NOT use retire	ne during most of working		USINESS/INOUS	TRY				
NO.	17. FATHER'S HAME (First, Middle, Last)		TIREMAN	18. MOTHER'S H	AME (First, Middle, Meide	TOWAN n Sumeme)					
BE C	ESAW HARVEY			JOAN	NA JOH	NSON					
10	19e. INFORMANT'S HAME (Type/Print) LILLIE MAE	HARVEY	19b. MAILING ADDR	ESS (Street and Number or Flural ORVO RD	BALTO,						
	20e. METHOD OF DISPOSITION  1 XBurlel 2 Cremetion 3 Remo 4 Donation 8 Other (Specify)	oval from State cem	PLACEAHD DATE OF DIS	POSITION (Name of PKIAL PK		RANDAI	or Town, State LLSTOWN, MD				
	21. SIGNATURE OF FUNERAL SERVICE LIC	Wane	)	MARCHF/H-W	VEST 4300						
	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUS,TO (OR AS,A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUB, TO (OR AS A CONSEQUENCE OF):  END STAGE CARDIOM YOPA71 TY  END STAGE  CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  ON GESTIVE IFEART FAILURG  DUE TO (OR AS A CONSEQUENCE OF):  ON GESTIVE OF AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions INFIRSTATIO TYPE U	s contributing to death by	underlying cause given in	n Part i. 24a. WAS A	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C	theck only one)						
YSI	1 TYES 2 NO	Inpatient 2 - ER/Outp	atlent 3 DOA 4 D	Hursing Home 5 - Residence							
ВУ РН	27. MAHHER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	EO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IHJURY building, etc. (Spec	— Al home, farm, street,	factory, office	28f. LOCATION (Stree City or Town, Stat	t and Number or : e)	Rural Route Number,				
COMPLETED	onel			ne time, date end place, end du ny opinion, death occured at th			euse(a) and manner ea stated.				
B	SIGNATURE AND TITLE OF CERTIFIER  REMANN A. M.	zoins		29c. LICENSE NU	IMBER	29d. DATE S	IGNED (Mopth, Day, Year)				
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	7801 48A1	( RD #300	700 dow.	MD21	204				
	31. DATE FILEO (Month, Day, Year) FEB 1 8 1994	32. REGISTRAR'S SIGNA									

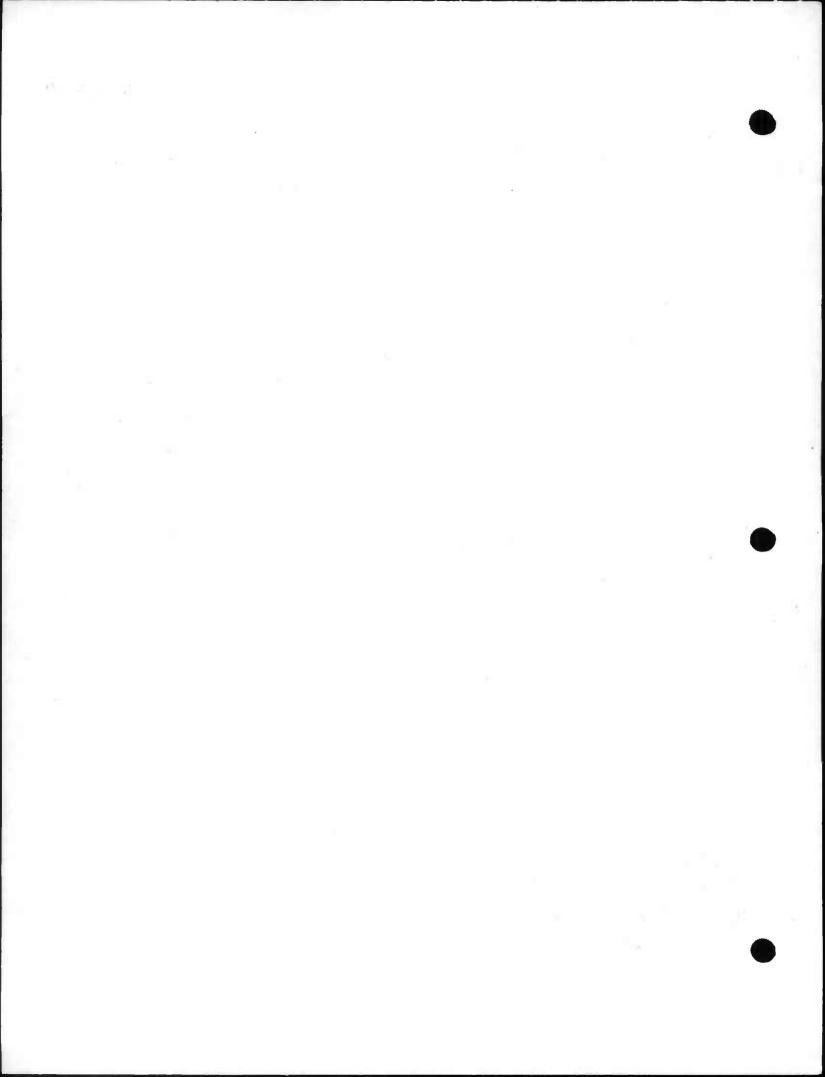


1 - FOR STATE REGISTRAR

a saume to an	I, Middle, Last)									OF DEATH			3. TIME OF DEATH	
RLEY	JI	EAN		HAWKI	NS				02 02	16		94		M
ECURITY NUM		5. SEX		. last birthday)		DAYS	IF UNDE		7. DATE	OF BIRTH		6. BIRTHP	LACE (State or Form	ign
34-445		1 M 2 NF	59	YRS.	100		HOURS	MIN.	<u> </u>	89 Year) 1.			YLAND	
CRES	ST HAVE	etreet and number) EN DRIVE			96. CIT	, town LEN	BURN.	ION OF DI	EATH			NE A	ath RUNDEL	
CE OF DE	10b. COUNTY	Y		10c. Cf	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY	
IND		NNE ARUNI	DEL		GLI		URNI						LIMITS?	10
AND NUMBER	HAVEN L	DRIVE				10	21	061				S. A.	HAT COUNTRY?	
STATUS Warried 2  od 4  Dive		12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S 1 YES 2 WAR OR DATES	ARMED NO	13.	If yes, s		ın, Maxica	en, Puerto I	7 (Specify Yea tican, etc.)	or No-	14. RACE Black, Specify	- American Indian White, atc.	
	CEDENT'S EDU		16a	. DECEDENT'	S USUAL C	CCUPATI	ION ost of worki	na	16b	KIND OF BUS	INESS/INC	USTRY		
ry/Secondary (	(0-12)	College (1-4 or 5	+)	NURS	use retired.)		001 01 110711		ME	RIDIAL	N NUR	RSING	HOME	
NAME (First, A	Middle, Last)	DAVIS						HER'S NA	ME (First, I	fiddle, Maiden		RDIN	GER	
ANT'S NAME (				19b. MAILIN 37 BL	G ADDRES	s (Street	and Numbe	r or Rural	Route Numb	NSVILI	n, State, Zip	Code)	AND 2122	8
		oval from State	20b. PLA										n, Stata ARYLAND	
on 8 Other		EDGE!	PILSE	DOWEL	22	ALMO NAME A	KL AL	PAK.	K 195	4 ELI	KKIDG	E, M.	ARYLAND	_
22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21067												67		
Enter the dahock, or he CAUSE (File condition n daath)	nairt fallura. nai	a. Prob.	use on aach	lina.						lac or raapi	ratory arr	est,	Approxima Interval Be Onset and	Ween
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  a. Prob. Carriac arrest.  Due to (or As a consequence of):  b. Ht. J. White calculations to death and the cause are all the cause. Enter UNDERLYING conjury that initiated eventa resulting in death) LAST														
thar algnific	ant condition	a contributing to	death but n	ot reaulting	in the u	ndariyin	g cause	given in	Part I.	24a. WAS AN			WERE AUTOPSY FIN	
										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	USE
E REFERRED 1	TO MEDICAL					28 D	ACE OF I	NEATH (C)	neck only on	-1				
2 ( MO		HOSPITAL:	☐ ER/Outpetlan	nt 3 🗆 DOA	OTHE	R:			8 Othe					
OF DEATH	Pending	28a. DATE OF		28b. TII	-	28c. IN.	JURY AT ORK? YES 2			CRIBE HOW IN	JURY OC	CURED		
dent ide g ilcide	Could not be detarmined	26s. PLACE (	OF INJURY — A , atc. (Specify)	t home, farm,	street, fed					ATION (Street a or Town, State)	nd Number	or Rural Ro	oute Number,	
		CIAN: To the best of											and manner as etc.	lad
	E OF CERTIFIE						7	ENSE NUI					Month, Day, Year)	
		4/	147	Y	ny		r	21	654		<b>&gt;</b> -	1/17/	94	
2 ( M	F PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Typ	e, Print)	m	0	2	106	1	- 4	7.4	-	
D (Month Day	O'N'A	G. 32. PROIST	FISSI JATU	Eag.		, - v	~		. 00					
	2 (r	2 ( rain the	2 (ran Hy V	2 Crain HW V.	D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typ)  2 ( Tam	D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Cram & W G7B  D (Month Day North	D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  2 ( Am (	D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  2 ( Tam   W W G B B B B B B B B B B B B B B B B B	D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  2 ( ram     W W G G B W D Z  D (MONTE, Day, May).	D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  2 (ram by V. 6-18 md 2166  D (Month, Day, Mar). 432, Reports TAGE'S SURFATURES B.	D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  2 (ram 14 44 15 67 8 MO 2106)  D (MONTE, Day, Mar). 432, REGISTRAT'S SURATURES B.	D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  2 (ram ly y V. G-B MD 2106)  D (Month, Day Mar).  4. 32. RMOTSTAKT'S SIGNATURE 0.	D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  2 (rain     W V . G-B MO 2106    D (MONTE, Day May). 4 32. REPOST PAR'S SURVATURES B.	D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  2 (ram ly y V. Grb mo 2106)  D (Month, Doy, Mar).  4. 32. RMOTSTAKT'S SIGNATURES B.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

04581



1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

HICKERNELL

1 M 2 X F

5. SEX

ROMAINE SARA

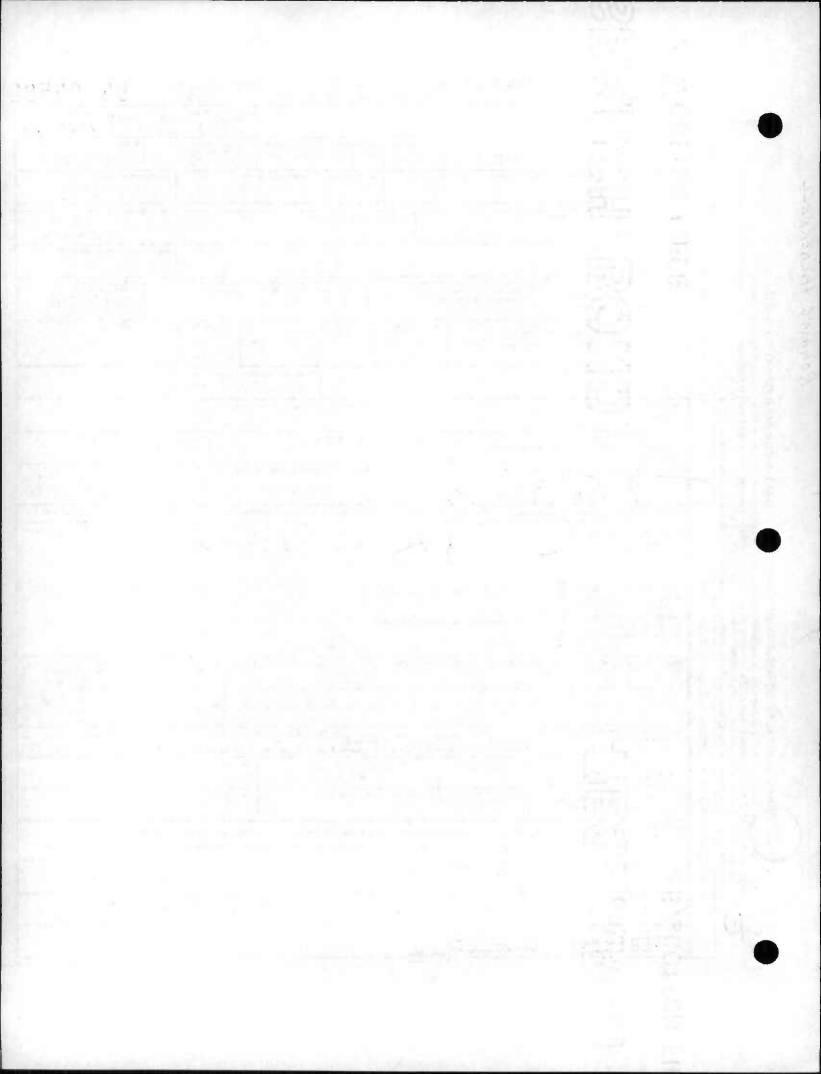
4. SOCIAL SECURITY NUMBER

577-20-7946

_	- Contract
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60,	B. W. TAINING DUVCIOIAN. The last passions that the death passions he appointed within
IVISION OF VITAL RECORDS, P.O. BOX 68760,	annount the
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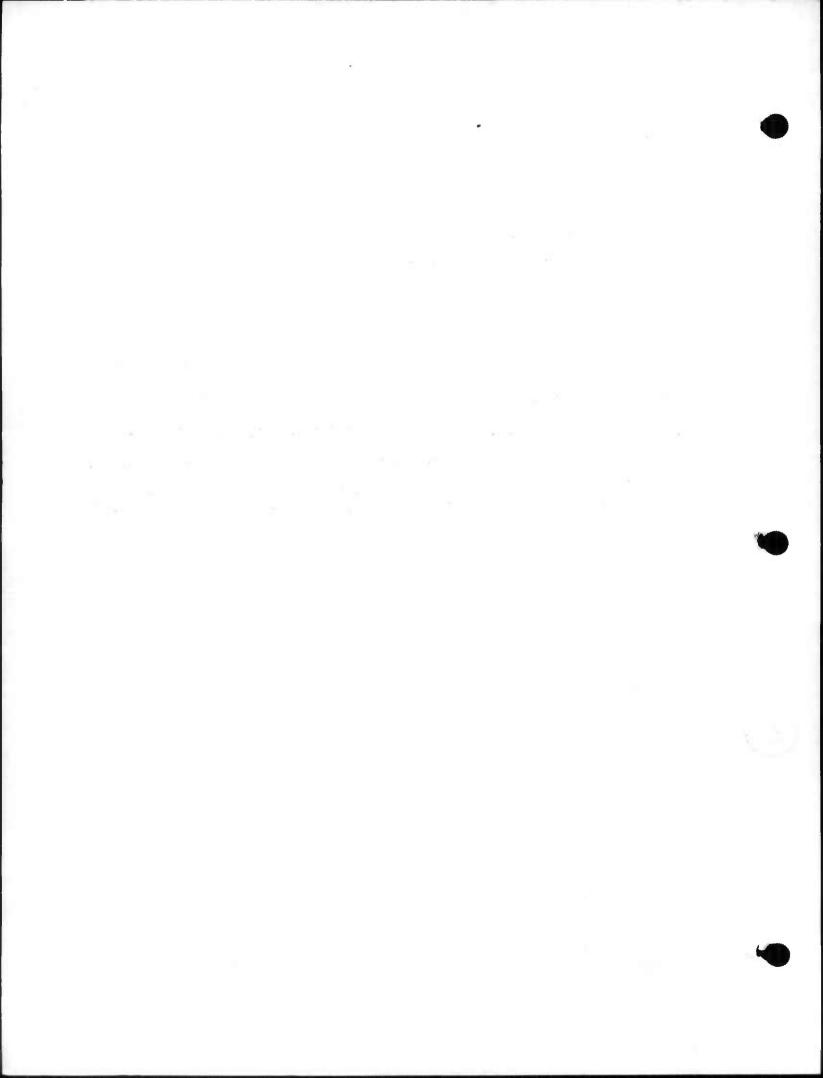
COMPLETED BY PHYSICIAN: MEDICAL	onel	28e PLACE OF INJUR	y — At home, farm, streetly)	OTHER:  Nursing Hon OF 28c. tN, IY WC M 1 D Det, factory, office at the time, data	PK? YES 2 NO	Other (Specification Control of Town,	Street and Number or State)	Rural Route N
	EXAMINER? 1 ☐ YES 2 ☐ NO 27. MANNER OF DEATH	1 Nopetient 2 ER/Out 28s. DATE OF INJURY	patient 3 DOA 4	OTHER:  Nursing Hon OF 28c. th.	ne 5 🗆 Rasidence 6 JURY AT DRK?	Other (Specif		RED
	EXAMINER?	HOSPITAL:		THER:	State of the		y)	
	PART ii. Other algnificent conditi	one contributing to death i	but not reaulting in	the underlyin	g ceuse given in P	PE	AS AN AUTOPSY ERFORMED? (ES 2 NO	24b, WERE AMAIL/ COMP OF DE
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	С.	A CONSEQUENCE OF):					
Z	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only offer cause on	ech ilne.		lar A			
-	Da QaQ	Tubale	4	760	01 SANDY :	SPRING	RD., LAU	REL, A
	1 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	movel from State	T. LINCOL	N place)	ND ADDRESS OF FACE	2/19	BRENTWOO	D. MD
5	190. INFORMANT'S NAME (Type/Print) RITA J. GAULIN 200. METHOD OF DISPOSITION	200		ALAN DI	RIVE, LAUI	REL, MD		
BE CO	17. FATHER'S NAME (First, Middle, Last) EDWIN S. FEREE				16. MOTHER'S NAM LYDIA G	RACE MO	WERS	
COMPLETED	15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	college (1-4 or 5+)	16e. DECEDENT'S US (Give kind of wor ille. Do NOT use i HOMEMAK	rk done during mo retired.)			OME	TRY
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	DATES NO	If yes, sp 1 TES	CENDENT OF HISPANIC lecify Cuban, Mexican, is 2 NO Specify:	Puerto Rican, et	ic.)	. RACE — Arr Bleck, White Specify: (
FUNERAL	15312 ALAN DRIVE				20707		USA	
7	MARYLAND F	RINCE GEORGE	L	AUREL	f. ZIP CODE		10g. CITIZE	1 A
	11121111110	DATUGE OF ADOF		TOWN OR LOCA	TION	£ 1.18		10d. t
DIRECTO	RESIDENCE OF DECEDENT  10e. STATE 10b. COUR	(TY	10c CITY					

STATE OF MARY					HEALT F DEA		MENTA	REG. NO		91	4 04582
KERNELL			-				MON	FOF DEATH	MAY 16	YEAR	3. TIME OF DEATH
6. AG	E (In yrs. lest I		IF UNDER	1 YEAR		DER 24 HRS.	7. DATE (Mon	th, Day, Year)		0. BIRTH	IPLACE (State or Foreign
TSVILLE HO	SPITA	L		uRi	N OR LOCA	ATION OF				NCE	
		10c. CITY,	TOWN C	R LO	CATION						10d. INSIDE CITY
NCE GEORGE			LAUR	EL							LIMITS?
				1	10f. ZIP CC					IZEN OF V	VHAT COUNTRY?
2. WAS DECEDENT EVER FORCES? 1 YE IF YES, DIVE WAR OR	5 2 NO		- 20	If yes,		OF HISP	can, Puerto	N? (Specify Ye Rican, etc.)	USA or No-		E — American Indian, k, Whita, atc.
FION mpleted) College (1-4 or 5+)	(Give	EDENT'S US MIND NOT USE	ork done ( retired.)		TION most of wor	rking	16	L KIND OF BU		DUSTRY	
								Middle, Maiden E MOWE			Market I
								nber, City or Tow		Code)	
al from State	Ob. PLACE AN	ID DATE OF	FOISPOS per place) I N	ITION	Name of		1	19 BR	ENTWO		
Charle	3	2,100	22.	NAME 7	AND ADDI	RESS OF I	ACILITY	FLECK	FUNER	RAL H	HOME, INC. , MD 20707
nplications that cause on to only one cause on Due to (or as	ch line.	N	Vac		-	-0		diac or reap		reat,	Approximata Interval Between Onset and Daeth
DUE TO (OR AS	A CONSEQU	JENCE OF)	:								•
DUE TO (OR AS	A CONSEQU	JENCE OF)	:	7							
contributing to death	but not rea	aulting in	the un	derly	ing ceuse	e given i	n Part i.	24a. WAS AMPERFO	RMED?	246	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
OSPITAL:					PLACE OF	DEATH (C	Check only o	ine)			
28a. DATE OF INJURY (Month, Day, Year	,		OF T	28c. 1	NJURY AT WORK?	Rasidence	6 🗆 Oth	er (Specify) SCRIBE HOW	INJURY OC	CURED	
28e. PLACE OF INJUI building, etc. (Sp	RY — At hom	e, farm, st	reet, fact	ory, of	fice		28f. LO City	CATION (Street or Town, State	and Number	r or Rural f	Route Number,
N: To the best of my kno											n) and manner se stated.
Mary	T H.	9.				D24	UMBER 1283	3	29d. DAT	E SIGNED	(Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020	The transfer that the death certificate be executed within " ours after death. Page 6 may be retained by the hospital or attending physician.	the strength of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have a Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.	
DIVISION OF WITAP BECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PROSIDING THE INTERPRETABLE THE Geath certificate be executed within "	TO THE FUNERAL DIRECTOR: After the certification of the standing physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

		EPARTMENT OF HEALTH AND I TIFICATE OF DEATH	WENTAL HYGIENE REG. NO.	94 04583
1	1. DECEDENT'S NAME (First, Middle, Last)  Heilelback	THIORIE OF DEATH	2. DATE OF DEATH MONTH DAY 15 9	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. lost birt 2/2-32-37/9 1 - M 2 2-7 9/	(thday) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAY'S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street and number)	96. CITY, TOWN OR LOCATION OF DE	01-12-03 ATH 9c. COUN	TY OF DEATH
OR	BONS & Cours tospita	BALAM	120	
EC	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 16	IC. CITY, TOWN OR LOCATION		10d. INSIDE CITY
DIRECTOR	Baltimore "	or i, forth off countries		LIMITS?
FUNERAL	100. STREET AND NUMBER 3330 Wilkens Avenue	101. ZIP COOE	20	EN OF WHAT COUNTRY?
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN (S. ARMED	13. WAS DECENDENT OF HISPAN		USA  14. BACE — American Indian,
BY	1 Never Married 2 Merried  3 Wildowed 4 Divorced  FORCES? 1 YES 2 NO  IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexical  1 YES 2 NO Specify	n, Puerto Ricen, etc.)	Black, White, etc. Specify: White
ETED	(Specify only highest grade completed) (Give ki	ENT'S USUAL OCCUPATION ind of work done during most of working	16b. KIND OF BUSINESS/INDU	
, E	Elementary/Secondary (0-12) College (1-4 or 5+)	NOT use retired.)		
COMPL	8 17. FATHER'S NAME (First, Middle, Last)	Accountant	Grocery S  ME (First, Middle, Melden Surname)	tore
EC	James Wilson Deibel		t Elizabeth Bro	wning
TO B		AILING ADDRESS (Street end Number or Rural F		
۴		25 Woodcliff Avenue	e, BAltimore, M	d. 21228
	20a. METHOD OF OISPOSITION  1 1  Burlet 2  Cremetion 3  Removal from State  4  Donation 6  Other (Specify) Loud on	DATE OF DISPOSITION (Name of Park Park	DATE 20c. LOCATION — C 2/18 Baltimo	111 1/20-2
	21. SIGNAPURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FAC	CILITY	
	1000 Miller Meson		on Funeral Home Avenue, Balto,	
	23. PART I. Entar tha diseases, or complications that caused the deeth. shock, or heart fellure. List only one cause on each line.	Do not anter the mode of dying, such	as cardiac or respiretory arre	st, Approximate
	IMMEDIATE CAUSE (Final	ie Araby limea	)	Interval Between Onset and Death
z	OUE TO (OR AS A CONSEQUEN	CE Arehy linear	saludisos	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	ICE OF):		
FIF	that initiated events  DUE TO (OR AS A CONSEQUENT Possibling in death) LAST	ICE OF):		
CEF	d			
CAL	PART II. Other algnificant conditions contributing to death but not resul		Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	Dely drafty will reven was	m'a )	1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?
M	My hermen 35. Onse	26	_	1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF OEATH (Che	ck only one)	
Sic	EXAMINER?  1	OTHER: OOA 4   Nursing Home 5   Residence	8 Other (Specify)	
E	(Month, Day Year)	b. TIME OF 28c. INJURY AT WORK?	28d. OESCRIBE HOW INJURY OCCU	JREO
ВУ	1 Natural 5 Pending 2 Accident Investigation	M 1 YES 2 NO		
COMPLETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, to building, etc. (Specify)	ferm, street, factory, office	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
IPLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death of			
NOC	one) 2 MEDICAL EXAMINER: On the basis of exemination end/or inves	tigation, in my opinion, death occured at the t	time, date end place, end due to the	cause(e) end menner ee stated.
BE	290. SIGNATURE AND TITLE OF CENTIFIER	29c LICENSE NUM	9 29d. OATE	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)	000	L 17
	DARSHAN. J. SOLLUA 1600	W. MOUNT FO	yor Aug 1sal	6 21217
1	31. DATE FILED Month, Day Josep O A 32 REDISTRANS SIGNATURE			



TO THE FUNERAL DIRECTOR: After this certificate has been incommended in the properties of the properti nours after death. Page 6 may be retained by the hospital or attending physician. certificate be executed within

1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH A		AL HYGIENE REG. NO.	94	04584
1. DECEDENT'S NAME (First, Middle, L	ast)			2. DAT	E OF DEATH	YEAR :	. TIME OF DEATH
GORDON	EARL	HESTER	BERG		RUARY 15.		1:16 P
4. SOCIAL SECURITY NUMBER  213-20-3023  9a. FACILITY NAME (If not institution, g	1 🖾 M 2 🗌 F	68 YRS.		MIN. 7. DATE (Mon	of BIRTH th, Day, Year) 4, 1925	8. BIRTHP Country)	Md.
THE JOHNS HOPKI	NS HOSPITAL		BALTIMORE CI		9c. CO	UNTY OF DE	ATH
10a. STATE 10b. CO		10c. CITY,	TOWN OR LOCATION  Bel Air		14.70		0d. INSIDE CITY LIMITS? YES 2X NO
10e. STREET AND NUMBER	nariora		10f. ZIP CODE		10a. C		AT COUNTRY?
1510 Regent Dr			2101	1			S.A.
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	3 2 NO	13. WAS DECENDENT OF if yes, specify Cuben, 1 YES 2 X NO	HISPANIC ORIGI Mexican, Puerto	IN? (Specify Yes or No Rican, stc.)	14. BACE -	- American Indian, White, atc.
15. DECEDENT'S (Specify only highest of	EDUCATION	16a. DECEDENT'S US		16	b. KIND OF BUSINESS/II	NDUSTRY	WILLCO
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during most of working retired.)				
11		Salesma	n		RMI & Ass	sociat	es Food Bi
17. FATHER'S NAME (First, Middle, Last					Middle, Malden Surname)		E. 7 1971
Frederick Willia	am Hesterberg		Car	oline N	Madeline Bu	ucking	ham
19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or	Rural Route Nur	nber, City or Town, State, 2	Zip Code)	
Mrs. Mildred P.	Hesterberg	Sai	me as 10e				
20a, METHOD OF DISPOSITION 1 2 Burlet 2 Cremation 3 1	Ramoval from State C6	b. PLACE AND DATE OF imetery, crematory or other	r plece)	DA			
4 Donation 8 Other (Specify)	Dr.	ruid Ridge	Cemetery 2		Pikesv	ille,	Md.
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	a and pro-major	22. NAME AND ADDRESS Ruck Towson 1050 York R	Funera			
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Penton DUE TO (OR AS		tive Pulnuc	karg	DISAUSE.		ZWKS
PART II. Other aignificant condi	itions contributing to death	but not resulting in	the underlying cause glv	ren in Part i.	24a, WAS AN AUTOPS' PERFORMED?  1 YES 2 N NO		VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEA			I.	
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	☐ Nursing Home 5 ☐ Rask  OF 28c. INJURY AT		er (Specify) SCRIBE HOW INJURY O	CCURED	
1 Natural 8 Pending	(Month, Day, Year)	INJUF					
2 Accident investigate 3 Suicide a Could not 4 Homicide detarmine	be 28e. PLACE OF INJUR	IY — Al home, farm, streedily)	eet, fectory, office	281. LO	CATION (Street and Numb y or Town, State)	per or Rural Ro	ite Number,
and the second	HYSICIAN: To the best of my kno MINER: On the basis of exeminati		in my opinion, death occured		a and place, and due to	the cause(a)	and manner as stated.  Aonth, Day, Year)
Diane J. Orlin	WHO COMPLETED CAUSE OF D MSKY, MD. 994 32. REOUTHAR'S SIG Julia Wal	THH, Tout	r110,6001	). Worke	St, Palt	iMbre	NDZIZ

687
BOX
P.O.
RECORDS,
VITAL
9
DIVISION

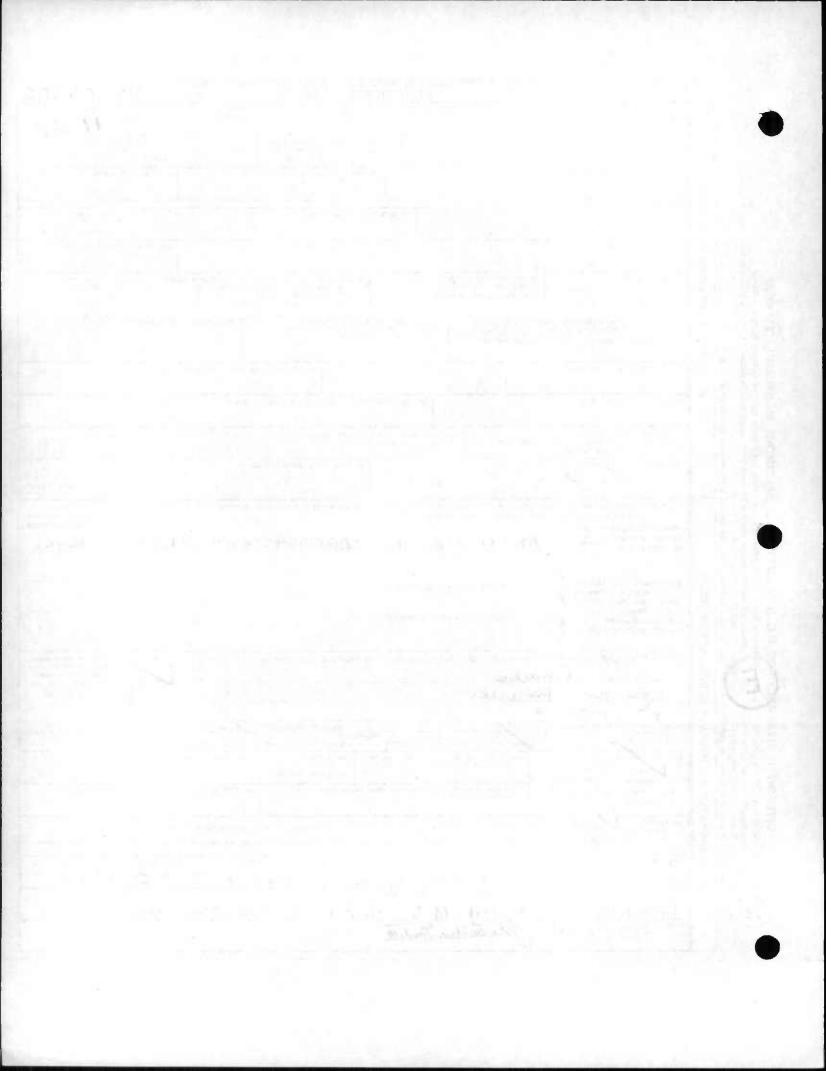
		1 - FOR STATE REGISTRAR	STATE OF MAR			TMENT OF			MENTA	L HYGIEN		04585
		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH		3. TIME OF DEATH
						nicker			FEB	14,	1992	
		4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. les	t birthday) YRS.	MONTHS DAY		ER 24 HRS.	(Monti	OF BIRTH h, Day, Year)		BIRTHPLACE (State or Foreign Country)
3 should		217-54-9871 9e. FACILITY NAME (If not institution, give st		89	Tho.	9b. CITY, TOV	VN OR LOCA	TION OF DE		/10/0	9c, COUNTY	Maryland OF DEATH
1, 2, 3 si	ECTOR	Bon Secours E	xtended	Care		E11;	cott	Cit	y		Но	ward
Pages	Œ	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
permit. F	AL DI	Maryland  10e. STREET AND NUMBER	Baltimo:	re			101. ZIP CO	ator	svi	11e_	10g. CITIZE	1 TYES 2 NO
TSI.	E	23-A Delrey Av						212				USA
020 physician. burial-transit	FUN	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EV FORCES? 1 1	YES 2		If yes	, specify Cut	en, Mexice	n, Puerto I	17 (Specify Yes Rican, atc.)	s or No — 14	. RACE — American Indian, Black, White, etc.
O g a	BY	3 XWidowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 -	YES 2 X NO	O Specify				White
21215 al or attend for use as	TED	15. DECEDENT'S EOUC (Specify only highest grade		(Gi	ive kind of	USUAL OCCUP	ATION most of work	king	16b	. KINO OF BU	SINESS/INDUS	
D 2	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	IITO.	Do NOT u	TARIN I					77	15
AND the hospital detached for	COMPL	17. FATHER'S NAME (First, Middle, Last)				omemak	-	THER'S NA	ME (First, I	Middle, Meiden	HOI Sumeme)	ie
AYL d by t	BE (	George A.	Lenox						Mar	v E.	Fewe]	1
MAR retained 5 should netified	2	19e. INFORMANT'S NAME (Type/Print)	•			ADDRESS (Sin				·		,
		Margaret E. El				Delre  OF DISPOSITION		enue	C			MD 21228
MOR age 6 ma director, p		1X Buriel 2 Cremetion 3 Remo	val from State	cemetery, cre-	matory or o			2/				n, MD
BALTIMORE, after death. Page 6 may be any the funeral director, page moval.		21. SIGNATURE OF FUNCTAL SERVICE LIC	My Man	THE		22. NAM	E AND AGOR	ESS OF FAC	CILITY		e, P.	-
BAL er deat the fun val.		George E.	MacNabb								Balt	
within cours within cours upletely filled in b cremation, or rer rent, the medi		shock, or heert fellure, I	list only one cause o	on each line	id the death. Do not enter the mode of dying, such as card each line.  it a consequence on:					diec or reap	Approximate intervel Between Onset and Death	
P.O. BOX 68 th certificate be execute ending physician and co I Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):  d.										
RECOR	N: MEDICAL	PART II. Other eignificent conditions	contributing to dea	ath but not n	eeuiting	in the underl	ying ceuse	given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1  YES 2  NO
	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	. PLACE OF	DEATH (Che	ock only on	ne)		
Siciav certific the 5	PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/	-	DOA 28b. TIM	4 Nursing I	INJURY AT	Residence			INJURY OCCUP	sen.
NG PHYSIC frer this ce sath with the	BY PI	1 Netural 5 Pending	(Month, Day, Ye	bar)	IN	IURY	WORK?	□ NO	200. DES	Chies HOW	MJORT OCCUP	ieo
TSIC TTENDI TOR: A after de	8	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF IN- building, etc.	JURY At hor (Specify)	me, farm,	street, factory, o	office		28f. LOC City	ATION (Street or Town, State)	end Number or	Rural Route Number,
	MPLET	29e. CERTIFIER (Check only	CIAN: To the best of my i	knowledge, de	ath occurr	ed at the time,	date and place	e, end due	to the ce.	use(e) end me	nner ee stated.	
HOSPITAL FUNERAL Within 72	CON	one) 2 MEDICAL EXAMINE	the beele of examin	nation end/or i	investigation	on, in my opinio	n, death occ	ured at the	time, date	end place, er	nd due to the c	euse(s) and manner ee stated.
TO THE HOSPIT TO THE FUNERA DE filed within 7 IMPORTANT: 1	BE	296. SIGNATURE AND TITLE OF CERTIFIER	11,14				29c. LI	CENSE NUM	IBER		29d. DATE S	IGNEO (Month, Day, Year)
2638	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH STEE	M 27) /Turn	Print)	1/	175 (	(5)		02	/15/94
8	1	Gary A. Milles	s. M.D.	3460	E11		Cen	ter	Dr.	Elli	cott C	ity. MD 21043
		FEB 1. 8 1994	Julie David	SIGNATURE ASON - Par	ndell							

Was 25 21

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- 6

	1. DECEDENT'S NAME (Firs	it, Middle, Last)	Margare	t Virgin	ria Ha	ahn		2. DATE	OF DEATH	2/13/94	3. TIME OF
	4. SOCIAL SECURITY NUM	ISER	5. SEX 6.	AGE (In yrs. lest birth	day) IF UNDER	R 1 YEAR   F	UNDER 24 HRS		OF BIRTH	8.5	SIFITHPLACE (State
	214-50-83	218	1 🗆 M 2 🛛 F	87 87	RS. MONTHS	DAYS HO	DURS MIN.	(Mon	th, Day, Year)	1001 5	ountry) [arylan
	Do. FACILITY NAME (If not i		street end number)	- 01		Y, TOWN OR L	OCATION OF	DEATH	,,,	9c. COUNTY	
OR	St. Agne:	s Hos	pital		Ba	altim	ore (	City			
2	RESIDENCE OF DE	CEDENT		1 100	CITY, TOWN						10d. INSIDE
DIRECTOR			1timore		CITI, TOWN		atons	23711	١٥		LIMITS
	Maryland 100. STREET AND NUMBER		ItImore				CODE	) V J. I.	re	10g. CITIZEN	1 TYES 2
ERAL	47 Holy	mehur	st Avenue	2			21:	228			USA
FUN	11. MARITAL STATUS		12. WAS DECEDENT E	VER IN U.S. ARMED	13.	WAS DECEND	ENT OF HISE	ANIC ORIGI		s or No — 14.	RACE — American
BY F	1 Never Married 2 3 Widowed 4 Div		FORCES? 1			If yes, specify			Rican, etc.)		Black, White, etc.  Specify:
DB	A		1								Whit
ш	(Specify or	CEDENT'S ED	de completed)	(Give kir	NT'S USUAL O d of work done OT use retired.)	during most of	f working	16	b. KIND OF St	JSINESS/INDUST	RY
PLET	Elementary/Secondary	(0-12)	College (1-4 or 6+)	, , , , , , , , , , , , , , , , , , ,	Nurse					Medici	ne
COMP	17. FATHER'S NAME (First, I	Middle, Last)			Nulb		MOTHER'S	IAME (First.	Middle, Meider		
E C			J. Fink							McDon	ald
0	19e. INFORMANT'S NAME (			19b. MA	LINO ADDRES	S (Street and h	Vumber or Run			wn, State, Zip Coo	
5	William :	E. Ha	hn, Jr.	47	Ho1m	ehurs	t Ave	e. Ca	atons	ville.	MD 212
	20e. METHOD OF DISPOSIT	TION		20h DI ACEANDE	ATE OF DISBO	CITION /Mama	1	DA:	200 14	OCATION — City	
	4 Donation 5 Othe		moval from State	Pleasar	nt Va.	lley	Cem.	02/1	6 We	stmins	ster, M
	21. SIGNATURE OF FUNER	AL SERVICE L	ICENSEE)	2/10	22.	, NAME AND A	DDRESS OF	FACILITY			
	1		-								
	23. PART I. Enter the	haart fallura	complications that control con	on each line.	Do not enter	01 Fr	eder	ick i	rdiac or resp	atonsv piratory srrest,	Interv Onset
FICATION	23. PART I. Enter the shock, or i iMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condition smy, leading to immucause. Enter UNDERLY CAUSE (Disease or in)	disesses, or heart failura insi	e ARTER) D  DUE TO (O)  DUE TO (O)  C.	on each line.	Do not enter	01 Fr	eder	ick i	Rd. C	atonsv piratory srrest,	Appro Interv Onset
RTIFICATION	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list cond if any, leading to imme cause. Enter UNDERLY	disesses, or heart failure insi	e ARTER) D  DUE TO (O)  DUE TO (O)  C.	ON EACH INE.  SUEROT R AS A CONSEQUEN R AS A CONSEQUEN	Do not enter	01 Fr	eder	ick i	Rd. C	atonsv piratory srrest,	Appro Interv Onset
CE	23. PART I. Enter the shock, or I shock, o	disesses, or heart fellura insi	a ARTER) D  DUE TO (O)	ON EACH INE.  SUEROT  R AS A CONSEQUEN  R AS A CONSEQUEN	Do not enter  CE OF):  CE OF):	01 Fr	eder	ick lich sa cai	Rd. C	atonsv	Approintervionset
CAL CERTIFICATION	23. PART I. Enter the shock, or I iMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condition single sin single single single single single single single single single	disesses, or heart failure insi	DUE TO (O)  DOE TO (O)  DUE TO (O)	ON EACH INE.  SUEROT  R AS A CONSEQUEN  R AS A CONSEQUEN	Do not enter  CE OF):  CE OF):	01 Fr	eder	ick lich sa cai	Rd. C rdiac or resp An  24a. WAS AI PERFO	atonsv  oliratory srrest,  O(SEAS	Approinterv Onset  (O
ICAL CE	23. PART I. Enter the shock, or I shock, o	disesses, or heart failure insi	DUE TO (O)	ON each line.  SUERDT R AS A CONSEQUEN R AS A CONSEQUEN R AS A CONSEQUEN eath but not resul	Do not enter  CE OF):  CE OF):	01 Fr	eder	ick lich sa cai	Rd. C disc or resp An	atonsv  oliratory srrest,  O(SEAS	Approinterv Onset  (O  24b. WERE AUTOP AMAILABLE COMPLETION OF DEATH?
MEDICAL CE	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condition from the sequential state of	diseases, or heart failure insi	aARTERIO DUE TO (O)  b. DUE TO (O)  c. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)	ON each line.  SUERDT R AS A CONSEQUEN R AS A CONSEQUEN R AS A CONSEQUEN eath but not resul	Do not enter  CE OF):  CE OF):	01 Fr	eder	ick lich sa cai	Rd. C rdiac or resp An  24a. WAS AI PERFO	atonsv  oliratory srrest,  O(SEAS	Approinterv Onset  (O  24b. WERE AUTOP ANNIABLE PI COMPLETION
MEDICAL CE	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidlease or condition resulting in death)  Sequentially list cond if any, leading to immecause. Enter UNDERIX CAUSE (Disease or inj that initiated events resulting in death) LA:  PART II. Other aignific	disease, or heart failure insi	DUE TO (O)	ON each line.  SUERDT R AS A CONSEQUEN R AS A CONSEQUEN R AS A CONSEQUEN eath but not resul	Do not enter  CE OF):  CE OF):	O1 Fr	eder	ick ]	24a. WAS APERFO	atonsv  oliratory srrest,  O(SEAS	Approinterv Onset  (O  24b. WERE AUTOP AMAILABLE COMPLETION OF DEATH?
MEDICAL CE	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condition from the shock of the shock	disease, or heart failure insi	aARTERIO DUE TO (O)  b. DUE TO (O)  c. DUE TO (O)  d. DUE TO (O)  d. DUE TO (O)	ON each line.  SCHEROT  R AS A CONSEQUEN  R AS A CONSEQUEN  B AS A CONSEQUEN  B AS A CONSEQUEN	Do not enter  CE OF):  CE OF):	O1 Fr r the mode	eder: of dying, so	ick lich sa car	24a. WAS AI PERFO	atonsv  oliratory srrest,  O(SEAS	Approinterv Onset  (O  24b. WERE AUTOP AMAILABLE COMPLETION OF DEATH?
ICAL CE	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  LAUSE (Disease or in) that initiated events resulting in death) LA:  PART II. Other algnific  LV FU  25. WAS CASE REFERRED EXAMINER?  1 VES 2 100  27. MAINER OF DEATH	disesses, or heart failure insi	DUE TO (O)	ON each line.  SUEROT  R AS A CONSEQUEN  R AS A CONSEQUEN  P AS A CONSEQUENCE  P A	Do not enter  CE OF):  CE OF):	O1 Fr r the mode ACDI  A	eder: of dying, so O VA	ick lich sa car	24a. WAS AI PERFO	atonsv  oliratory srrest,  O(SEAS	Approinterv Onset  24b. WERE AUTOP ANVIABLE PI COMPLETION OF DEATHY 1  YES 2
D BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or in) that initiated events resulting in death) LAST PART II. Other aignific CAUSE (Disease or In) that initiated events resulting in death) LAST PART II. Other aignific CAUSE (Disease or In) that initiated events resulting in death) LAST PART II. Other aignific CAUSE (Disease or In) that initiated events resulting in death of the CAUSE (Disease or In) that in the CAUSE (Dis	disease, or heart failure insi	Complications that c List only one cause  ARTERIO  DUE TO (O)  b.  DUE TO (O)  c.  DUE TO (O)  d.  HOSPITAL:    I   Impelient 2   E   28e. DATE OF IN (Month, Day,	ON each line.  SCHERDT R AS A CONSEQUEN R AS A CONSEQUEN PASS A CONSEQUENT PASS A CONSE	Do not enter  CE OF):  CE OF):  CE OF):  CE OF):  A OTHE OA OTHE INJURY M	O1 Fr r the mode  ACD1	eder: of dying, so  O VA-  Buse given  E OF DEATH (	n Part I.	24a. WAS AI PERFO	A TONSY  N AUTOPSY RMED? 2 UNO  INJURY OCCURI	Approinterv Onset  24b. WERE AUTOP ANVIABLE PI COMPLETION OF DEATHY 1  YES 2
ED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the shock, or immediate Cause (Fidisease or condition resulting in death)  Sequentially list condition should be sent to the cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LAST PART II. Other algnific to the cause of the ca	itions, ediata ving ury ST Condition MEDICAL	a ARTERIO  BUE TO (O)  DUE TO (O)	ON each line.  SCHERDT R AS A CONSEQUEN R AS A CONSEQUEN PASS A CONSEQUENT PASS A CONSE	Do not enter  CE OF):  CE OF):  CE OF):  CE OF):  A OTHE OA OTHE INJURY M	O1 Fr r the mode  ACD1	eder: of dying, so O VA	n Part I.	24a. WAS AI PERFO 1 YES	A TONSY  N AUTOPSY RMED? 2 UNO  INJURY OCCURI	Approinterv Onset  24b, WERE AUTOP AMILABLE COMPLETION OF DEATH?  1 YES 2
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7. DATE OF BIRTH (Month, Day, Year) 08 - 29 - 06 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 87 YRS. DAYS 248-09-7385 1 🔀 M 2 🗌 F permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF OEATN DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1304 N. WASHINGTON ST. for use as the burial-transit 21213 Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Narried FORCES? 1 YES 2 NO ВУ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION
(Specify only bighest grade completed)

Elementary/Secondar (0-12) College College (1-4 or 5+) ARMCO STEEL CO. LABORER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) PERCY HOWARD SUSANNE TYLER notified at 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1304 N. WASHINGTON ST. BALTO, MD 21213 ANNA HOWARD pe 20s. METHOD OF DISPOSITION
1 Department | Burlel | 2 Cremation | 3 Ramoval from State | 4 Donation | 5 Other (Specify) | 28c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must 2/1 BALTIMORE CEMETERY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY and completely filled in by the funeral burdal, cremation, or removal. 1129 N. CAROLINE ST. ▶ BETTS FUNERAL HOMW 23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, medical ehock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition DEHYDRATION recuiting in deeth) traumatic event, DS. P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): DIARRHEA CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 9 if any, leading to immediate cause. Enter UNDERLYING mending physician a the death certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in death) LAST 6 The attlen PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s WAS AN AUTOPSY PHYSICIAN: MEDICAL ATRIAL FIBRILLATION t TYES 2 NO SEPSIS IN EVOLUTION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one DIVISION OF VITA HOSPITAL:
1 (V Inpetiant 2 | ER/Outpetiant 3 | DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Nome 5 ☐ Residence 8 ☐ Other (Specify) 神 10 27. MANNER OF DEATN 28a. DATE OF INJURY 286. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED t Natural 5 Pending Investigation 1 YES 2 NO BY L OR ATTENDING P L DIRECTOR: After t hours after death 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 28 4 Nomicide determined 29e. CERTIFIER

(Chark and 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL (
TO THE FUNERAL D
BE filed within 72 h
IMPORTANT: If it HOSPITAL 2 
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE AT 243 8940 F10 > Feb 15, 1994 Panhw. RASSAM, MD 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BALT MO 21218 of REGISTAR'S SIGNATURE June Daydson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BEG NO

YEAR

S . C .

U.S.A.

2:00A

a. BIRTNPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

BLACK

XX YES 2 NO

1994

2. DATE OF DEATH MONTH

FEB

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Joe M. Howard

Sr.

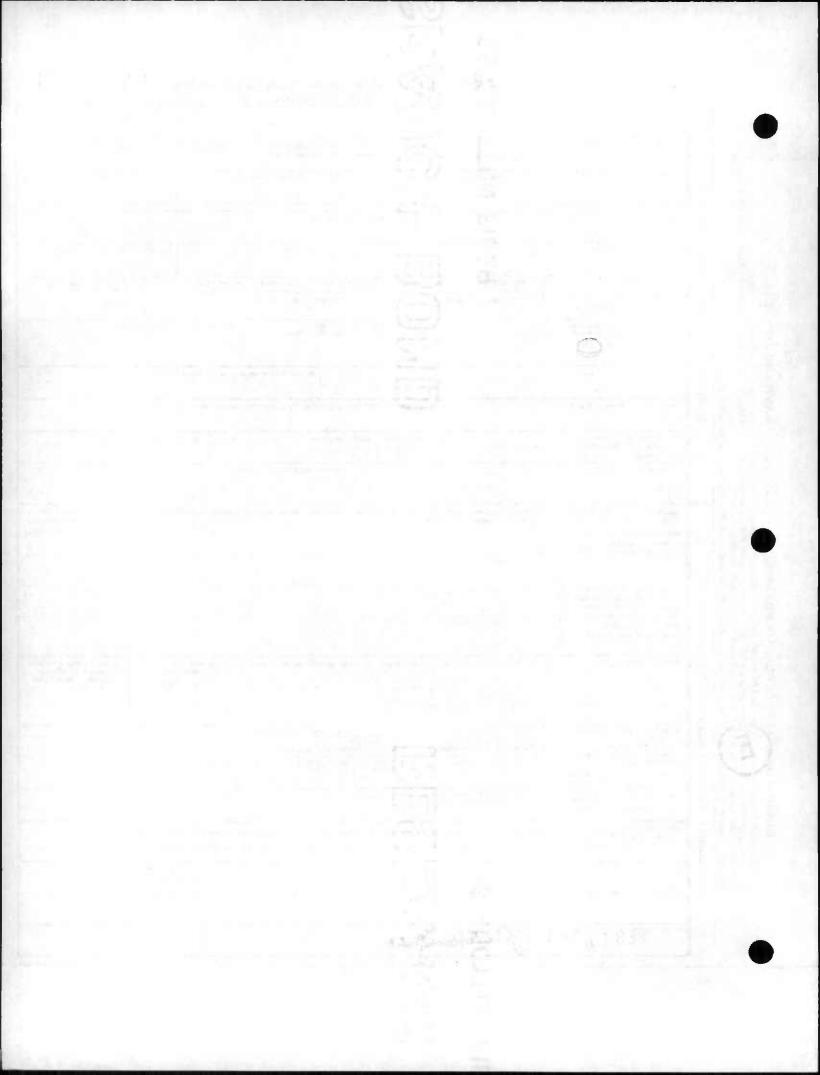
BALTIMORE, MD. Approximete **Onset and Death** 2 WKS ZWKS 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 29d. DATE SIGNED (Month, Day, Year) DHMH-16 Rev 1/89

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P.O. BOX 6	eath certificate be exe	ittending physician an	ital Hygiene prior to b	r, or other trauma
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DIVISION OF WITAL RECORDS, P.O. BOX 6	TO THE HOSPITAL OR ATTENDING PARTICIPAL. The properties that the death certificate be exe	TO THE FUNERAL DIRECTOR: Any the contrast has been signed by the attending physician an	filed within 72 hours after death with the S	IMPORTANT: If Item 28 is marked or Liem 23 shows any injury, or other trauma
	2	2	2	2

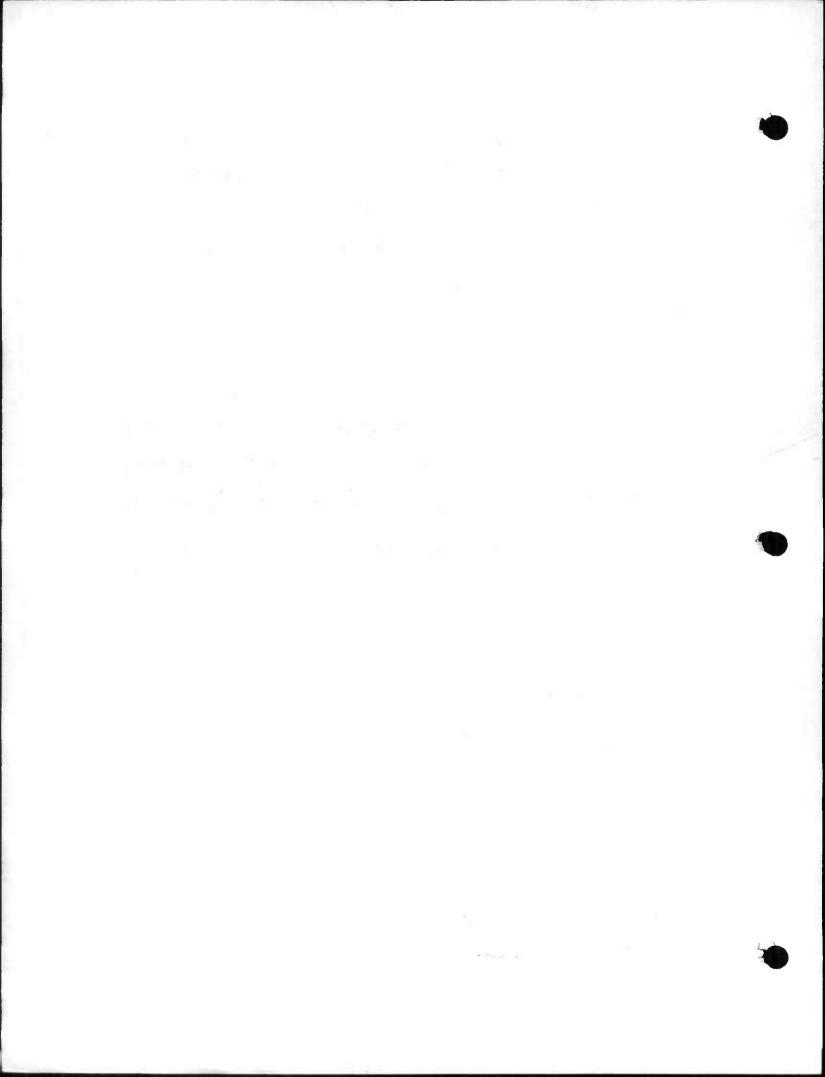
	en signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
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1 - STATE REGISTRAR				CLATT	ICATE OF	DEA	IH.		REG. N	0.			
JOHN HIL									UARY	<b>1</b> 3 1	994	3. TIME OF DEATH	
4. SOCIAL SECURITY NE		5. SEX	T a 405 %	s. lest birthday)				-		13 1		11:30 P	
		1 € M 2 □ F		? 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	MIN.	(Monti	OF BIRTH	2	Count		
219-78-5				) I 1110.	9b. CITY, TOWN	0010017	011.05.5	-	09-6	_	INTY OF E	1D	
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THE JOHNS RESIDENCE OF D 10e. STATE	10a. STATE 10b. COUNTY					TION	-					10d. INSIDE CITY	
MD	100			1	BALTIMO	ORE						1 X YES 2 NO	
10e. STREET AND NUMB	10e. STREET AND NUMBER					H. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
2437 E.	2437 E. EAGER ST.					21205					U.S.	Α.	
	11. MARITAL STATUS  1 X Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:			DINO	If yes, s	AS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No					Spec	14. RACE — American Indian, Black, White, atc. Specify: BIACK	
(Specify	DECEDENT'S EDU	e completed)	177		USUAL OCCUPATI work done during m		ng	16b	KIND OF B	USINESS/IN		1011	
Elementary/Secondar	(0-12)	College (1-4 or 5	+)		BORER				TN	DUST	RY		
17. FATHER'S NAME (First	t, Middle, Last)				JOREK	18 MOT	HED'S N	AME /Elest 1	Middle, Maide				
	. HILI						ANC				MOOF	RE	
19a. INFORMANT'S NAME				19b. MAILING	ADDRESS (Street				ber, City or Tr		_		
NANCY HI	LL				E. EAG							21205	
20a. METHOD OF DISPO			20b. PLA		OF DISPOSITION (A				E 20c. L				
1 Burial 2 Crema 4 Donation 5 0t		novel from State	_ cemetery	HELL HELL	MEMOR	GARI	DEN:	5 12/	18 B	AT.TTI	MORE	E. MD	
21. SIGNATURE OF FUNE	ERAL SERVICE LI	CENSEE			22. NAME A	ND ADDRE	SS OF F	ACILITY				37 (12)	
BETT  23. PART I. Enter the		ERAL HON			BALT	IMOH	RE,	MAR	NE S'	D 2	1213	3	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		0			,								
Sequentially list con if any, leading to im- cause. Enter UNDER CAUSE (Disease or i	ditiona, mediate ILYING	a Re		ambanseource of	elatery		50	ps1.	5			interval Betwe	
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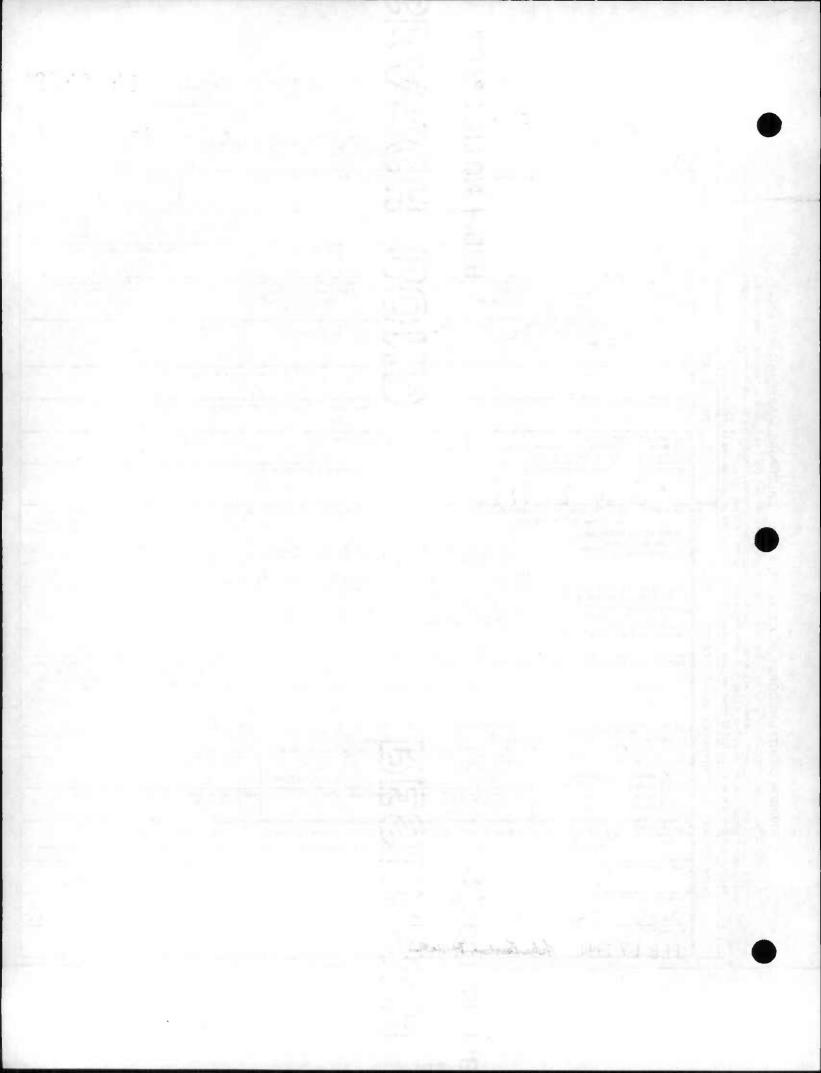


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1	1. DECEDENT'S NAME (Firs	st, Middle, Last)	duni	1			F DEATH	2. DATE OF MONTH	DEATH DAY	ν ,	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM	BER	5. SEX   0. A	IOE M yrs. Is	est birthday) IF	UNDER 1 YEAR	R IF UNDER 24 HRS.	7. DATE OF	PUDTH	7	8. BIRTHPLACE (State or Fore
	21203-7107 1 M 2 DAYS MONTHS DAYS HOURS MIN.						(Month, De		1	Country) MARYLAND	
_	96. FACILITY NAME (If not institution, give street and number) PERRING  96. CITY, TOWN OR LOCATION OF DEATH							DEATH		9c. COUNT	TY OF DEATH
15	MERIDIAN NURSING CENTER - PARKWAY BALTIMORE  BESIDENCE OF DECEDENT  BESIDENCE OF DECEDENT  BERRING  BALTIMORE										_
1 111	10a. STATE	10b. COUNT	TY		10c. CITY, TO	OWN OR LOC	LOCATION				10d. INSIDE CITY
D. H	MARYLAND				В.	BALTIMORE					LIMITS?
PAL	10e. STREET AND NUMBER 101. ZIP CODE									10g. CITIZI	EN OF WHAT COUNTRY?
FUNER,	3838 KG	OLAND	AVENUE  12. WAS DECEDENT EV	FO. 11. 11. 0. 11.			2121				USA
	1 Never Married 2		FORCES? 1 1	/ES 2 🖫	NO	If yes,	ECENDENT OF HISP/ specify Cuban, Maxie	an, Puerto Rica	ipecify Yes ( n, etc.)	or No- 1	<ol> <li>RACE — American Indian, Black, White, etc.</li> </ol>
BY	3X Widowed 4 Div	orced	IF YES, GIVE WANT	M DAICS		1 1 1	ES 2 XND Spec	ary:		(1)	Specify: WHITE
ETED	(Specify on	CEDENT'S EDU	UCATION le completed)	1 (0	ECEDENT'S USL Give kind of work	done during r	TION most of working	16b. KJR	ND OF BUSI	INESS/INDU	
	Elementary/Secondary (	(0-12)	College (1-4 or 5+)		e. Do NOT use re CLERK	tired.)			ВОСТ	ימקט יי	TOP
COMPL	17. FATHER'S NAME (First, A	Middle, Last)			BLIKK		18. MOTNER'S N	AME (First Midd		OFF	ICE
ш	JAMES (	CAULFI	ELD					SARAH C			
TO B	19a. INFORMANT'S NAME (			15			et and Number or Rura	l Route Number, (	City or Town,	, State, Zip C	
-	PEGGY MART						OOD ROAD,	BALTI			
	20s. METHOD OF DISPOSIT	on 3 🗆 Ren	noval from State	cemetery, cr	AND DATE OF D	plece)		DATE			ity or Town, State
	4 Donation 5 Other		ICENSEE	WOOD	LAWN C			9/94	BAL	TIMOI	RE, MARYLAND
	1 6	18 an	1 Soil	-()	,	A. A	AND ADDRESS OF FALAN SEIT	Z, JR.	FUNE	RAL F	HOME 2121
	22 DADT I Enter the		10-1				O TOOT ABOUT	A * * * * * * * * * * * * * * * * * * *			
	anock, or r	neert reliure.	complications that can List only one couse of	sed the d	eath. Do not e	3818	ROLAND	AVENUE	or reapin	TIMOF	RE, MARYLAND  at, Approximate interval Bets
TION	IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condit if any, leading to imme	tione,	a.	MA CONSE	EDUENCE OF):	enter the m	8 ROLAND node of dying, su  Life Life Life Life Life Life Life Lif	ch as cardiac	or reapin	atory arres	RE, MARYLAND  at, Approximate interval Bets
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PHYSICIAN: MEDICAL CERTIFICATION	anock, or r IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequantielly list condit If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injet that initiated events resulting in death) LAS  PART II. Other algnificates  25. WAS CASE REFERRED EXAMINER? 1 YES 2 40  27. MANNER OF DEATN 1 Natural 5 2 27. MANNER OF DEATN 1 Natural 6 4 4 Homicide  29e. CERTIFIER (Check only 1 CERTIFIER (CHECK ONL) CERTIFIER (	Rione, dilate ling and line line line line line line line line	B. DUE TO (DR /	AS A CONSE  AS A CONSE  AS A CONSE  The but not  Coutpetlent:  RY  ar)  URY — At he  Specify)  nowledge, diestion and/or	EDUENCE OF):  EDUENCE OF):  EDUENCE OF):  FROM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26. If HERL LANGING NO. 1 Langing No. 1 Langing No. 1 Langing No. 28c. If M. M. 1 Langing No. 28c. If M. 1 Langing No. 28c.	Ing cause given in	Part I. 24a  1 Part I. 24a  1 [	a. WAS AN A PERFORM  YES 2 [  One of hy]  BE HOW IN.  NN (Street an annum, State)  a) and mannum place, and	STORY STREET	Approximate interval Bet On and and I On I



	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEN		94 0459
- 1		E, Ho)	lland			2. DATE OF DEATH	DAY, OY	a. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  705 12 2984  98. FACILITY NAME (If not institution, give a	1 🖾 M 2 🗆 F	AGE (In yrs. last birthday) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 11;6;1912	2 1	BIRTHPLACE (State or Foreign Country) iaryland
TOR	Northwest Hosp		er		lstown			timore
DIRECTOR	10a. STATE 10b. COUNT		10c. CIT	OOKSVIll	31 11111			10d. INSIDE CITY LIMITS?  1 YES 2 X NO
FUNERAL	14302 Frederick	Road	1 168	101	21723			S. A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1200 IF YES, GIVE WAR	YES 2 NO	If yes, sp		NIC DRIGIN? (Specify Yearn, Puerto Ricen, etc.) fy:	a or No-	RACE — American Indian, Black, Whita, atc. Specify: Lack
COMPLETED	15. DECEDENT'S EDU. (Specify only highest grede Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of v life. Do NOT us	VI. 122	ON st of working	Socia	JSINESS/INDUS	
COM	17. FATHER'S NAME (First, Middle, Lest)  John Holland		POSLE	CIEIK		AME (First, Middle, Maider	1 Surname)	
TO BE	190. INFORMANT'S NAME (Type/Print) Helen V. Holland					Route Number, City or Tox		
	20a. METHOD OF DISPOSITION  XXBurlet 2 Cremation 3 Rem  4 Donation 5 Other (Specify)		20b. PLACE AND DATE Completely, cromatory or of Parker Fant	F DISPOSITION (Na	me of		OCATION — CIT	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Farnat Tan	22. NAME AN	D ADDRESS OF FA	2;21;94 Co court Ight Funera Sykesville	al Home	9
CERTIFICATION	shock, of heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	s. Resp7.  Due fo (OF  DUE TO (OF  C SP FA	ratory  RAS A CONSEQUENCE OF  Organ  FOR AS A CONSEQUENCE OF	lore	Synd	rome		Onset end Desi
EDICAL	PART II. Other significant condition	ne contributing to de	eth but not resulting i	n the underlying	g ceuse given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	neck only one)		1
HYS	1 Tes 2 NO 27. MANNER OF DEATH	1) Inpatient 2 El	R/Outpatient 3 DOA DOA DOA DOA	4 Nursing Hom E OF 28c. INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED
B	1 Netural 5 Pending 2 Accident Investigation	(Month, Day,	NJURY — At home, farm, a	M 1 🗆 1	PRK7 /ES 2 NO	2017		
ED	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc.	. (Specify)	areet, factory, offic		281. LOCATION (Street City or Town, State		Hural Houte Number,
COMPLETED	070) 2 MEDICAL EXAMINI	ER: On the basis of exam	knowledge, death occurre		eath occured at the	time, data and place, a		ause(s) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WITH	I Kon	OF DEATH (ITEM 27) (7/08	D Print)	29c. LICENSE NU	MBER 37174	29d. DATE S	IGNED (Month, Day, Year)
	SONG HOL  31. DATE FILED (Month, Day, Year)	MON M.	D. The K	) or Kwes	& Hosp	tal Cle	ter,	Rondalls ton.
	FFR 1 7 1994	Latie Davidon	Mandelle)		0			MD.



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

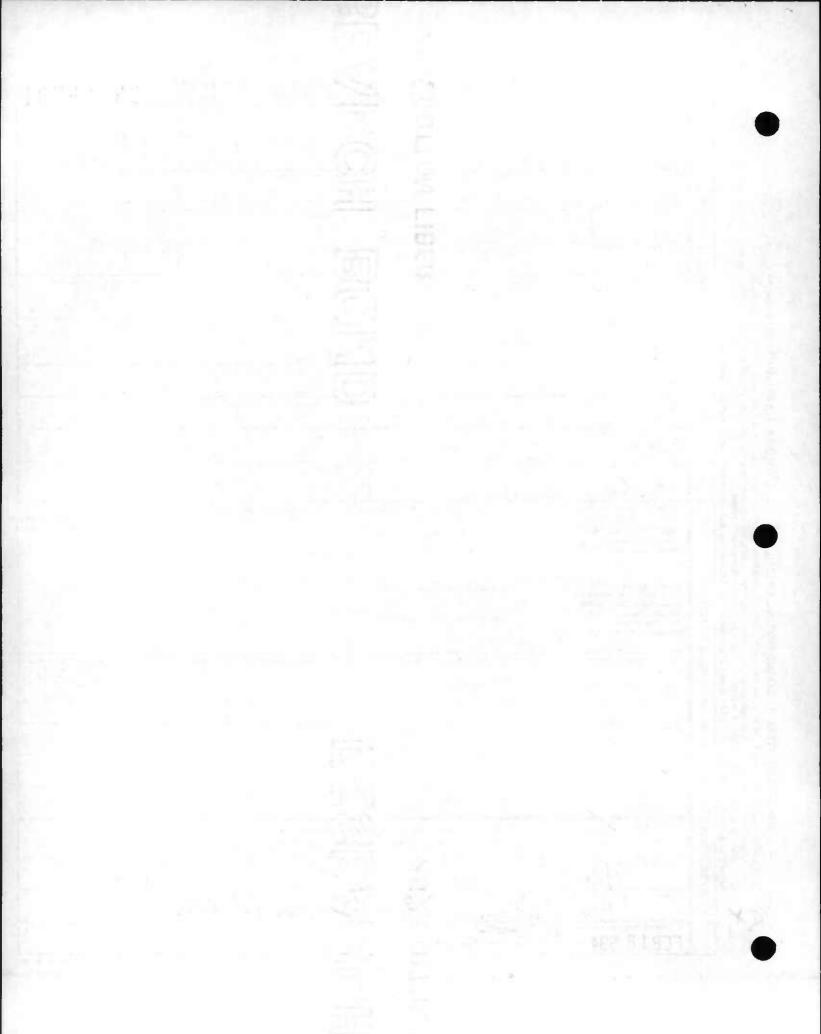
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 . CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH : 55 0 9 0 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 F DAYS HOURS permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 00 RESIDENCE OF DECEDENT 10a. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Ba 0 1 YES 2 NO BY FUNERAL 10f. ZIP CODE 10g. CITIZEN WHAT COUNTRY 4 funeral director, page 5 should be detached for use as the burlal-transit urs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian Black, White, etc. If yes, specify Cuban, Maxicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married B Specify: 3 Widowed 4 Divorced ack COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION eclly only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Sp College (1-4 or 5+) Seama 16. MOTNER'S NAME (First, Middle, Maiden Suthame) Sin 76 reddie a P BE C notified 19b. MAILING ADDRESS (Street and Number or Rural Route Zip Code 2 0 Ito. md 6 2120 Je Da 0 3 20a\_METNOD OF DISPOSITION

1. Burlal 2 □ Cremation 3 □ Removal from State PLACE AND DATE OF DISPOSITION (Nanjeto) 20c LOCATION DATE City must 19/19 Donation 5 Other (Specify) examiner 21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the fu 4 600 medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between 0 Onset and Deeth IMMEDIATE CAUSE (Fine) completely filled rial, cremation, o the disease or condition resulting in death) other traumatic event, executed within DUE TO (OR AS A CONSEQUENCE OF): burlal. CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician at Mental Hygiene prior to if eny, leeding to immediate cause. Enter UNDERLYING requires that the death certificate be CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO Shows : 1 YES 2 NO been Tr. of I PHYSICIAN: THE FUNERAL OR ATTENDING PHYSICIAN: The law in THE EUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. 23 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL item **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked. 1 Netural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .00 COMPLETED 6 Could not be TO THE FUNERAL DIRECTOR: A be filed within 72 hours after IMPORTANT: If Item 28 is 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. ME OF CER 29b. SIGNATURE AND 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER N16187 MN 2 30. NAME AND ADDRESS OF COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

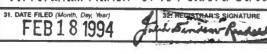
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer hours after death. Page 6 may be retained by the host	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 72 hours after death with the State Dear of Health and Mental Homele orior to burial cremation or removal.	IMPORTANT: It flem 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	SIMIE OF I	C	ERTIF	ICAT				MENTAL HYGIEN REG. NO.	_	94 04592	
	1. DECEDENT'S NAME (First, Middle, Last)  BERMAN	JOSEPH	BERMA	NJOSI	EPH				2. DATE OF DEATH MONTE 17	"1 994	YEAR 3: TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-01-1348	5. SEX	6. AGE (In yrs. Ia 78	yrs.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give s			9b. CIT	r, TOWN C	R LOCATI	ON OF DE	Sept. 23,19		Maryland TY OF DEATH		
OR	Saint Joseph Hospi				Tow	son,	Mary	and	В	altimore		
ECT	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,		10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY			
L DIR	Maryland 10s. STREET AND NUMBER				ltimo	ore (			LIMITS? 1 X YES 2 NO			
IERA	1909 Heathfield	Rd.				101	2123	-			I.S.A.	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	IT EVER IN U.S. AI X YES 2 NAR OR DATES		13.	WAS DEC	ENDENT Cooking Cuba	F HISPAN n, Maxicar Specify	IC ORIGIN? (Specify Yea 1, Puerto Rican, etc.)		4. RACE — American Indian, Black, Whita, atc. Specify: White		
밀	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S	USUAL C	CCUPATIO	ON st of working	00	16b. KIND OF BUS	SINESS/INDU		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+1	Give kind of the Do NOT us ttali					Baltimore	City F	Fire Dept.	
BE CO	17. FATHER'S NAME (First, Middle, Last) MORTIS		Ве	rman			18. MOT		ME (First, Middle, Maiden	Sumame) Buto	cher	
TO B	Mrs. Thelma L. E	Berman	19		ADORES			or Rural R	Number, City or Town	n, State, Zip C	Code)	
	20a, METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Remo	oval from State	anmaten, er	20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, crematory, or other place) Gardens of Faith Feb. 21,1994 Baltimore, MD								
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Daul	L. Hartso	arder	15 0		1 th 10 addre				MD 21214	
	· Paul L Ha	utsock	L. Har W	JCK, UI							Harford Rd.	
	23. PART I. Enter the diseases, or o shock, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Cerebro	Vascular	e. Accid	lent	the mo	de of dy	ng, auct	n an cardiac or reapi	ratory arre	st, Approximata Interval Between Onset and Death	
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant condition Hypertention / Disk Coronary Artery Dis	etes Mellit		resulting	In the u	nderlyln	g cause (	given in (	Part I. 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOODITAL.					ACE OF D	EATH (Che	ick only one)			
YSI	1 U YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nu		e 5 🗆 Re	sidence	6 Other (Specify)			
ВУ РН	27. MANNER OF OEATH  Netural 5 Pending Accident Investigation	28s. DATE OF (Month, E		28b. TIM	IE OF JURY M		URY AT RK? (ES 2	NO	28d. DESCRIBE HOW II	NJURY OCCU	RED	
	III a Contain I 284 PLACE OF INJURY — At home form street featons office								281. LOCATION (Street a City or Town, State)	and Number o	r Rural Route Number,	
COMPLETED									to the cause(s) and men		i. cause(a) and menner as stated.	
TO BE C	29b. SIGNATURE AND TITUE OF CERTIFIEF	House	PHYSI			1	29c. LICI	723	BER	29d. DATE	SIGNED (Month Day, Year) 2/17/1994 .	
	30. NAME AND ADDRESS OF PERSON WHO					n Mr	1 212	26		_		



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1 - FOR STATE REGISTRAR

DIVISION OF WITAL RECORDS, P.O. BOX 68760,

	- %	1. DECEDENT'S NAME (First, Middle, Last)	Enning	2				2. DAT	E OF DEATH TH DA	× 9	YEAR 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		In yrs. lest b		IF UNDER 1 YEAR		15.6.	E OF BIRTN		. BIRTNPL	ACE (State or Foreign
밀	9	215-40-2843	1 🗆 M 2 🖳 F	51	YRS.	DAYS	HOURS MIN.		-15-42	2	N.C	•
3 should	œ	9s. FACILITY NAME (If not institution, give str					OR LOCATION OF	DEATH		9c, COUNT	Y OF DEAT	N
2	5	FRANCIS SCOTT F	KEY MEDICA	L CE.	N	BALT	IMORE					
Sacre	DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION				10	d. INSIDE CITY LIMITS?
rmit. F		MD 10e, STREET AND NUMBER				BALTI	MORE					YES 2 NO
sit per	RA	5152 DARTEN RO	) A D					_				T COUNTRY?
physician. bunal-transit permit. Pages 1,	FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVER IF				2120 ECENDENT OF HISE	ANIC ORIG			S.A.	American Indian,
	ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES				specify Cuben, Mex ES 2.4 NO Spe		Ricen, etc.)		Specify:	ACK
att as		15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give	kind of wo	SUAL OCCUPAT		16	b. KIND OF BUS	INESS/INDU	STRY	
the hospital or detached for u	COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	life. Di	o NOT use UN	vetired.)	OYED					
the hospital detached once.	S	17, FATHER'S NAME (First, Middle, Last)					18. MOTNER'S	NAME (First	Middle, Meiden	Surname)		
ed by a	BE	JOHN A. MCNEII					NEL			HTI		
5 should	5	RENADE JENNINGS					and Number or Rur					206
6 may be ctor, page		20e. METNOD OF DISPOSITION	206		-	DARIE	Name of	BALT		MD.		
00 00		1 Buriel 2 Cremetion 3 Remo		ATTT		er place) E. CEMF	TERY			ALTIM		
death. Page tuneral direct Lexaminer n		21. SIGNATURE OF FUNERAL SERVICE LICE					AND ADDRESS OF					
0 = 0	_ }	▶ BETTS FUNE	ERAL HOME				1129 N BALTIM				212	213
completely filled in by the lall cremation, or remove: event, the medical		23. PART I. Enter the disease, or conshock, or heart feilure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A	ech line.	4	edo	nd				nt,	Approximate Interval Between Onset and Death
certificate be execuding physician and Hygiene prior to buring other traumatific	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
he death the atte Mental		PART II. Other algnificant conditions	contributing to death b	ut not res	ulting in	the underlyl	ng ceuse given	In Part I.	24a. WAS AN		24b. WE	RE AUTOPSY FINDINGS
w requires that it been signed by it of Health and I shows any li-	: MEDICAL	Pasister	regativ	E	SE	ale			PERFOR		OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATN?  YES 2 NO
四 拉至 22	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			-	28.	PLACE OF DEATH (	Check only	one)			
stifficate It he State D	rsic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Nopetion: 2 ER/Outp	outlant 3 🗆		OTHER: 4 - Nursing Ho	ome 5 - Residence	. 8 🗆 Oth	er (Specify)			
with th	PH	27. MANNER OF DEATH  Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		28b. TIME INJU	RY V	NJURY AT VORK?	28d. DI	SCRIBE HOW IN	JURY OCCU	RED	
After the death	ВУ	2 Accident Investigation	280. PLACE OF INJURY	At home	tom et		YES 2 NO	204.10	0471011 (0	- d M b	0	- M - N - 1
TTEN TOR: after	TED	3 Suicide 8 Could not be determined	building, etc. (Spec	cify)	o, 104711, SC	reet, rectory, on	ncu	Cit	CATION (Street a y or Town, State)	na Number oi	Hurel Hout	e Number,
A BE	COMPLET	2001	SIAN: To the beat of my know									d manner se stated.
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	E CC	296 SIGNATURE AND TITLE OF CERTIFIER	-				29c. LICENSE N		1			onth, Day, Year)
TO THE TO THE be filed	TO BE	7.11.61/Ma	mD				940	(0)		▶2	113	194
		30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF DE	****				-				

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

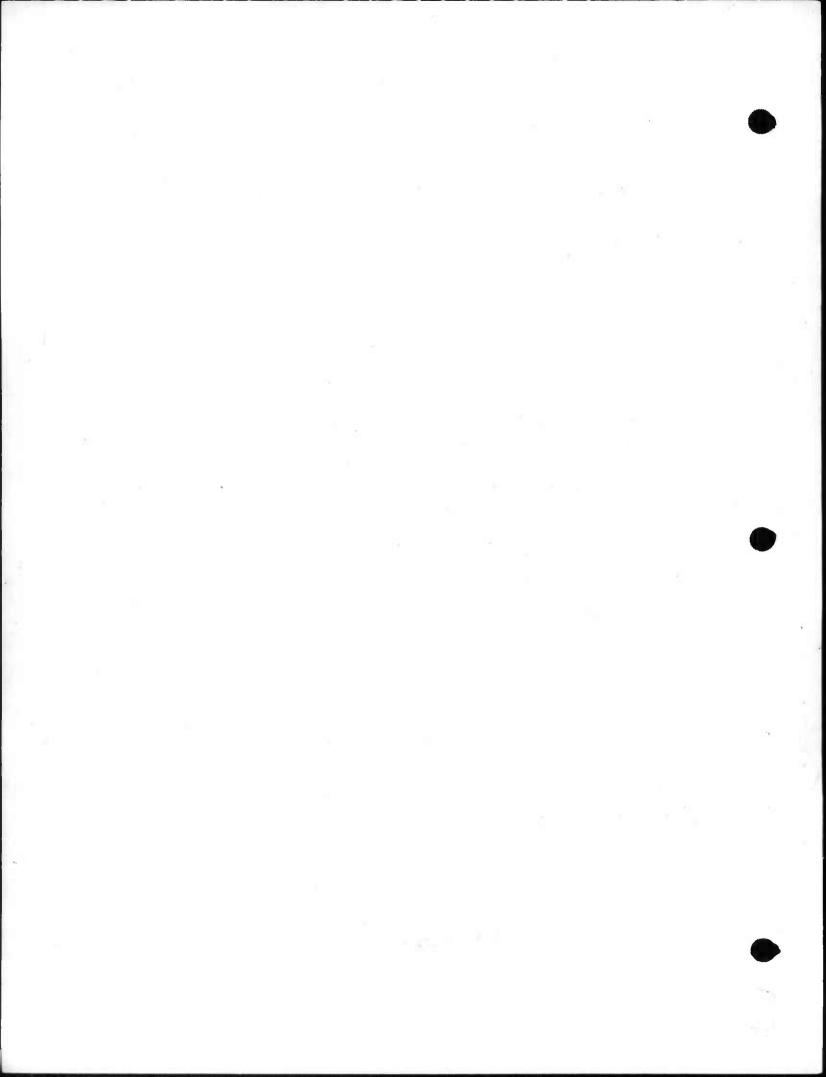
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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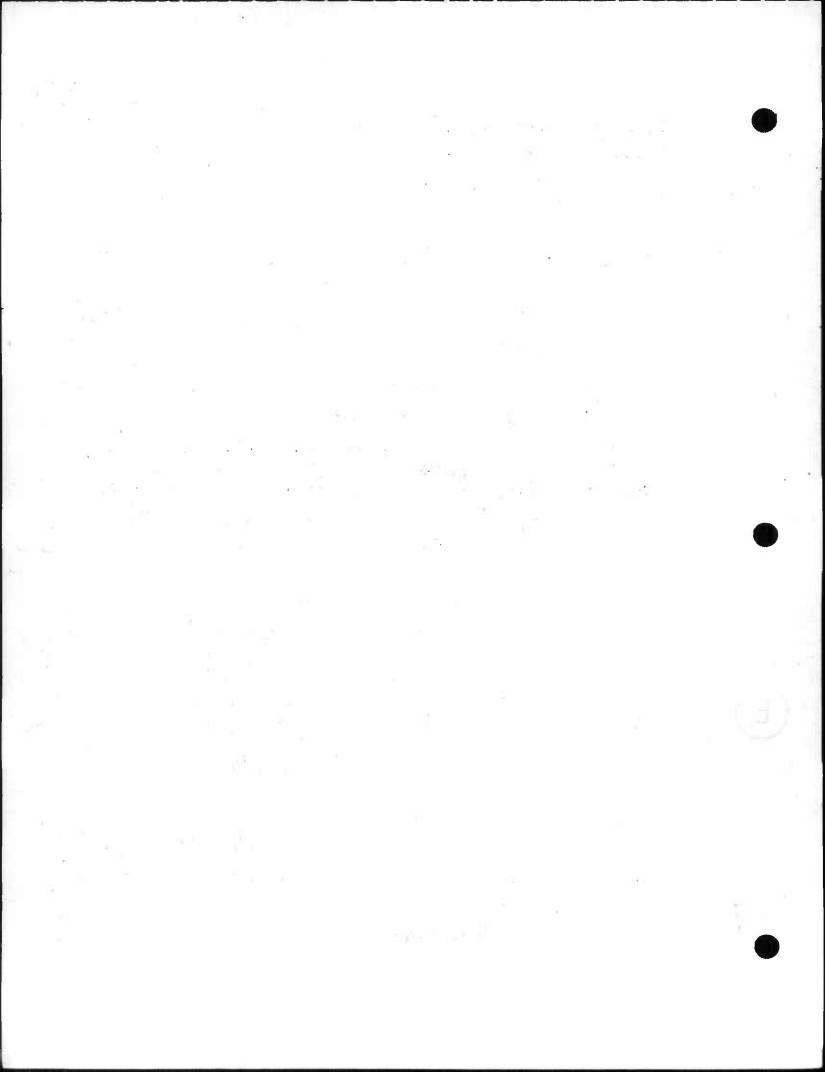




<b>MARYLAND 21215-0020</b>	al or attending physician
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DIVISION OF VITAL REGORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIEN		14 04594				
	1. DECEDENT'S NAME (First, Middle, Edward 4. SOCIAL SECURITY NUMBER	Anthony	Jano	Witz	Jr.	2 13		4:10 Pm				
	218-46-3279  9e. FACILITY NAME (If not institution,	1 XM 2 🗆 F	(In yrs. lest birthday) 47 YRS.	MONTHS DAYS	HOURS MIN.		1946 M	BIRTHPLACE (State or Foreign Country) ARYLAND				
CTOR	Fallston G	teneral Hos	ipital	Falls	ston	AIH	9c. COUNTY Ha	rford				
DIRE		arford	10c. CIT	y, town on Locat Belai				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	1579 Bentley				21015		U.S	OF WHAT COUNTRY?				
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	□ Never Merried 2 🛛 Merried □ Wildowed 4 □ Divorced  FORCES? 1 🖾 YES 2 □ IF YES GIVE WAR OR DATES VIETNAM			RMED NO  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuban, Maxican, Puerto Ricen, etc.)  14. RACE — Ar Black, Whit Specify:  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: White Specify: W							
COMPLETED	15. DECEDENT'S (Specify only highest Elementery/Secondery (0-12)			,		Toba	SINESS/INDUST	RY				
COMI	17. FATHER'S NAME (First, Middle, Les	91)				ME (First, Middle, Maider						
BE	Edward  19a. INFORMANT'S NAME (Type/Print)	Α.	Janowit		Mari		m State 7in Con	Frommeyer				
DT	Mrs. Dorothy	19a. INFORMANT'S NAME (Type/Print)  Mrs. Dorothy V. Janowitz  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  Same as #10										
	1 XBuriel 2 Cremation 3 C 4 Denetion 5 Other (Specify)	20g. METHOD OF DISPOSITION  1 Cametery, cremetory or other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of Cametery, Cremetory, cremetory, or other piece)  Belair Mem. Park 2/18/94  20c. LOCATION — City or Town, State  Belair, Md.										
	21. SIGNATURE OF PUNERAL SERVICE  POLICE  LO  LO  LO  LO  LO  LO  LO  LO  LO  L	Latorch on	rtsock,Jr.	Leon		uck, Iņc.	5305 H	21214 arford Rd.				
CERTIFICATION	23. PART I. Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. DUE TO (OR AS AS C.	ech line.	e col	eln Car			Interval Between Onset and Death				
MEDICAL	PART II. Other eignificent cond	ditiona contributing to death t	out not resulting	in the underlying	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO				
SICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Mipetlent 2 ER/Out	netlest 2 (1004	OTHER:	ACE OF DEATH (Ch							
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investiga	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJI		8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCURE	60				
ETED B	3 Suicide 8 Could no 4 Homicide determin	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm, a	treet, tactory, office		281. LOCATION (Street City or Yown, State	end Number or R	ural Route Number,				
COMPLE		PHYSICIAN: To the best of my know						use(a) and manner as atated.				
BE	29b. SIGNATURE AND TITLE OF CER	TIFIER			29c. LICENSE NUM D32			SNED (Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF DE		Print)	1302	- 1	-/	.0//7				
	31. DATE FILED (Month, Day, Year) FEB 1 8 199	22 OF CICTOANS CICA	m-Randell									



02

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATN

6. AGE (In vrs. last birthday)

87 Years Rs.

Serverna Park Meridian Nursing Cntr. Serverna Park DIRECTOR permit, Pages 1, 2, 3 RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION **Baltimore** Overlea FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit o burial, cremation, or removal. 21236 213 Leslie Avenue Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried 1 TYES 2 NO BY Specify. 3 🔀 Widowed 4 🗌 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Years Clerk Pharmacy 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Annie Kelly Charles Mc Carthy TO notified 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 306 Songwood Ct. Millersville Md 21108 2 Patricia A. Cain pe 20e. METHOD OF DISPOSITION

1 XBurtsi 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 4 Donation 5 Other (Specify) Relair Memorial Gardens examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY The Dippel Funeral Home Inc narten 7110 Belair Road, Maryland 21206 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. **IMMEDIATE CAUSE (Final** covonary autery disease the disease or condition event, resulting in death) ION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to other 1 CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL the signed by the pt. of Health and A ymphoma PHYSICIAN: has be Dept. 23 IDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate h HOSPITAL: OTHER:
4 Nursing Home 5 - Residence 8 - Other (Specify) 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 9 28b. TIME OF 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? After this co marked, 1 Natural 5 Pending 1 YES 2 NO BY death 2 Accident 26e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) -3 Suicide COMPLETED 6 Could not be 4 Nomicide 22 29e. CERTIFIER (Check only (Ch on and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner as stated. 6. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE 置置当 )19838 2 AND ADDRESS OF PERSON WWO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) - Selauic Bestgate E. W.O. 900 Annapolis

2 PERSTRAB'S SICKTURE

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

217-20-3198

Mary Rebecca Jaworsky

9e. FACILITY NAME (If not institution, give street end number)

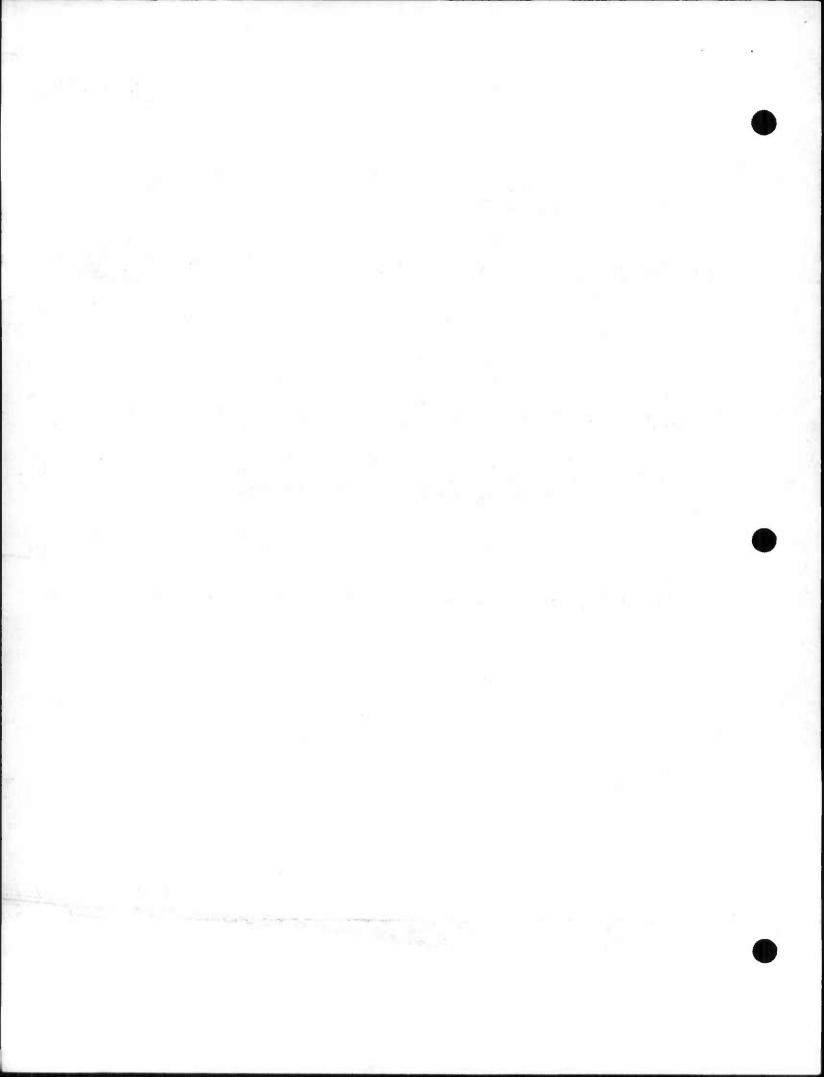
1 M 2XXF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATN 1994 12 10:55 P 7. DATE OF BIRTH 05/01/70/1906 e. BIRTHPLACE (Stote or Foreign 9c. COUNTY OF DEATN Anne Arundel 10d. INSIDE CITY LIMITS? 1 YES 2 XNO 10g. CITIZEN OF WHAT COUNTRY? U.S.A 14. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY 20c. LOCATION — City or Town, State 2/16/94 Belair MD. Approximata Interval Between Onset and Death 10 years 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO 1 - YES 2 - NO 28d. DESCRIBE NOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d, DATE SIGNED (Month, Day, Year)

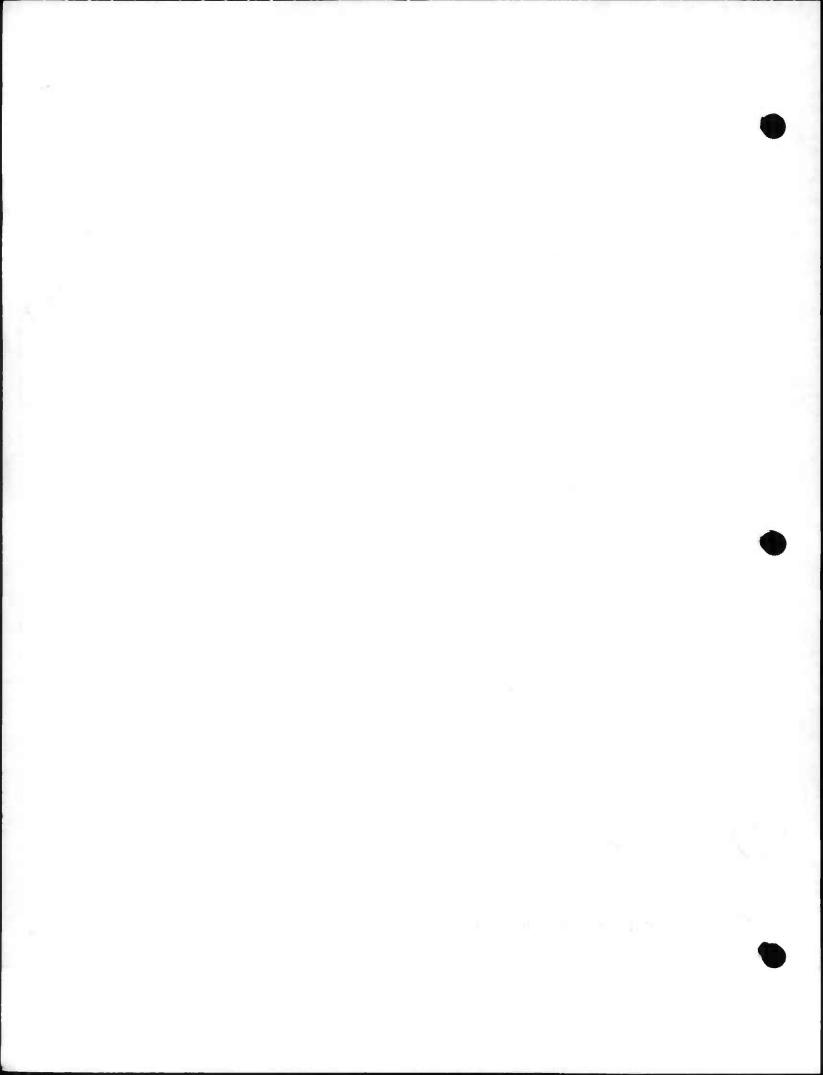
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OF VITAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate he executed within
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	- 1	1. DECEDENT'S NAME (First, Middle, Last)							MONT	OF DEATH	DAY 1	YEAR :	3. TIME OF DE	ATH
		ELIZABETH  4. SOCIAL SECURITY NUMBER	MARIA 5. SEX 6. A			REBS			2			94	1:30	
pla		220-60-8631	1 🗌 M 2 🔀 F	GE (In yrs. Ia	vrs.		AYS HOL	UNDER 24 HRS.	MAY	of Birth h, Day, Year) 03, 1	.901 M	(ARY		Foreign
, 2, 3 should	стоя	9a. FACILITY NAME (If not institution, give street and number)  Meridian - The Pines  Easton  Tall  RESIDENCE OF DECEMENT									Tal			
permit. Pages 1,	DIRE	10e. STATE 10b. COUNT	LBOTT			ASTON	OCATION						INSIDE CILIMITS?	
	IERAL	100. STREET AND NUMBER 610 DUTCHMAN'S	LANE				101. ZIP					S.A.	AT COUNTRY	
21215-0020 all or attending physician. for use as the burlat-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR ON	ES 2 📉		If ye	s, specify	ENT OF HISPA Cuben, Mexic NO Speci	an, Puerto	17 (Specify Ye Rican, etc.)	os or No — 14	I. RACE - Black, Specify.	- American In White, etc. WHITE	13.4
2121 al or att	LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(C	Give kind of w Do NOT use	•		working	168		JSINESS/INDUS	TRY		
YLAND 2 by the hospital be detached fo at once.	COMPL	6th  17. FATHER'S NAME (First, Middle, Last)  OTTO	VOTEL		HOMEM	AKEK		MOTHER'S NA		OWN H	n Sumame)	ODES	3	
MAR e retained e 5 should netified	TO BE	190. INFORMANT'S NAME (Type/Print)  ROBERT J. KREBS			19th MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 8418 MARYLAND ROAD, PASADENA, MD 21122									
ALTIMORE, death. Page 6 may be funeral director, page		20a. METHOD OF DISPOSITION 1 & Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of comments) 20b. PLACE AND DATE OF DATE OF DISPOSITION (Name of comments) 20b. PLACE AND DATE OF											MD	
		21. SIGNATURACE FUNERIAL SERVICE LI	Fad	am	A			DORESS OF FA			ETON FUN BURNI			
n 24 hours aft hy filled in by attion, or remo		23. PART I. Enter the diseases, or shock, or heart failure.	complications that cau List only one cause or	sed the d	eath. Do no	ot enter the	mode o	f dying, suc	ch as can	diac or resp	piratory arres	it,	Approxi	Between
		disease or condition resulting in death)	a. DUE TO (OR A	AS A CONSE		ular	4C	cide	nx		, .		Oneet a	IK/.
BOX 68 cate be execute hysician and con prior to burian art traumatic	ERTIFICATION	disease or condition	a. DUE TO (OR A OUE TO (OR A OU	A CONSE	OVENCE OF	):	ac	livins	nt	de	y east		Oneet a	SKI.
RECORDS, P.O. BOX 68' requires that the death certificate be execute been signed by the attending physician and co. of Health and Mental Hygiene prior to burial shows any injury, or other traumatic.	N: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inklieted events	c. OUE TO (OR A	AS A CONSE	OVENCE OF	):				24a. WAS AI	N AUTOPSY	24b. V	Oneet a	FINDINGS OF CAUSE
TAL RECORDS, P.O. BOX 68:  The law requires that the death certificate be execute the has been signed by the attending physician and cu ate Dept. of Health and Mental Hygiene prior to buria em 23 shows any injury, or other traumatic	MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	c. OUE TO (OR A	AS A CONSE	OVENCE OF	):  In the under	tying cau		Part I.	24a. WAS AI PERFO	N AUTOPSY	24b. V	Onset all  PLO  VERE AUTOPSY MAILABLE PRIO  OMPLETION OF DEATH?	FINDINGS OF CAUSE
F VITAL RECORDS, P.O. BOX 68:  CLAN: The law requires that the death certificate be execute that she has been signed by the attending physician and or the State Dept. of Health and Mental Hygiene prior to buria or item 23 shows any Injury, or other traumatic	PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	A CONSE	OUENCE OF  QUENCE OF  QUENCE OF  POSUITING IS	OTHESe OF 280 RY M 1	Home 5 INJURY WORK?	use given in OF OEATH (C: □ Residence	heck only or	24a. WAS AI PERFO	N AUTOPSY	24b. V	Onset all  PLO  VERE AUTOPSY MAILABLE PRIO  OMPLETION OF DEATH?	FINDINGS OF CAUSE
ISION OF VITAL RECORDS, P.O. BOX 68: THE TABLE PROCEST THE LAW requires that the death certificate be execute THE Amer this certicate has been signed by the attending physician and control to the process of Health and Mental Hygiene prior to buriant the state Dept. of Health and Mental Hygiene prior to buriants is marked, or iftem 23 shows any injury, or other traumatic	ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 10  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined	OUE TO (OR A  d	AS A CONSE  AS A CONSE  The but not  Dutperlent:  RY  PY  DUTY — At his  Specify)	OUENCE OF	OTHER	tying cau	OF OEATH (C) Residence AT 2 NO	heck only or  6  Othe  28d. OE:	24e. WAS AI PERFO 1 VES 1 (Specify) SCRIBE HOW ATION (Street or Town, State	N AJTOPSY PRIMED? 2 NO INJURY OCCUP and Number or	24b. V	VERE AUTOPSY MARLABLE PRIO COMPLETION OF DEATH!	FINDINGS OF CAUSE
DIVISION OF VITAL RECORDS, P.O. BOX 68:  A DEPENDENT OF DISCLAR. The law requires that the death certificate be execute  A DIFFERENCE After this cent cate has been signed by the attending physician and continue to the continue of the cont	ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 700  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one)  1 CERTIFIER   MEDICAL EXAMINE	OUE TO (OR A  d	As A CONSE  A CONS	OUENCE OF  QUENCE OF  QUENCE OF  COUENCE O	OTHER	Home 5 NJURY WORK? YES	OF OEATH (C) Residence AT 2 NO	heck only or  6 Othe  28d. OE:  28f. LOC	24a. WAS AI PERFO 1 VES  YES  YES  YES  YES  YES  YES  YES	INJURY OCCUR	24b. V	VERE AUTOPSY MAILABLE PRIO COMPLETION OF DEATH?  VES 2	FINDINGS R TO E CAUSE
DIVISION OF VITAL RECORDS, P.O. BOX 68'  DIRECTA And the centrate has been signed by the attending physician and contents. And the State Dept. of Health and Mental Hygiene prior to burial ifem 28 is marked, or item 23 shows any injury, or other traumatic.	ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 1 CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE CENTRE	OUE TO (OR A  d	S A CONSE  AS A CONSE  The but not  Dutpetient :  Pry  and  Dutpetient :  pry  and  and  and  and  and  and  and  an	OUENCE OF	OTHESO 4 STATUTE OF 28 ATT MM 1 Innest, factory, In my opini	flying cau	OF OEATH (C) Residence AT 2 NO	Part I.  heck only or  6 □ Othe  28d. OE:  28f. LOC City  e to the cae  time, deta	24a. WAS AI PERFO 1 VES  YES  YES  YES  YES  YES  YES  YES	INJURY OCCUR and Number or indidua to the c	REO REO Reuse(a)	VERE AUTOPSY MAILABLE PRIO COMPLETION OF DEATH?  VES 2	FINDINGS R TO CAUSE



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0200	physicia	e bunal-tr
1215-0	or attending	use as the
AND 2	the hospital	detached for
MARYL	retained by	5 should be
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician	director, page
BALTI	er death. P	the funeral
	nours aft	filled in by the

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	be fi	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF M		/ DEPART				) MEN	TAL HYGIEN		94	04597
	1. DECEDENT'S NAME (First, Middle, Last)	Catheri	ne	KUN	GLER			2. 0 M	ATE OF DEATH	w1 994	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214 24 7610	5. SEX 1 ☐ M 2 🛣 F	6. AGE (In yrs. 67	last birthday) YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS HOURS MIN	(4	ATE OF BIRTH Forth, Day, Year) 1 16 26		6. BIRTHPL Country) Md	ACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give str Saint Joseph Hospit								Baltimo	TH OCE		
DIRECTOR	nesidence of decedent  100. STATE  Md.  10b. COUNTY		18c. CITY, TOWN OR LOCATION Baltimore								Dd. INSIDE CITY LIMITS?  X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 705 South East Av	enue				101.	ZIP CODE 21224			10g. CIT		AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIYE WA	EVER IN U.S. YES 2 AR OR DATES	ARMED	If	yes, spe	NOENT OF HIS cify Cuben, Mex 2 1 NO Spo	ican, Pue	IIGIN? (Specify Yes orto Rican, etc.)		14. RACE	- American Indian, White, stc.
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementery/Secondary (0-12)	ATION completed) College (1-4 or 5+)		DECEDENT'S I (Give kind of w life. Do NOT use House	ork done di retired.)	uring mos	N t of working		166. KIND OF BUS	Home	DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) William Thompson							NAME (F)	rst, Middle, Meiden lams	Sumame)		
TO B	John H. Klingler	Tohn II III I					AILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  5 S. East Avenue Balto. Md. 21224					
	20a. METHOD OF DISPOSITION  1. Burlal 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, S cemetery, crematory or other place)  Sacred Heart of Jesus Com  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Autor D. Juliu					arle	s S.Ze	iler	& Son (			
	23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one caus	e on aech li	ine.	ot enter 1	the mod	le of dylng, s	uch as	cardiac or respi	ratory ar	rest,	Approximate interval Between Onset and Death 10 MOS.
ERTIFICATION	disease or condition resulting in death)  TERMINAL CARCINOMATOSIS  DUE TO (OR AS A CONSEQUENCE OF):  OVARIAN CANCER  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									UNK		
MEDICAL C	PART II. Other algnificent conditione	contributing to	death but no	t resulting in	n the unc	deriying	cause given	In Part	I. 24s. WAS AN PERFOR	MED?	An Cr	ERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
SICIAN:		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	:	S Resident					
BX PH	Nstural 5 Pending Accident Investigation	28s. DATE OF I	y, Year)	28b. TIME	JRY M	26c. INJU WOR 1   YI	IK?		DESCRIBE HOW II			
LETE									te Number,			
COMPLET	(Check only one) 2 MEDICAL EXAMINER											nd manner as stated.
29b. DICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, Year)									Onth, Day, Year)			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
ARTEMIO ARCIAGA SR. MD, 703 S. CLINTON, BALT., MD 21224

31. DATE FOE BIA 08 1994

BOT AVOLUTE SHE VERS

THE RESERVE AND ADDRESS OF THE PARTY OF THE

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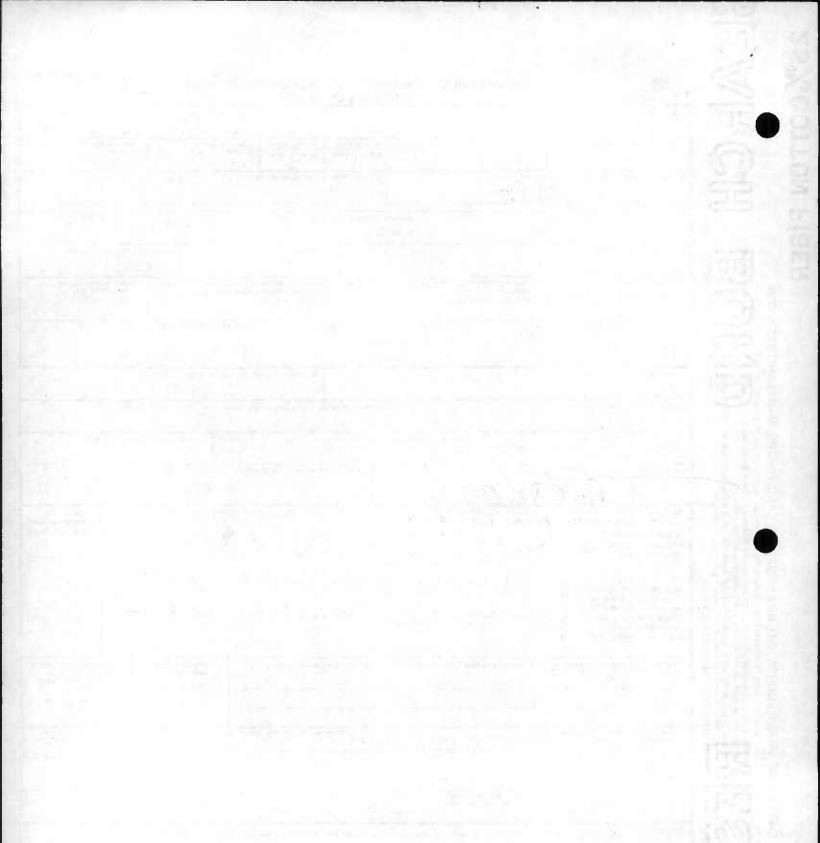
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DIMISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	OF ATTRIBUNG PHYSICIAN; The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAU. CHECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OSMAIO)	TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTUR Aft be filed within 72 hours after de	IMPORTANT: if item 28 is marked

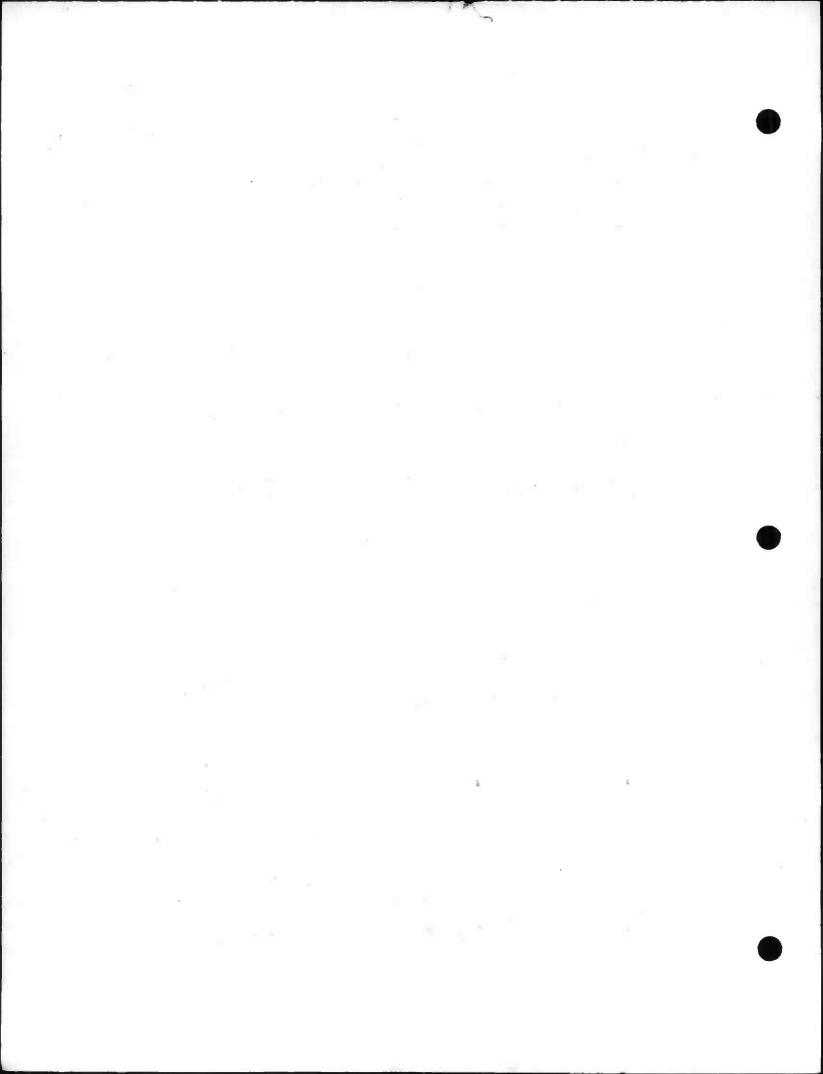
FEB 1 8 1994

FOR 1 - STATE REGISTRAR	STATE OF MAR		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	94 04598			
1. DECEDENT'S NAME (First, Middle, Las	n =		KRAMER	2. DATE OF OEATH MONTH DAY	YEAR 94 1234 A N			
4. SOCIAL SECURITY NUMBER 218-26-9835	5. SEX 8. A		IF UNDER 1 YEAR IF UNDER 24 HRS. NONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 05-09-1931	8. BIRTHPLACE (State or Foreign Country) MARY LAND			
80. FACILITY NAME (If not institution, given the second of	1100.1		96. CITY, TOWN OR LOCATION OF E		COUNTY OF DEATH			
MARYLAND 106. COUR	JARD	DAYT	TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2' NO			
10e. STREET AND NUMBER  4305 TEN OAKS RI  11. MARITAL STATUS  1 Never Married 2 VMerried			101. ZIP CODE 21036	his city of	USA			
1   Never Married 2   Merried 3   Widowed 4   Olvorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 XNO	13. WAS DECENDENT OF HISPI If yes, specify Cuban, Mexic 1 YES 2 NO Spec		- 14. RACE — American Indian, Black, White, etc. Specify: WHITE			
15. OECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	life. Do NOT use	ork done during most of working		166. KIND OF BUSINESS/INOUSTRY  CONSTRUCTION			
FREDERICK C. KR	AMER		18. MOTHER'S N	AME (First, Middle, Meiden Surnam LIE C. GRIMES	10)			
BARBARA A. KRAM	ER		DDRESS (Street and Number or Aura. EN OAKS RD, DA!					
20e, METHOD OF DISPOSITION 1   Burial 2   Cremation 3   Re 4   Donation 5   Other (Specify)	emoval from State	20b. PLACE AND DATE OF	E CEMETERY	DATE 20c. LOCATION	I — City or Town, State			
21. SIGNATURE OF FUNERAL SERVICE	De Cara	de	22. NAME AND ADDRESS OF F	SPRING ROAD, L	JERAL HOME, INC. AUREL, MD 20707			
23. PART I. Enter the diseases, o shock, or heart failure immEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause o	DIAC	ASYSTOL	E	arreat, Approximata Interval Between Onset and Dasti			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CAR DUE TO (OR A	DIAC A AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	anest/suc	DEN JEAN	TH DARE			
PART II. Other significant conditions and significant conditions are significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	one contributing to deat	h but not resulting in	the underlying cause given in	Part i. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 196	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 ND			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 ND	HOSPITAL:		28. PLACE OF DEATH (COTHER:					
2 Accident Investigation	200 DI ACE OF IN I		WORK? 1 □ YES 2 NO	28d. DESCRIBE HOW INJURY 28f. LOCATION (Street and Nur				
3 Suicide 4 Homicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	building, atc. (	Specify) N	at the time, date end place, and du	City or Town, State)				
	NER: On the basis of examin			e Ilme, date end place, end due l	to the cause(a) end menner ee stated.  DATE SIGNEO (Month, Day, Year),			
30. NAME AND ADDRESS OF PERSON N	guo	OEATH (ITEM 27) (Type (	- 034	383	2-11-94			



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1	TENDING PHYSICIAN: The law regules that the	OR; After this certificate has been world by the
1	R ATTENDING PHYSICIAN: The law require that the	RECTOR: After this certificate has been sored by the
	AL OR ATTENDING PHYSICIAN: The law requires that the	L DIRECTOR: After this certificate has been wared by the
1	SPITAL OR ATTENDING PHYSICIAN: The law requirements of	VERAL DIRECTOR: After this certificate has been would by the
	HOSPITAL OR ATTENDING PHYSICIAN: The law requestration of	FUNERAL DIRECTOR: After this certificate has been worsed by the
1	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law resolvement of the cardificate be executed within 24 hours after death. Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certificate has been word by its and completely filled in by the funeral director, page 5

	1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEP. CERT	ARTMENT OF	F HEALTH OF DEA	AND N	IENTAL	HYGIEN	E	94	Oli	59
	1. DECEDENT'S NAME (First, Middle, Last) BONNIE	G.	KER	NiS			2. DATE (		Y 1	EAR	3. TIME OF DEA	TH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthde		AR IF UNDER		FEB.		94	BIRTHE	1:48 PLACE (State or )	A
	230-25-2675	1 🗆 M 2 🖄 F	30 YRS	S. MONTHS DA	YS HOURS	MIN,	9 <del>- 3</del> (	0 - 63	\	/IRI	GINIA	
стов	99. FACILITY NAME (If not institution, give so JOHNS HOPKINS HOS				FIMORE				9c. COUNT	Y OF OE	ATH	
DIREC	100. STATE 100. COUNTY MARYLAND	1		CITY, TOWN OR LO						T	10d. INSIDE CIT	
ERAL C	100. STREET AND NUMBER	AVENUE			101. ZIP COD	50			10g. CITIZE	N OF W	1 YES 2 THAT COUNTRY?	NO
BY FUNE	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR (	YES 2 XNO	If yes	13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea if yea, specify Cuben, Maxicen, Puerlo Rican, etc.) 1 □ YES 2 ☑ NO Specify:							
ED B	3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION  16e. DECEDENT'S							KIND OF BUS	INESS/INDUS	WH]		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind	of work done during of use retired.)		ng						
COMPL	8 YEARS  17. FATHER'S NAME (First, Middle, Last)	HOMEMAKER 18. MOTHER'S A										_
w I	JOHN J. KERNS				-11		4111	EBER	20 mg			
10 B	190. INFORMANT'S NAME (Type/Print) MRS. KATHY TRAU	TEEL TED		ING AOORESS (Str	reet and Number	or Rural R	oute Numb	er, City or Town	, State, Zip Co		100/	_
	20a. METHOD OF DISPOSITION		20b. PLACE AND DA			OIRE	OATE	_	. MD. 21224			
	1 Burisi 2 Commation 3 Remarks Donation 5 Other (Specify)		GREEN	as ather almost	CEM.		1	BAL				
	21. Mighatume of Funerial Benvice Lic	ENSEE 211 ML	ki	KAC	ZOROV	VSKI	FUN				212	_
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):											
E		1		E OF):								
: MEDICAL CE		ss contributing to dea			lying cause	given in F	Part I.	24s. WAS AN PERFOR	MEO?		WERE AUTOPSY AWAILABLE PRIOR COMPLETION DE OF DEATH?	CAU
: MEDICAL CE	resulting in death) LAST	MOSDITAL:	ath but not resulting	ng in the underl	lying cause s		_	PERFOR	MEO?		AVAILABLE PRIOR COMPLETION DE OF DEATH?	CAU
SICIAN: MEDICAL CE	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1) YES 2   NO	d. s contributing to dea	sth but not resulting	or DTHER:	8. PLACE OF D	EATH (Chec	ck only one	PERFORI 1 YES 2	MEO?		AVAILABLE PRIOR COMPLETION DE OF DEATH?	CAUS
PHYSICIAN: MEDICAL CE	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1\( \subseteq \text{YES}  2 \subseteq NO  27. MANNER OF DEATH  1 \( \subseteq \text{Netural}  5 \subseteq \text{Pending} \)	HOSPITAL:	with but not resulting the but not resulting	OTHER: A 4 Nursing NURSE OF 28c.	8. PLACE OF D Home 5 Ro	EATH (Chec	ck only one	PERFOR	MEO?  NO		AVAILABLE PRIOR COMPLETION DE OF DEATH?	CAU
D BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpatient 2 XER. 26- DATE OF INJU (Month, Day, W FEB. 14,	VOutpetient 3 DO/ URY 28b. 11 1994 11 JURY — At home, fan (Specify)	22  OTHER: A 4 Nursing TIME OF NJURY D 1 m, street, fectory,	8. PLACE OF D Home 5 Ri INJURY AT WORK? YES 2	EATH (Checked)	ck only one  Other  28d. DESC  SUBJ	(Specify)  RIBE HOW IN  ECT SI  TON (Street e. Towns State)	MEO?  NO  NO  NO  NO  NUMY OCCUMA  HOT  nd Number or	RED Rural Ro	AMALABLE PRIOR COMPLETION DF OF DEATH VES 2   Use Number	CAU
ED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1\timesty \timesty \	HOSPITAL:  1   Inpatient 2   XER.  200 ADTE OF INJ.  (Month, Day, M FEB. 14,  280 PLACE OF IN.  building, etc.	JURY — At home, fan (Specify)	OTHER: A 4 Nursing TIME OF NURSING 159 M 1 m, street, fectory, of	8. PLACE OF D Home 5 R: INJURY AT WORK? YES 2X	EATH (Chooseldence (	SUBJ	PERFORI 1 YES 2  (Specify)  RHBE HOW IN ECT SI TION (Street e Town, State)	MEO?  NO  NO  NUMY OCCUM  HOT  IN AVI	RED  Rural Ro	AMALABLE PRIOR COMPLETION DF OF DEATH VES 2   Use Number	CAU
ED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Inpatient 2 XER.  20 ADTE OF INJU. (Month, Day, M. FEB. 14,  28e. PLACE OF IN. building, etc.	U/Outpetient 3 DO/URY 26b. 11  JURY — At home, fan (Specify) HOME	OTHER:  A 1 Nursing  TIME of Nursing  Time of 1  Ton, street, fectory, of 1  Curred at the time,	8. PLACE OF D Home 5 R. INJURY AT WORK? YES 2X office	EATH (Chooseldence &	SUBJ. LOCA	PERFORI 1 YES 2  (Specify) RHBE HOW IN FCT SI TION (Street e. Town, State) 1 MILTU	MEO?  NO  NO  NUMBER OF ON AVE	RED  Rural Ro	AMALABLE PRIOR COMPLETION DF OF DEATH VES 2   Ute Number,	NO NO
COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1\(\times\) Yes 2  NO  27. MANNER OF DEATH  1	HOSPITAL: 1 Inpetient 2 XER 26e. DATE OF INJU (Month. Day. Y. FEB. 14, 28e. PLACE OF IN. building, etc.  CIAN: To the best of my IR. CIAN: To the basis of examinations.	U/Outpetient 3 DO/URY 26b. 11  JURY — At home, fan (Specify) HOME	OTHER:  A 1 Nursing  TIME of Nursing  Time of 1  Ton, street, fectory, of 1  Curred at the time,	8. PLACE OF D Home 5 Ri INJURY AT WORK? YES 2/	EATH (Chooseldence &	SUBCOM No one cause of the caus	PERFORI 1 YES 2  (Specify) RHBE HOW IN FCT SI TION (Street e. Town, State) 1 MILTU	MEO?  NO  NO  NUMY OCCUP  HOT  nd Number or  ON AVE	RED Rural Ro	AMALABLE PRIOR COMPLETION DF OF DEATH VES 2   Ute Number,	NO CAU
BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Inpatient 2 KER  26. DATE OF INJ (Month, Day, Y FEB. 14,  28e. PLACE OF IN. building, etc.  CIAN: To the best of my IR: On the basis of examin	U/Outpatient 3 DO/URY 26b. 11  JURY At home, fart (Specify) HOME knowledge, death occinetion and/or investig	OTHER: A 4 Nursing TIME OF INJURY D 1:59 M 1 m, street, fectory, of	8. PLACE OF D Home 5 Ri INJURY AT WORK? YES 2/ office date and place on, death occur	EATH (Checked and Checked And	SUBCOM No one cause of the caus	PERFORI 1 YES 2  (Specify) RHBE HOW IN FCT SI TION (Street e. Town, State) 1 MILTU	JURY OCCUMENT ON AVI	RED  RURAL ROO  RUNUE  RURAL ROO  RURAL ROO	AMALABLE PRIOR COMPLETION DP OP DEATH  VES 2   unter Number, and menner se	NO NO
COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Natural 2 Accident 3 Suicide 4 Homicide  290. CERTIFIER (Check only one) 2 MASCASE REFERRED TO MEDICAL EXAMINER?  1 Could not be determined	HOSPITAL:  1 Impatient 2 KER  26. DATE OF INJ (Month, Day, Y FEB. 14,  28e. PLACE OF IN. building, etc.  CIAN: To the best of my IR: On the basis of examin	WOutpetient 3 DOW URY 26b. 1994 11 JURY — At home, fan (Specify) HOME knowledge, daeth occ institut and/or investig	OTHER: A 4 Nursing TIME OF INJURY D 1:59 M 1 m, street, fectory, of	8. PLACE OF D Home 5 R INJURY AT WORK? YES 2X offlice date and place on, death occur	EATH (Checked and Checked And	Other 28d. DESC. City of the cause of the ca	PERFORI 1 YES 2  (Specify)  TRIBE HOW IN  FECT Size of a rown, State)  J. MILTI  Le(a) and man	JURY OCCUMENT ON AVIOUS Add due to the company of t	RED Rural Ro ENUE Esuso(e) Rigned (i	AMALABLE PRIOR COMPLETION DF OP DEATHY  VES 2   unter Number, and menner as Month, Day, Year	NO CAU



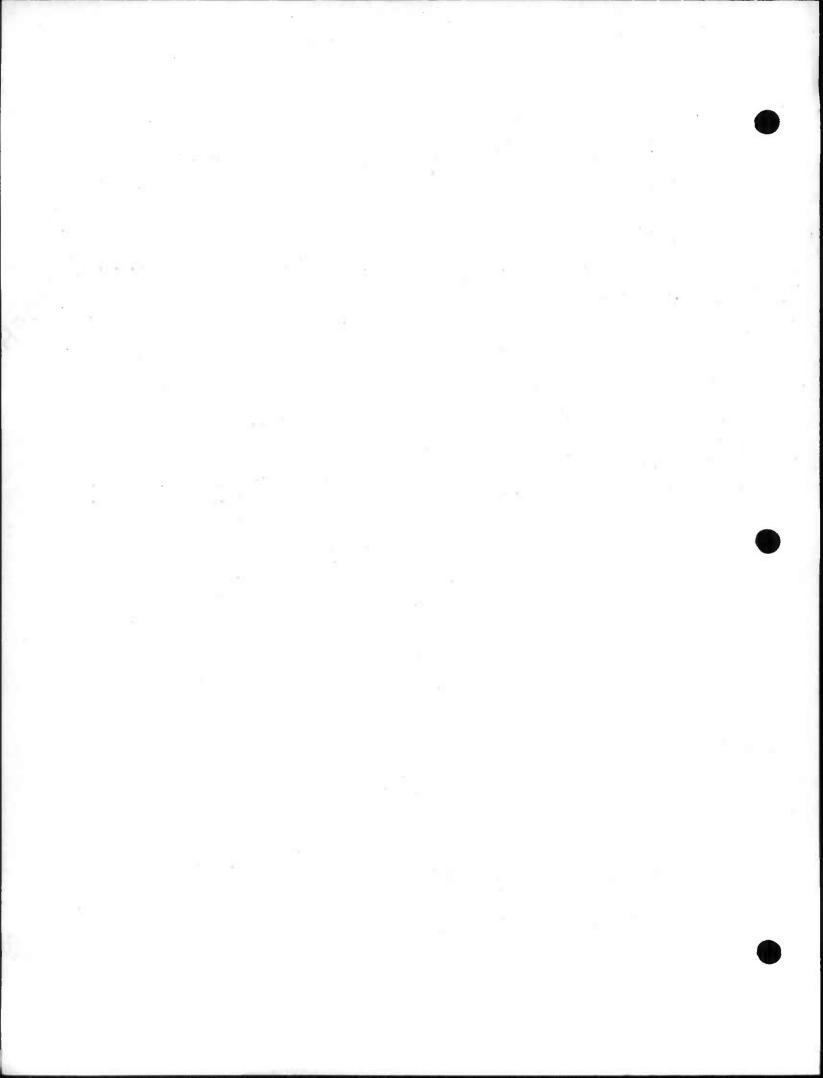
	1 - STATE REGISTRAR		STATE OF I		ERTIF	ICAT	E OF			HEII IA	REG. NO.	<u> </u>	3 4	04600
	1. DECEDENT'S NAME (First, Mi	iddle, Lest)								2. DATE	OF DEATH	\w	YEAR 3	TIME OF DEATH
	Joseph	A.	Krai	nebitt	er.	Jr.				Fe	-		94	1630 M
	4. SOCIAL SECURITY NUMBER	10	5. SEX	6. AGE (In yrs. in:	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	217 64 4455		1 M 2 D F	37	YRS.	WONTHS	DAYS	HOURS	wire.	Nov	OF BIRTH	956	Mar	yland
	9a. FACILITY NAME (If not institu	ution, give st	treet and number)			9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE	ATH			TY OF DEA	тн
5	Franklin So	uare	Hosp	ital			Ross	vil	le			Baltimore		
<u> </u>	RESIDENCE OF DECE	DENT 0b. COUNTY	,		10c. CIT		OR LOCAT				10d. INSIDE CITY			
DIRECTOR	Maryland	Ba]	ltimore				sex			LIMIT			LIMITS?	
	10e. STREET AND NUMBER				101, ZIP CODE				1 Ug. CITIZEN OF WHAT CO					
3	1681 P	oles	Rd.		21221				USA					
FUNERAL	11. MARITAL STATUS	T EVER IN U.S. AF		13.	WAS DECI	ENDENT O	F HISPAN	IC ORIGIN	Y? (Specify Yes	or No —	14. RACE -	- American Indien,		
	1 Never Merried 2 Me	YES 2 1	Ю		If yes, spe		n, Mexica	n, Puerlo	Rican, atc.)		Black, V	Vhite, etc.		
) BY	3 Widowed 4 Divorce	d		174-78	74-78				y apacity.			op cony.	White	
COMPLETED	15. DECEDE (Specify only his	ENT'S EDUC		(G	iive kind of	work done	during mos	N st of workin	g	16b	. KIND OF BUS	SINESS/IND	USTRY	
Ä	Elementary/Secondary (0-12)	)	College (1-4 or 5	+) Hite	iffe. Do NOT use retired.)									
×	17. FATHER'S NAME (First, Middle	to Local			201	seni	nist					reo_S	pace	
			V		Can			18. MOTH			Middle, Maiden	,		
BE	Joseph Au  190, INFORMANT'S NAME (Type)		Mraimet	oitter.		ADDRES	e (Canada	ad Noveber			B G. Gr			
5	Linda Sue K		hittan		168		lse F				re. MD		,	
	20a. METHOD OF DISPOSITION			20b. PLACE					Dal	DAT			City or Town	Ctata
	1 M Burlel 2 Cremetion 4 Donation 6 Other (Sp	3 Remo	oval from State						rde		18/94			e Co. MD
	21. BIGHATURE OF FUNERAL S	ERVICE LIC	ENSEE		-	22.	NAME AN	D ADDRES	S OF FA	HLITY	ral Ho	- DA		
	1 Manuel	7/	Server a	Lemis	6						Bal			21221
$\vdash$	23. PART I. Enter the dise	8888. OF C	omolications thi	Coursed the de	eth Do	_								
	ahock, or hear	rt fallura. I	List only one cau	ise on each line	).	iot ente	i tile illoc	ue or ayr	ng, suci	1 aa Cert	nac or respi	ratory arre	eat,	Approximata Interval Batween
	iMMEDIATE CAUSE (Final disease or condition		A	No	(- A	00	2	1	-A1					Onaet and Dasth
	resulting in death)		B. DUE TO	(OR AS A CONSE	DUENCE O	n.	1	104	الما	7				
7			to	Nach	£ (	20	ile.	x 10						j -
01	Sequantially list conditions if any, leading to immediate		DUE TO	OR AS CONSE	MENCE O	F):		1/70						
8	cause. Enter UNDERLYING CAUSE (Disease or injury		c											
E	thet initieted eventa resulting in death) LAST		DUE TO	(OR AS A CONSE	R AS A CONSEQUENCE OF):									
CERTIFICATION	teading in death) LAST		4											
	PART il. Other significent	condition	a contributing to	deeth but not i	reaulting	in the u	nderlylng	cauae g	lven in	Part i.	24a. WAS AN		24b. W	ERE AUTOPSY FINDINGS
ICAL											PERFOR		C	MILABLE PRIOR TO OMPLETION OF CAUSE
MED										_	1	□ NO	Of	F DEATH?
										_			1	TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO M	MEDICAL					26. PL	ACE OF DE	EATH (Che	ick only or	10)			
Sic	TX YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R: rsing Home	5 □ Ra:	sidence	6 Othe	r (Specify)			
$0 \le 1$	27. MANNER OF OEATH		26e. DATE OF (Month, D		26b. TIM	E OF URY	26c. INJU	JRY AT		26d. DES	CRIBE HOW II	NJURY OCC	URED	
1 7 1	1 Natural 5 Pen	nding eatigation		6 1994		50 M	1 🗆 Y		NO	Sub	iect	hand	red s	elf
	2 Accident	26e. PLACE C	F INJURY — A1 ho atc. (Specify)	me, farm,	street, fec	tory, offica			28f. LOC	ATION (Street e or Town, State)				
BY	3 Suicide 8 Cou	Suicide 8 Could not be 26e. PLACE OF II								168		es R	Road	
ED BY	3 Suicide 8 Cou		building,	at hom									_	
ED BY	Suicide 8 Cou	ring Physic	CIAN: To the best of	my knowledge, de	ath occum		nowledge, death occurred at the time, data end place, and due to lation end/or investigation, in my opinion, death occured at the ti							
ED BY	Suicide 8 Cou	ring Physic	CIAN: To the best of	my knowledge, de	ath occum									nd menner ee stated.
COMPLETED BY	Suicide 8 Cou	OFFINE PHYSIC	CIAN: To the best of e	my knowledge, de	ath occum				ed at the	time, date		d due to the	cause(a) a	onth, Day, Year)
BE COMPLETED BY	3 Suicide 8 Coudete  29a. CERTIFIER 1 CERTIFY (Check only one) 2 MEDICAL  29b. MODATURE AND TITLE OF	OFFICE CENTIFIED	CIAN: To the best of e	my knowledge, de xamination end/or	ath occum	n, In my		29c. LICE	NSE NUM	time, date		29d. DATE	cause(a) a	
COMPLETED BY	Suicide 8 Coudate  29a. CERTIFIER 1 CERTIFY One) 2 MEDICAL	OFFICE CENTIFIED	CIAN: To the best of e	my knowledge, de xamination end/or	ath occum	n, In my		29c. LICE	ed at the	time, date		29d. DATE	SIGNED (M	onth, Day, Year)
BE COMPLETED BY	3 Suicide 8 Coudete  29a. CERTIFIER 1 CERTIFY (Check only one) 2 MEDICAL  29b. MODATURE AND TITLE OF	OFFICE CENTIFIED	CIAN: To the best of R: On the beate of e	my knowledge, de xamination end/or	Investigation  M 27) (Type	Penr	opinion, de	29c. LICE	NSE NUM	BER	end place, en	29d. DATE	signed (M	onth, Day, Year)

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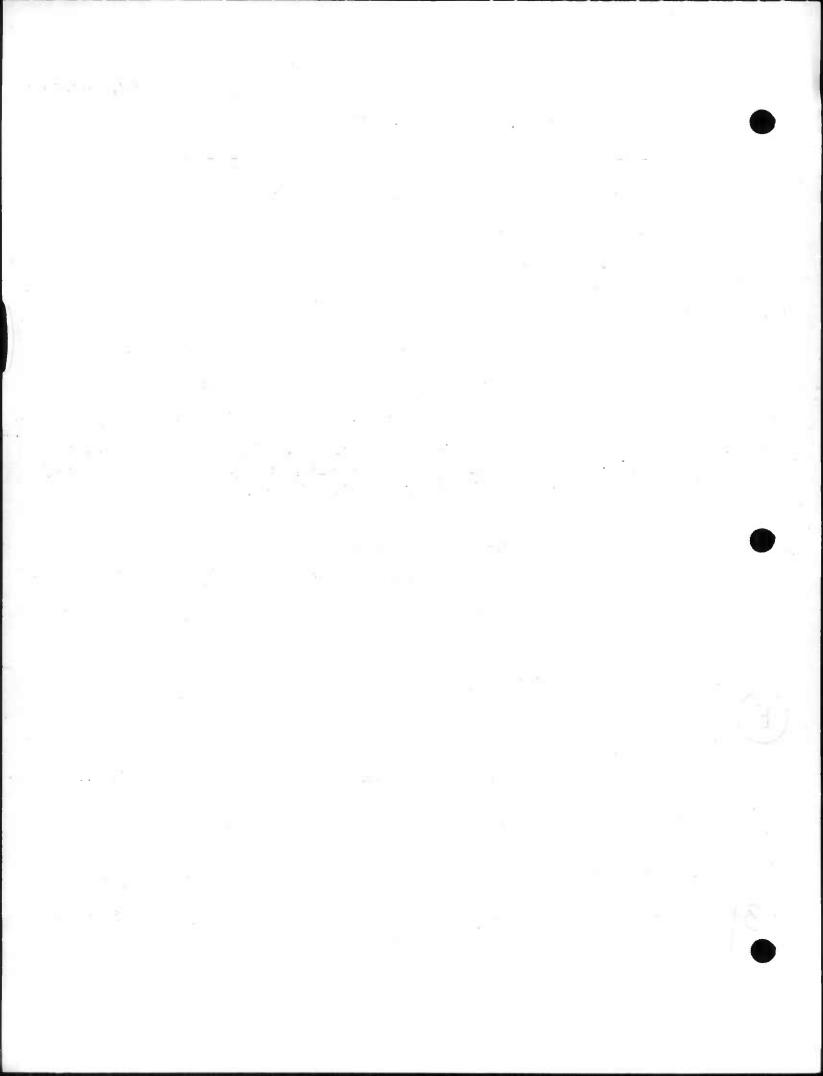
ALLE AND ADMINISTRATION OF THE PARTY PROPERTY OF THE PARTY PAR

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 04601 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH KOZAK JAMES W. 15 1994 FEB 1600 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 48 HOURS 1 X M 2 | F 273-42-7505 YRS. 11-11-1945 OHIO Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE 3GURTEEN CT. APT#302 TIMONIUM DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND TIMONIUM BALTIMORE 1 YES 2XXNO permit. FUNERAL 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 3 GURTEN COURT 21093 U.S.A. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 X Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 15. OECEOENT'S EDUCATION (Specify only highest grade complet 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY funeral director, page 5 should be detached for dery (0-12) College (1-4 or 5+) ENVIRONMENTAL OFFICER SHELL OIL COMPANY 12 4 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Ħ JOSEPH KOZAK VALERIA KOVALIK BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 TONY KOZAK 15120 EDGEWATER DRIVE, LAKEWOOD, OHIO 44107 pe 20e. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☐ Cremetion 3 ☑ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must HOLY CROSS CEMETERY 4 Donation 5 Other (Specify) CLEVELAND, OHIO examiner 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY STERLING ASHTON FUNERAL HOME, INC. Galler MO0550 736 EDMONDSON AVE. n and completely filled in by the 1 to burial, cremation, or removal. BALTIMORE. hours after the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate interval Between shock, or heart failure. List only one ceuse on IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) event, DUE TOMOR AS A CONSEQUENCE OF: the death certificate be executed traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE If any, leading to immediate the attending physician Mental Hygiene prior to ceuse. Enter UNDERLYING 200 CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL en signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? that YES 2 NO equires t YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked. this 1 YES 2 NO BY Accident Investigation OR ATTENDING After 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town State) 28 is 6 Could not be determined COMPLETED DIRECTOR: hours after 4 Homleide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end menner es atsted. TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ea stated. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE FEB 16,1994 O.C.M.E. 2 WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, FEB 1 32. ANGISTRAPHO SIGNATURE CANCELL

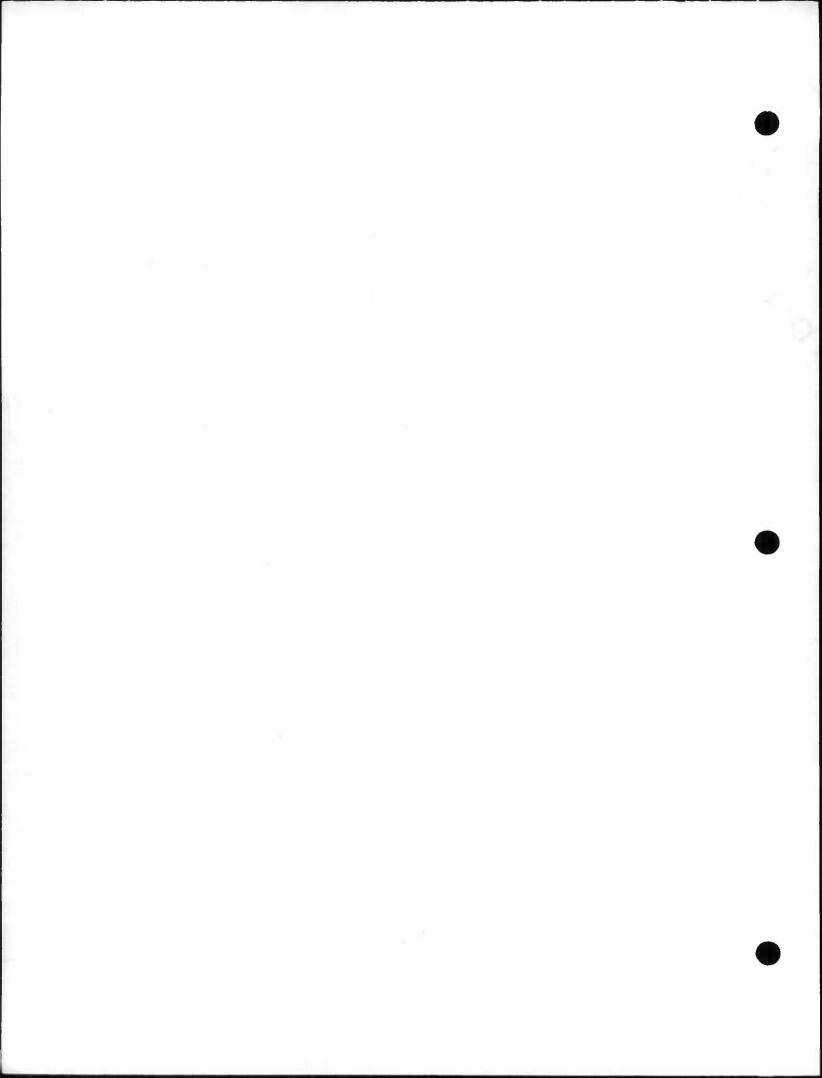


	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT			GIENE G. NO.	94 0460	
	1. DECEDENT'S NAME (First, Middle, Last) Edward	ing	Joseph Ki	ıg	2. DATE OF DE MONTH	DAY Y	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER  212 ≈ 20 ≈ 3878	1√ M 2 □ F 67	YRS, Inst birthday) IF UNDER MONTHS	DAYS HOURS MIN.	(Month, Day, 9 → 24 ↔	Ybar)	BIRTHPLACE (State or Foreign Country) Maryland	
TOR	9a. FACILITY NAME (# not institution, give si  Francis Scott K RESIDENCE OF DECEDENT	COLD ALCOHOL		Baltimore		9c. COUNTY	OF DEATH	
DIRECTOR		Baltimore	10c. CITY, TOWN (	PR LOCATION	Dundalk		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 7857 St. Claire				21222	Uni	ted States	
ВУ	11. MARITAL STATUS  1 Never Merried 2XXMarried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.: FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATE: Army Konea.	R NO	WAS DECENDENT OF HISP If yes, specify Cuban, Max I YES 2XXNO Spe	olfy Yes or No— 14	s or No— 14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION 16	ON 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life D. NOT use mallered 1			OF BUSINESS/INDUS		
	6th Grade  17. FATHER'S NAME (First, Middle, Last)			NAME (First, Middle,	Meiden Surname)			
TO BE	Unknown 198. INFORMANT'S NAME (Type/Print) Anna Kina			(Street and Number or Plur Claire La				
	20a. METHOD OF DISPOSITION 1 M Burlai 2 Cremetion 3 Remark 4 Donation 8 Other (Specify)		ACE AND DATE OF DISPOS	em. Gdns. 2	DATE	ROC. LOCATION — CIT		
	21. SIGNATURE OF JUNERAL SERVICE LIC	W. Fast	22,	NAME AND ADDRESS OF PUCA FUCK F 1922 Wise A	ineral H	ome of Du dalk. Mar	ndalk, Inc. yland 2122	
	23. PART I. Enter the diseases, or one hock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse on eech	al eden	1ª		reepiratory arres	Approximate interval Betwonset and D	
CERTIFICATION	Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):	EMORMA(-E			2dar	
MEDICAL	PART II. Other significant condition  Coumadin	therapy.	not resulting in the ur	derlying couse given	F	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ort 3 DOA 4 Nur	26. PLACE OF DEATH (		Mas		
ED BY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NA	28d. DESCRIBE	HOW INJURY OCCUP	istnessed fa	
COMPLET		CIAN: To the best of my knowledg					Sussis) and manner as state	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENSE N		29d. DATE S	IGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DEATH		FRUME, B	Saltino	2 Mn	21274	
	31. DATE FILED (Month, Day, You 1994	32 REAISTRANS SIGNATU	Rands 10		The state of the s	7	V To the T	



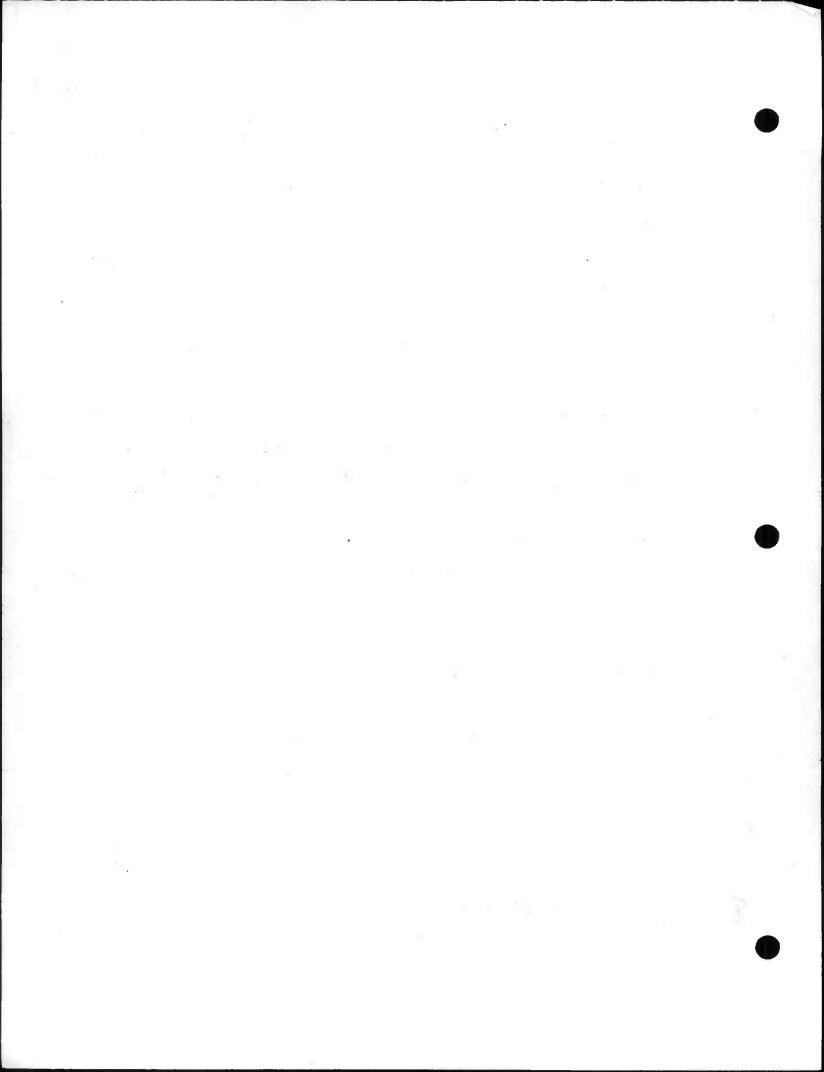
BALTIMORE, MARYLAND 21215-0020	The second conficult is executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	per some store or the mending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a second or the burial hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: THE law powers must the death certificate be executed within 24 h	TO THE FLIMERAL DIRECTOR, After this centificate in been slight by the amending physician and completely filled in by the filed within 72 books after death with the State Deposition, and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or liam 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN	1 1	91 01603
	1. DECEDENT'S NAME (First, Middle, Last)		OZ.IIII IO/	TE OF BEATT	2. DATE OF DEATH		3. TIME OF DEATH A
	Thelma Baker	Kamm			MONTH (	1994	EAR COND L
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday) IF U	NDER 1 YEAR	Feb 15		BIRTNPLACE (State or Foreign
	219-01-0606	1 D M 2 DF 8	1 YRS. MONT	HS DAYS HOURS MIN.	(Month, Day, Year)		Country)
	9a. FACILITY NAME (If not institution, give si			CITY, TOWN OR LOCATION OF D		1912	Maryland
Œ	Anne Arundel						
DIRECTOR	RESIDENCE OF DECEDENT	redical cer	iter An	napolis		Anne	Arundel
RE	10e. STATE 10b. COUNTY		10c. CITY, TO	VN OR LOCATION			10d. INSIDE CITY
	Maryland Anne	Arundel	Mav	0			1 TES 2 NO
AL	10e. STREET AND NUMBER		119	101, ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	1417 East Centi	ral Avenue		21106		U.S	.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxico		s or No-	I. RACE — American Indian, Black, White, etc.
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES X	1 YES 2 NO Specif		- 1	Specify:
	15. DECEDENT'S EDUC	OATION	J			!	White
COMPLETED	(Specify only highest grade	completed)	(Give kind of work diffe. Do NOT use retir	one during most of working	16b. KIND OF BL	ISINESS/INDUS	STRY
7	Elementary/Secondary (0-12)	College (1-4 or 5+)					
W	9 th  17. FATNER'S NAME (First, Middle, Last)		Homemake		AME (First, Middle, Maide		
ၓ	James Ernest Ba	kor				Surneme)	
BE	19a, INFORMANT'S NAME (Type/Print)	1761	10h MARING AOD	Mary A		- O 7 O	
5							000)
	Norma Behlko 20a. METHOD OF DISPOSITION	201	PLACE AND DATE OF DIS	st Central Ave			y or Town, State
	Donation 5 ☐ Other (Specify)	oval from Stata cem	etery, cremetory or other pl	ace)	1		
	21. SIGNATURE OF FUNERAL SERVICE LIC	IST	Andrew	the Fisherm	an 2/117	Mayo,	MD
	N-T/ 01	11 1 +		Hardesty Fu		me, P	.A.
	/Momao ()	Haldesly		12 Ridgley	Avenue A	nnapo	lis, MD
	23. PART i. Enter the diseasea, or of shock, or heart failure.	complications that caused List only one cause on e	the deeth. Do not each line.	nter the mode of dying, aud	ch aa cerdiac or reap	oiratory arrea	t, Approximate interval Between
	IMMEDIATE CAUSE (Finel						Onset and Death
	disease or condition resulting in deeth)	a. DUE TO (OR AS A	LORA DA	yus r			
		DUE TO (OR AS A	CONSEQUENCE OF):				
							}
N	Sequentially list conditions	a corres ite		ic smoke	w/Hs	RNIA	470N
ATION	Sequentially list conditions, if any, leading to immediate	a correr ite	CONSEQUENCE OF):		· w/Ho	RNIA	470M
-ICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF):		w/Hz	RNIA	47 OM
TIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A			w/Hs	RNIA	4700
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF):		w/Hs	RNIA	47 OM
AL CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF):	ic stroke	Part I. 24a, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
AL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	ic stroke	Part i. 24a. WAS AI PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
AL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	ic stroke	Part I. 24a, WAS A	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	ic stroke	Part i. 24a. WAS AI PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
AL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A	CONSEQUENCE OF):	ic stroke	Part I. 24a, WAS AI PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.  B COntributing to death b	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the	28. PLACE OF OEATN (CHER: Nursing Home 5  Residence	Part i. 24a. WAS AI PERFO	N AUTOPSY RMED? 2.MO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation	DUE TO (OR AS A  DUE TO (OR AS A  d.  BE CONTributing to deeth b  MOSPITAL:  1 Inpetient 2 ER/Outp  20a. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the operation of t	e underlying ceuse given in  28. PLACE OF OEATN (CI  NER: Nursing Home 5   Rasidenca  28c. INJURY AT WORK?  1  YES 2  NO	Part i. 24a. WAS AI PERFO 1 YES 1 Section only one) 6 Other (Specify) 28d. DE\$CRIBE NOW 281. LOCATION (Street	N AUTOPSY RMED?  2 NO  INJURY OCCU  and Number of	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.  C.  DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the operation of t	e underlying ceuse given in  28. PLACE OF OEATN (CI  NER: Nursing Home 5   Rasidenca  28c. INJURY AT WORK?  1  YES 2  NO	Part i. 24a. WAS AI PERFO 1 YES heck only one)  6 Other (Specify)  28d. DESCRIBE NOW	N AUTOPSY RMED?  2 NO  INJURY OCCU  and Number of	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATN  1   Nature  5   Pending Investigation  3   Suicide 6   Could not be determined	DUE TO (OR AS A  DUE TO (OR AS A  d.  BE CONTributing to deeth b  HOSPITAL: 1 Inpetient 2 ER/Outp  28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spec	consequence of):  consequence of):  ut not resulting in the office of the consequence of	28. PLACE OF OEATN (C)  PHER: Nursing Home 5   Rasidenca  28c. INJURY AT WORK? 1   YES 2   NO factory, office	Part i. 24a. WAS AI PERFO 1 YES  1 Other (Specify)  28d. DE\$CRIBE NOW  281. LOCATION (Street City or Town, State	N AUTOPSY RMED?  2 NO  INJURY OCCU  and Number or	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATN  1   Neturel 5   Pending Investigation  3   Suicide 6   Could not be determined  29e. CERTIFIER (Check only 1   CERTIFYING PNYSH	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.  BE CONTributing to death b  MOSPITAL:  Mospitant 2 = En/Outp  28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spec	consequence of):  consequence of):  ut not resulting in the original consequence of the c	28. PLACE OF OEATN (C/ HER: Nursing Home 5   Residence 28c. INJURY AT WORK? 1   YES 2   NO factory, office	Part i. 24a. WAS AI PERFO 1 YES  1 Other (Specify) 28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State)	N AUTOPSY RMED? 2 NO INJURY OCCU and Number or	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A  DUE TO (OR AS A  d.  B. Contributing to deeth b  MOSPITAL: 1 Conpatient 2 = ER/Outp  28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spec	consequence of):  consequence of):  ut not resulting in the original consequence of the c	28. PLACE OF OEATN (C)  28. PLACE OF OEATN (C)  NUTSING HOME 5   Residence  28c. INJURY AT WORK?  1   YES 2   NO factory, office	Part I. 24a, WAS AI PERFO 1 YES 1 Other (Specify) 28d, DESCRIBE NOW 28f, LOCATION (Street City or Town, State to the cause(s) end min a time, data and place, a	N AUTOPSY RMED? 2 NO INJURY OCCU and Number or injury as stated and due to the o	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO  REO  Rural Route Number,
BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATN  1   Neturel 5   Pending Investigation  3   Suicide 6   Could not be determined  29e. CERTIFIER (Check only 1   CERTIFYING PNYSH	DUE TO (OR AS A  DUE TO (OR AS A  d.  B. Contributing to deeth b  MOSPITAL: 1 Conpatient 2 = ER/Outp  28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spec	consequence of):  consequence of):  ut not resulting in the original consequence of the c	28. PLACE OF OEATN (C/F)  28. PLACE OF OEATN (C/F)  MER: Nursing Home 5   Residence  28c. INJURY AT WORK?  M   YES 2   NO  factory, office  the time, dete and place, and during opinion, death occurred at the  29c. LICENSE NU	Part i. 24a, WAS AI PERFO  1 YES  1 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State at the cause(s) and may a time, data and place, a MBER	N AUTOPSY RMED? 2 NO INJURY OCCU and Number or injury as stated and due to the o	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A  DUE TO	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the consequence of the consequenc	28. PLACE OF OEATN (C)  28. PLACE OF OEATN (C)  MER: Nursing Home 5   Residence  28c. INJURY AT WORK?  1   YES 2   NO  factory, office  29c. LICENSE NU  29c. LICENSE NU	Part I. 24a, WAS AI PERFO 1 YES 1 Other (Specify) 28d, DESCRIBE NOW 28f, LOCATION (Street City or Town, State to the cause(s) end min a time, data and place, a	N AUTOPSY RMED? 2 NO INJURY OCCU and Number or injury as stated and due to the o	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO  REO  Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHI	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.  BE CONTRIBUTING to death b  DUE TO (OR AS A  DUE TO (	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the consequence of the consequenc	28. PLACE OF OEATN (C)  28. PLACE OF OEATN (C)  HER: Nursing Home 5   Residence  28c. INJURY AT WORK? 1   YES 2   NO  factory, office  the time, date and place, and during opinion, death occured at the	Part I. 24a, WAS AI PERFO 1 YES  1 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State of the cause(s) and mis of time, data and place, a	N AUTOPSY RMED? 2 NO INJURY OCCU and Number or injury as stated and due to the o	24b. WERE AUTOPSY FINDHINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  REO  Rural Route Number,  cause(a) end manner as stated.  SIGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHI	DUE TO (OR AS A  DUE TO	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the second of th	28. PLACE OF OEATN (C)  28. PLACE OF OEATN (C)  MER: Nursing Home 5   Residence  28c. INJURY AT WORK?  1   YES 2   NO  factory, office  29c. LICENSE NU  29c. LICENSE NU	Part I. 24a, WAS AI PERFO 1 YES  1 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State of the cause(s) and mis of time, data and place, a	N AUTOPSY RMED? 2 NO INJURY OCCU and Number or injury as stated and due to the o	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO  REO  Rural Route Number,



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	TO THE HIS MAN OF ATTIMOTING PHYSICIAN. The law requires that the death certificate be executed with an hours	TO THE FILEHAL METERS After this certificate has been signed by the attending physician and completely filled in	e.	IMPORTANT is marked or item 23 shows any injury or other traumatic event, the med
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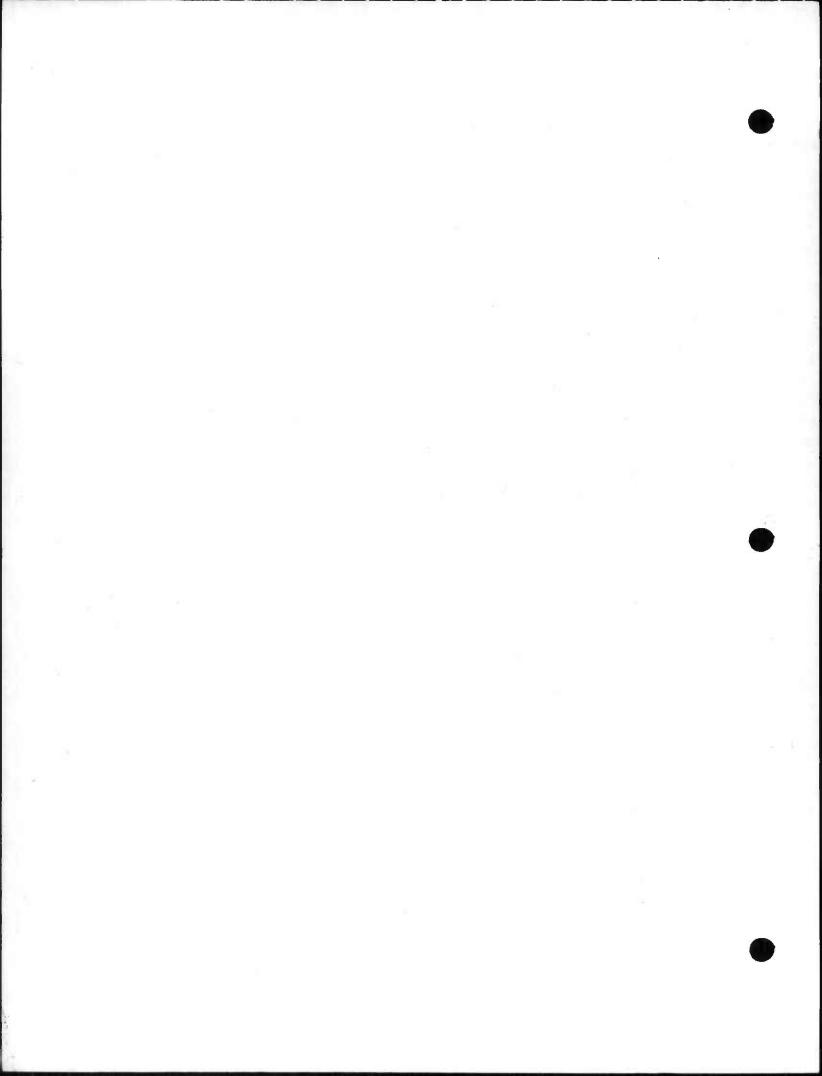
	1. DECEDENT'S NAME (First, Middle, Last,	1)		RTIFICA	ALE OF	DEAL	П	2. DATE (	REG. NO	).	74	3. TIME OF DEATH		
	CATHER	RINE T. KIN	GERY					MONTH	C	DAY	YEAR	S. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest b	birthday) IF t	JNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE C	E BIRTH	5		IPLACE (State or Foreign		
	217-03-1906	1 🗆 M 2 💢 F 7	3	YRS. MON	THS DAYS	HOURS	MIN.	(Month,	Day, Year)	20	MA'	RYLAND		
	9a. FACILITY NAME (If not institution, give	street and number)	·	9b.	CITY, TOWN	OR LOCATIO	N OF DE	ATH		9c. COU				
CTOR	705 BERRY STRE	EET		_	B.	ALTIM	ORE							
ш	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	ITY		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY		
O.B.	MARYLAND	COM		BALTIMORE								LIMITS?		
	10e. STREET AND NUMBER			2711		. ZIP CODE				10g. CITI	ZEN OF	WHAT COUNTRY?		
ERAL	705 BERRY STREET 21211							USA	A					
BY FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			13. WAS DEC	ENDENT OF				e or No-	14. RAC	E — American Indian, k, White, sic.		
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR				2 XNO			can, atc.)		Spec	lty:		
ED	15. DECEDENT'S ED	UCATION	I san DECE	EDENT'S HOLL	AL OCCUPATION	DAI		166	VIND OF BU	SINESS/IND	LICTOV	WHITE		
ETE	(Specify only highest grad	(Give	kind of work of Oo NOT use reti	done during mo	ast of working	7	100.	KIND OF BU	SINESSAND	USTRY				
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COMP	17. FATHER'S NAME (First, Middle, Last)		-			18. MOTH	ER'S NAM	E (First, M.	iddle, Maiden	Surname)	-			
ш	CLARENCE TRAC	CY					CATH	ERIN	E WIC	KENS				
2	19a. INFORMANT'S NAME (Type/Print)	IDV.			RESS (Street a									
	GEORGE R. KINGE				RRY S'		, BA	LTIM	ORE,	MARYL	AND	21211		
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Res	moval Irom State ca	b. PLACE AN	ODATE OF Dis	SPOSITION (Na lace)	ama of		DATE	20c. L0	OCATION —	City or To	own, State		
	1X Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)  The Signature of Puneral Service Ucenses  22. NAME AND ADDRESS OF FACILITY  23. NAME AND ADDRESS OF FACILITY													
	. / /0	1	$\cap$						• FUN	ERAL	HOME	E 21211		
	Muka	n sein	·V	20	A. ALAN SEITZ, JR. FUNERAL HOME 21211									
	3818 ROLAND AVENUE, BALTIMORE, MARYLAND 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street,  Approximate													
	abook, or heart failure. List only one cause on each line.									LTIMO	RE,	Approximate		
	IMMEDIATE CAUSE (Final	s. List only one cause on	each line.		nter the mo	de of dylr	ng, such	ss cardi	ac or resp	lratory srr	est,	Approximate interval Between		
	shock, or heart failure	a. SEVECE	each line.	le OBS	nter the mo	de of dylr	ng, such	ss cardi	ac or resp	lratory srr	est,	Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition	a. SEVECE (	LEOW! A CONSEOU	LE OBS	nter the mo	de of dylr	ng, such	ss cardi	ac or resp	lratory srr	est,	Approximate interval Between Oneat and De		
NOI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. SEVECE	LEOWI A CONSEOU	LE OBS	nter the mo	de of dylr	ng, such	ss cardi	ac or resp	lratory srr	est,	Approximate interval Between Oneet and De		
CATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. SEVERE C  DUE TO (OR AS	LEOWI A CONSEOU	LE OBS	nter the mo	de of dylr	ng, such	ss cardi	ac or resp	lratory srr	est,	Approximate interval Between Oneat and De		
LIFICATION	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. SEVERE C  DUE TO (OR AS	A CONSEOU	JENCE OF):	nter the mo	de of dylr	ng, such	ss cardi	ac or resp	lratory srr	est,	Approximate interval Between Oneat and De		
ERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. SEVELE ( DUE TO (OR AS  DUE TO (OR AS	A CONSEOU	JENCE OF):	nter the mo	de of dylr	ng, such	ss cardi	ac or resp	lratory srr	est,	Approximate interval Between Oneat and De		
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be n
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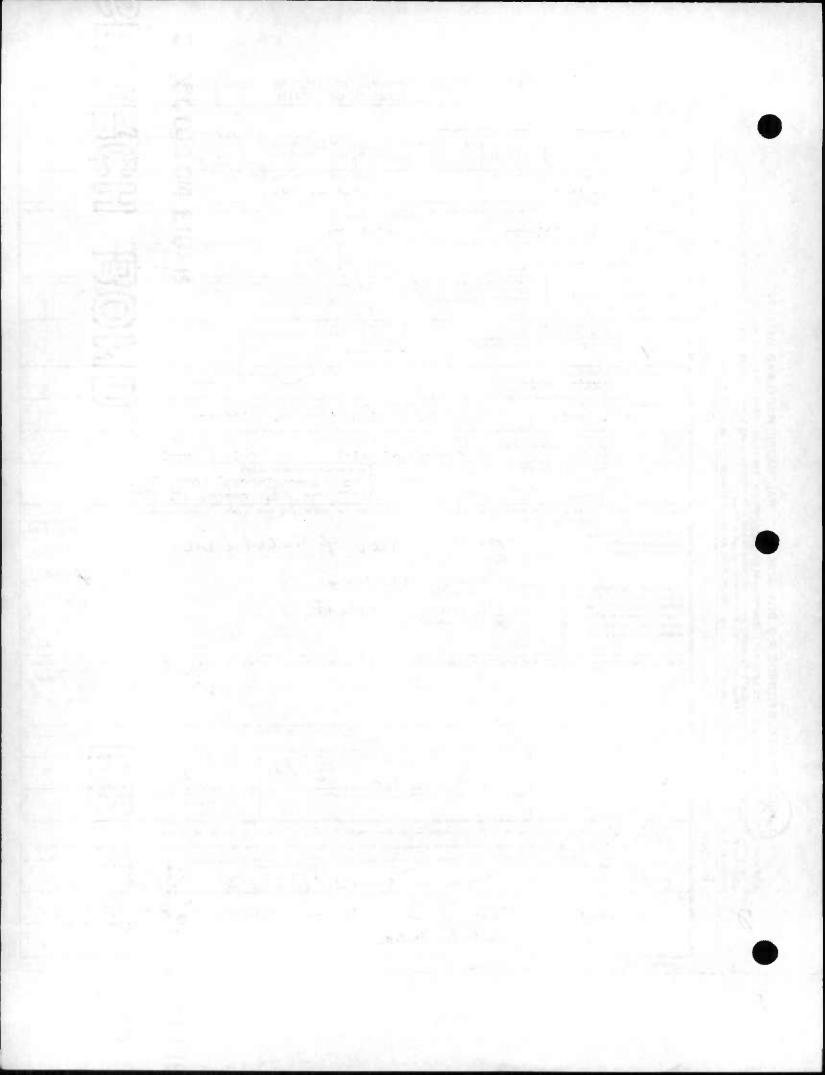
	1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND OF DEATH	MENTAL	HYGIENE REG. NO.	91	0460	
	1. OECEDENT'S NAME (First, Middle, Lest BERNARD JO	HN LEE				2. DATE O	16 18	994	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 008-18-5581	5. SEX 6. AGE (A	n yrs. lest birthday)  1 YRS.	MONTHS DA		7. DATE OF	F BIRTIN Dev. Meer) -15-1932		PLACE (State or Foreign	
OR	98. FACILITY NAME (# not institution, give NORTH ARUNDEL H				N OR LOCATION OF E	DEATH	1	NE A	RUNDEL	
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE  10b. COUN  MARYLAND	ANNE ARUNDEL	10c. CIT	TY, TOWN OR U	CATION BURNIE				10d. INSIDE CITY LIMITS? 1 TYES XXX NO	
FUNERAL	100. STREET AND NUMBER 123 HOLLYWOOD D	RIVE			101. ZIP CODE 21060		10g. CIT	10g. CITIZEN OF WHAT COUNTRY? $U$ . $S$ . $A$ .		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1XXYES IF YES, GIVE WAR OR DA 1953 – 1955	2 NO	NO If yes, specify, Cuban, Mexican, Puerto				IGIN? (Specify Yea or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
LETED	15. DECEDENT'S ED (Specify only highest grace (Specify only highest grace Elementary/Secondary (0-12)	life. Do NOT u	work done durin se retired.)	PATION g most of working	16b. K	CIND OF BUSINESS/IN	DUSTRY			
COMPL	12 17. FATHER'S NAME (First, Middle, Last) PAUL L	EE	ANAL	(51)	16. MOTNER'S N	AME (First, Mic	N.S.A.		ARLES	
TO BE	198. INFORMANT'S NAME (Type/Print)  JUDY C.	LEE			eet and Number or Rural				AND 21060	
	20. METNOD OF DISPOSITION 1/ //Burlal 2 Cremeflon 3 Re 4 Donation 5 Other (Specify)	moval from Stata cega	PLACE AND DATE	N PMEMO	RIAL PARK	17994	20c. LOCATION —	IRNIE	. MARYLAND	
	> kffwis	on Zumb	nun	1 S		NUE, S.	W., GLEN E	BURNI	AL HOME, E,MD.21061	
7	23. PART I. Enter the diseases, or shock, or heart failure immeDiATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OW AS A	ich line.		anu	1		rest,	Approximate interval Betwee Onset and Dasi	
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  d.								
MEDICAL	PART II. Other algnificant condition	ona contributing to death be	ut not resulting	in the undar	ying cause given in		4e. WAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpe	etlent 3 DOA	OTHER:	8. PLACE OF DEATN (C					
РНУ	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. T/N	E OF 280 JURY	INJURY AT WORK?	¥	RIBE HOW INJURY OC	CURED		
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Nomicide determined	28s, PLACE OF INJURY	— At home, ferm,	atreet, factory,	offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLE	000) —	SICIAN: To the best of my knowless: On the best of examination							) and manner se stated.	
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NU		29d. DA	SIGNED	(Month, Day, Year)	
-	MARC KAPLAN, M. I	O., OAKWOOD PE	ROFESSIO	NAL BU	ILDING, St	UILE #	300, GLEN	BUR	NIE, MD. 2106	
	FEB 1 8 1994	32. RECHSTHAR'S SIGNI			<u> </u>					



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BALTIMORE, MARYLAND 21215-0020	THE HOSPITATION S PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNCTION and THE CATHROAD BE SHOUND BY the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi	hed within 72 more after with the State Dept. of Health and Memai Hygiene phot to burial, cremation, of removal.	ORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIMEION OF VITAL RECORDS, P.O. BOX 68/60,	uted with	сотріете	inal, crem	ic event,
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	1. DECEDENT'S NAME F	ASL Z		homas L	ewis					2. DATE	e of DEATH D	4/5	YEAR 1994	3. TIME OF OE.
	4. SOCIAL SECURITY NUI 214-39-25	U	5. SEX	6. AGE (in yrs. le	est birthday) YRS.	IF UNDER	DAYS 2	HOURS	R 24 HRS. MIN.	(Mon	th, Dey, Year)		Country	
	90. FACILITY NAME (# not		street and number)			-		OR LOCATI	ON OF OE		13-93	9c. COU	Mary NTY OF OE	
ECTOR	Sinai Ho					Bal	time	ore (	City				15	7
FEC	10a. STATE	10b. COUNT			10c. CI	TY, TOWN D	R LOCAT	TION		_				10d. INSIDE CIT
DIR	Maryland 100. STREET AND NUMBE		imore		В	altim								1 YES 2
ERAL	1734 Glen		Rd.					1. ZIP COO 21234					ZEN OF W	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 [ 3 Widowed 4 Do	☐ Married	12. WAS DECEDEN	NT EVER IN U.S. A I YES 2 X MAR OR OATES	RMEO NO		f yes, sp	ecify Cubi		n, Puerto	N? (Specify Yer Rican, etc.)	s or No—	Black, Specify	- American Inc., White, atc.
ED		ECEDENT'S EDU		16e. D	ECEDENT'S	S USUAL OF	CCUPATIO	ON ost of worki	ina	16	b. KIND OF BU	SINESS/INC		
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COMPLET	17. FATHER'S NAME (First,									ME (First,	Middle, Malden	Sumame)		
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9	Thomas M.			,	1734	Glen	Ric	dge I	Rd. E	Balt:	imore,	m, State, Zip Md ,	2123	4
	20a. METHOD OF DISPOS		oval from State			OF DISPOS	ITION (Na	ame of		DAT	TE 20c. LO	CATION	City or Tow	wn, State
	1										•			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc.													
	23. PART I. Enter the abock, or IMMEDIATE CAUSE (disease or condition resulting in death)	heart fallure.	Liet only one car	use on each lin	10.	not enter	the mo	York ode of dy	Rd.	Tow:	son, Me	d. 21	L204	interval Onset a
FICATION	shock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in CAUSE (Disease or i	ditions, neclate	a. Due to	at caused the duse on each line of or as a consideration of or a consideration or a consideration of or a consideration or a conside	EQUENCE C	not enter	the mo	York ode of dy	Rd.	Tow:	son, Me	d. 21	L204	Onset a
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31. DATE FILEO (Month, Day, Year)

FEB

8 1994 32. REGISTRAR'S SIGNATURE

Deviden Randell

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 04607 1 CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN LARKIN ARKINS FEB JAMES 605 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTN (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 238-16-9566 93 1 M 2 - F DAYS HOURS -4-00 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BON SELONAS HOSPITAL DIRECTOR BALTIMORE un D RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Marvland 1 YES 2 NO permit. Baltimore na FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? detached for use as the burial-transit Camden Yard Nurs Home retained by the hospital or attending physician. 11 MADITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 2 B funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 0 iours after death. Page 6 may be 9 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must 4 Donation 6 Other (Specify) ATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir State Anatomy Board 655W.BaltimoreSt,Balto,MD21201 attending physician and completely filled in by the intal Hygiene prior to burial, cremation, or removal. medical PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition \_\_\_\_\_\_ HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati MANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, t enna DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO (Off A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST neumonia 100 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO Unpatient 2 ☐ ER/Outpatient 3 ☐ DOA ie 5 🗆 Residence 8 🗆 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 6 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29e, CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: 13 MEDICAL EXAMINER: On the besie of ex end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner se stated. 29c. LICENSE NUMBER 03/ BE Pu 10 2 ETED CAUSE OF DEATH (ITEM 27) (Type, Print) Grove mp 33/ nla

COLON WILLIAM

NO NOISIAID	DIVISION OF WALL HELOKUS, P.O. BOX 887800 BALLIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAL TIME	The remaining that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certification	as the many principle of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the STALL	h the Strong and Mental Hydiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, er item	MPORTANT: If item 28 is marked, or them 22 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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PART II. Other significant conditions of as A consequence of:   Constituting in death)   Last   Constituting in death   Last   Constituting   Constitution   Constituting   Const	200. METODO OF DEPOSITION OF D	20. PLACE AND DATE OF DISPOSITION AND PROPERTY STREET,					DRESS (Street and				Code)		
20s. METHOD OF DISPOSITION 1   Durit 2   X Crementon 3   Removal from State 20s. PLACE AND DATE OF DISPOSITION   Name of contributing to death but not resulting in the underlying cause given in Part I. 22s. NAMA MAN ADDRESS OF FACILITY 22s. NAM	200_PLACE MODATE OF DISPOSITION   DATE   200_LOCATION - City or Town, States	20. METHOD OF DISPOSITION  20. PLACE AND DATE OF SIRROR STRONG ST	=	FLora M. Gille	espie	338	Folcro	oft Str	ceet.Ba	ltimor	e.	Md. 21224	
Approximate of Funeral Service Licensee   Edison M.Perkin   Edison M.Perkin   Service Licensee   Edison M.Perkin   Approximate Licensee   Edison   Edis	21. SIGNATURE OF PUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF PACIFICATION 1. STATE AND ADDRESS OF PACIFICATION 1. STATE AND ADDRESS OF PACIFICATION 2. STATE AND ADDRESS OF PACIFICATION 1. STATE AND ADDRESS OF PACIFICATION 2. ST	A Donation \$   Other (Specify)   GreenMount Crematory 2-19.94 Balto. Md.    31. SIGNATURE OF PUREAL SERVICE LICENSEE   Edison M. Perkins   Bradley-Ashton Funeral Home? 2 nc.    22. NAME AND ADDRESS OF FACILITY   DONAS   DO		20a. METHOD OF DISPOSITION	200	. PLACE AND DATE OF D	ISPOSITION (Nam						
Edison M. Perkins Bradley-Ashton Funeral Home? 2 Inc  D00083  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwork, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Fine)  disease or condition; resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A C	Edison M. Perkins  Doolo83  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallow. List only one cause on each line.  IMMEDIATE CAUSE (Fine) diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A	Edison M. Perkins Bradley-Ashton Funeral Home? Inc.  DO0083 134 Willow Spring Rd Raltimore Md  23. PART I. Enter the diseases, or complications that caused the desh. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart fallure. List only one ceuse on each line.  IMMEDIATE CAUSE (Fine)  IMMEDIATE CAUSE (Fine)  DUE TO (OR AS A CONSCOUENCE OF):  D			val from State cen	netary, crematory or other	place)	2+021	2-10-0	/ Ral+	0	МА	
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AMALABLE PRIOR TO COMPLETION DF CAU OF DEATH    YES 2   NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  26. DATE CERTIFIER (Check only one)  27. MANNED OF DEATH  28. DATE OF INJURY WORK?  1   Netural S   Pending Investigation of Investigation on the determined  28. DATE OF INJURY AT WORK?  28. DATE OF INJURY AT NORWAY AT NORWAY AT NORWAY OF INVESTIGATION (Single and Number or Rural Route Number, City or Town, Stay)  28. DATE OF INJURY AT Norway AT Nor	PERFORMED?    AMALABLE PRIOR TO COMPLETED OF CAUSE OF DEATH   Tyes 2   BHO		DART II Other dealth and a state									
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25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpetient 3 DOA  4 Norsing Home 5 Residence 6 Other (Specify)  28. PLACE OF DEATH (Check only one)  27. MANNEB OF DEATH  28. DATE OF INJURY  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  4 Homicide determined  28. PLACE OF DEATH (Check only one)  28. INJURY At home, 1 Sec. INJURY 28c. INJURY At WORK?  1 YES 2 NO  28c. INJURY At WORK?  1 YES 2 NO  28c. INJURY At WORK?  1 YES 2 NO  28c. INJURY At home, 1 Sec. INJURY OCCURED WORK?  2 Accident  3 Suicide 6 Could not be determined  4 Homicide determined  28c. INJURY At home, 1 Sec. INJURY OCCURED  WORK?  28c. INJURY At work?  1 YES 2 NO  28c. INJURY At home, 1 Sec. INJURY OCCURED  WORK?  1 YES 2 NO  28c. INJURY At home, 1 Sec. INJURY OCCURED  WORK?  28c. INJURY At work?  1 YES 2 NO  28c. INJURY At home, 1 Sec. INJURY OCCURED  WORK?  1 YES 2 NO  28c. INJURY At home, 1 Sec. INJURY OCCURED  WORK?  1 YES 2 NO  28c. INJURY At home, 1 Sec. INJURY OCCURED  WORK?  1 YES 2 NO  28c. INJURY At home, 1 Sec. INJURY OCCURED  WORK?  28c. INJURY At work?  1 YES 2 NO  28c. INJURY At home, 1 Sec. INJURY OCCURED  WORK?  1 YES 2 NO  28c. INJURY At work of WORK?  1 YES 2 NO  28c. INJURY At work of WORK?  1 YES 2 NO  28c. INJURY At work of WORK?  1 YES 2 NO  28c. INJURY At work of WORK?  1 YES 2 NO  28c. INJURY At work of WORK?  1 YES 2 NO  28c. INJURY At work of WORK?  1 YES 2 NO  28c. INJURY At work of WORK?  1 YES 2 NO  28c. INJURY At work of WORK?  1 YES 2 NO  28c. INJURY AT Local Decreption of WORK?  1 YES 2 NO  28c. INJURY AT Local Decreption of WORK?  1 YES 2 NO  28c. INJURY AT Local Decreption of WORK?  1 YES 2 NO  28c. INJURY AT Local Decreption of WORK?  1 YES 2 NO  28c. INJURY AT Local Decreption of WORK?  1 YES 2 NO  28c. INJURY AT Local Decreption of WORK?  1 YES 2 NO  28c. INJURY AT Local Decreption of WORK?  1 YES 2 NO  28c. INJURY AT Local Decreption of WORK?  1 YES 2 NO  28c. INJURY AT Local Decreption of WORK?  28c. INJURY AT Local Decreption of WORK?  1 YES 2 NO  28c. IN	28. PLACE OF DEATH (Check only one)  27. MANNEB OF DEATH  1 Netural 5   Pending Investigation   Pending Inves	ME	Lyperten	5104								
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3 Suicide 4 Homicide 5 Could not be determined  29s. PLACE FI INJURY — At home, term, street, fectory, office buildings, etc. (Specify)  29s. CERTIFIER (Check only one)  29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	3 Suicide 4 Homicide 5 Could not be datermised 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.  29e. SIGNATURE AND TITLE OF CERTIFIER 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. SIGNATURE OF PERSON WHO COMPLETED CAUSE OF DEATH, (ITEM 27) (Type, Print)	3   Sulcide   Could not be determined   29e. PLACE   Specify   29e. Place   29e. PLACE   Specify   29e. Place   29e. PLACE   Specify   29e. Place   2		- Immediation	(mointi, Day, 10al)		N/A						
29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. OATE SIGNED (Month, Day, Year)  29d. OATE SIGNED (Month, Day, Year)	29a. CERTIFFING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFFING  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, (ITEM 27) (Type, Print)  3411 Bank St. , Bolton ore, M.D. 21224		2 Pulatida	280. PLACE OF INJURY	At home, term, stree	t, factory, office		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	296. SIGNATURE AND TITLE OF CERTIFIED  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  297. DATE SIGNED (Month, Day, Year)	296. SIGNATURE AND TITLE OF CENTIFIED  296. SIGNATURE AND TITLE OF CENTIFIED  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  296. LICENSE NUMBER  297. DATE SIGNED (Month, Day, Year)  297. DATE SIGNED (Month, Day, Year)  298. SIGNATURE AND TITLE OF CENTIFIED  299. LICENSE NUMBER  290. LICENSE NUMBER  291. DATE SIGNED (Month, Day, Year)  291. DATE SIGNED (Month, Day, Year)  291. DATE SIGNED (Month, Day, Year)	Ē		building, etc. (Spe	A			Sity of Town, Spann				
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	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, (ITEM 27) (Type, Print)  3411 Bank St., Boltimore, MD 21224		296. SIGNATURE AND TITLE OF CENTIFIED	29c. LICENSE NUI	SE NUMBER 29d. OATE SIGNED (Month, Day, Year)							
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	3411 Bank St., Boltimore, 171) 21224												
		31. DATE FILED (MODIF), Doy, MAY 1994 32. REGISTRAD SIGNATURE											
	31. DATE FILED (Magn), Only, Marin 994 32. REGISTRATURE	The same of the sa											

 Items: 23 Part I and II, 27, 28a-f per MEO G-748 6/11/97 dh

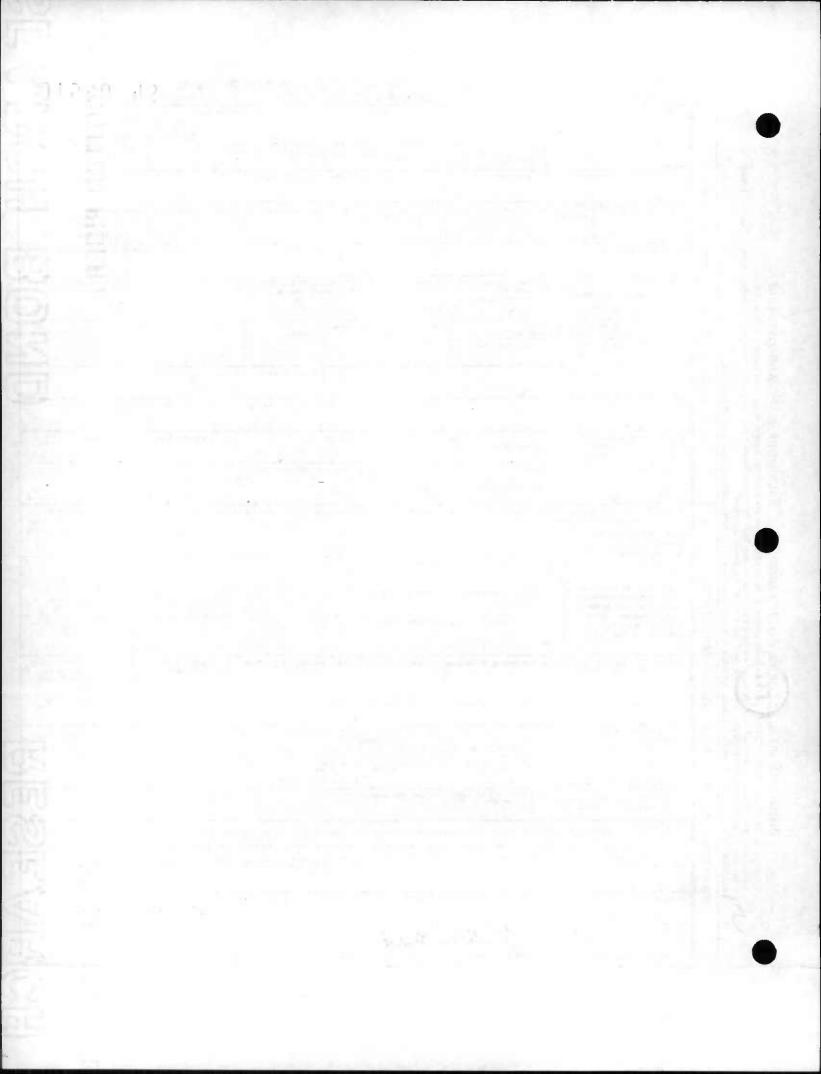
Ö FDE P DIVISION OF VITAL REC

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 12 FEB 3:40 ANDREW JOSEPH MAREK 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1X M 2 | F YRS 083-10-2012 11-4-1912 Pennsulvania 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANKLIN SQUARE HOSPITAL ROSSVILLE BALTIMORE COUNT Pages 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Edgemere 1 YES XX NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 6608 River Drive Road 21219 United States the hospital or attending physician. 12. WAS OECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puarto Rican, atc.) 14. RACE — American Indien, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 8 1 TES 2/ XNO Specify: Specify: 3 € Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Machinist Rheem Manufacturing Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ Paul Marek Page 6 may be retained by Agnes Culanka BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Frank M. Pittelli 33 Willelinor Drive Edgewater, MD 21037 pe 20s. METHOD OF DISPOSITION
1 Surial 2 Cremetion 3 Removat from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Lawn Cemetery 2/16/94 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral Johnney Libbs Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222 medical 23. PARP I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and completely filled in by burial, cremation, or remo shock, or fleart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Fine) HEAD INJURIES Onset and Death disease or condition Introcurebra reaulting in death) event. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): moring physician a 9 if any, leeding to immediate cause. Enter UNDERLYING curtificate be CAUSE (Diseese or Injury other OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 Mental PART II. Other aignificent conditione contributing to death but not recuiting in the underlying cause given in Part i. 8 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL any DIABETES MELLITUS, ARTERIAL HYPERTENSION, OLD MYOCARDIAL INFRACTION 1 YES 2 NO OF DEATH? 1 YES 2 NO Dept. of I PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) certificate I HOSPITAL:
1 © Inpatient 2 = ER/Outpatient 3 = DOA OTHER: HOSPITAL OR ATTENDING PHYSICIAN: FUNERAL DIRECTOR: After this certifica within 72 hours after death with the St TX X ES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF FOUR OF 9:08 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO this t marked, 1 Natural 2 Accident 5 Pending subject fell at home 2/7/94 1 YES 2 X NO BY 28s. PLACE OF INJURY — At home, term, street, factory, office building. stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State 6608 Riverdrive Road Baltimore, Maryland 3 Suicide 6 Could not be COMPLETED 4 Homicide 28 at residence 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated. FUNERAL I TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 2 X MEDICAL EXAMINER: On the basis of a ind/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated, 29¢ LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 8 C.M.E FEB 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 32. REGISTRABIS SIGNATURE 1994

infinited by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a second by the burial transition of the burial transi TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Libert Company of the hospital within the competent of the form of the company of FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

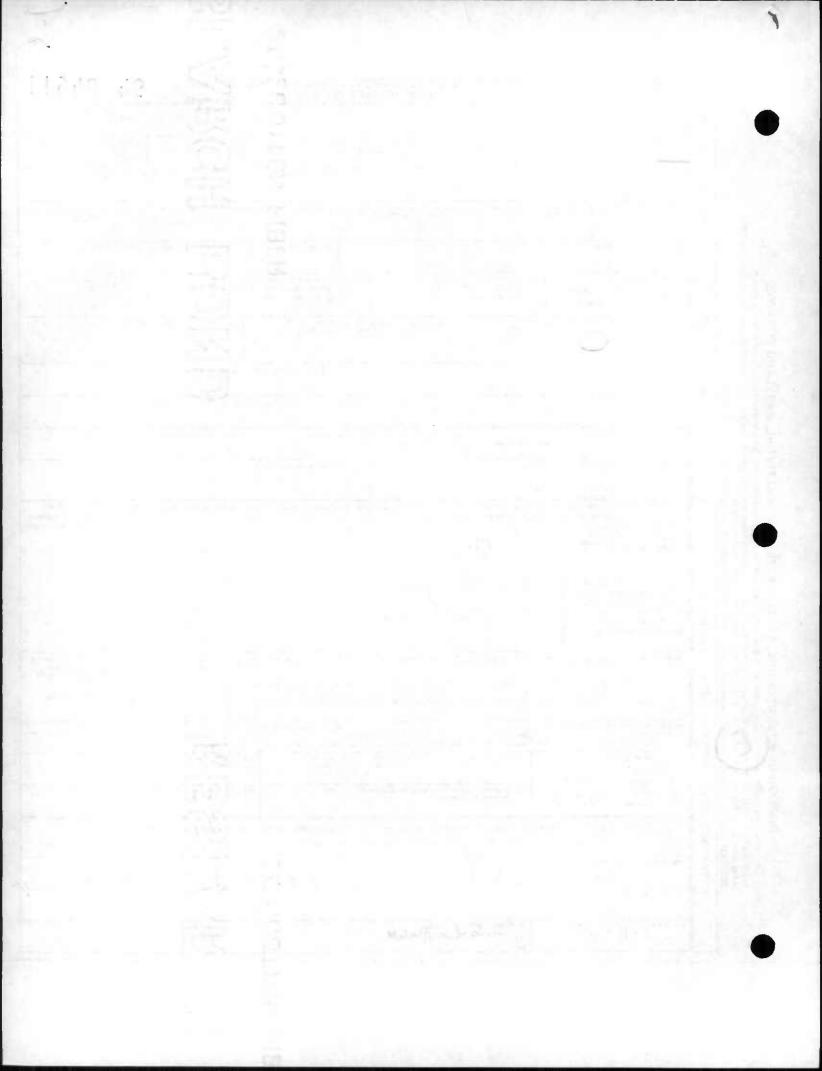
	HEGISTHAH		CERI	IIFICAL	E UF	DEA	П	REG	i. NO.	1	4 (	74010
	1. DECEDENT'S NAME (First, Middle, Lest) FRANKLIN JENNINGS	MCCLOUD						2. DATE OF DEA MONTH FEB 10	DA	Y,	YEAR	7:50 P M
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last birth	ded stane	R 1 YEAR				-	4		
	235-52-5048	1 M 2 D F		MONTHS	DAYS	HOURS .	MIN.	7. DATE OF BIRT (Month, Day, W AUG 5	bar)	0	Country) MARY	LAND
	9a. FACILITY NAME (If not institution, give a	treet end number)		9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE	ATH		9c. COUN	ITY OF DEA	TH
DIRECTOR	NATIONAL NAVAL ME	DICAL CEN	rer	BET	HESD	A				MONT	rgome:	RY
E	10a. STATE 10b. COUNTY	Y	100	. CITY, TOWN	OR LOCA	TION					I 1	Od. INSIDE CITY
	MARYLAND HARFO	RD	E	DGEWOO								LIMITS?  YES 2 NO
FUNERAL	1305 A CLOVER VA	LLEY WAY			10	2104					ED ST	ATES
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13.	WAS DEC	ENDENT O	F HISPAN	HC ORIGIN? (Spec	ify Yes	or No.	14. RACE -	- American Indian
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	X yes 2 □no Kor dates Vietnam		If yes, sp	ecity Cube	n, Maxice	n, Puerto Ricen, el	lc.)		Social WHIT	- American Indian, White, etc. F.
ED	15. DECEDENT'S EDU			NT'S USUAL C	CCUPATION	ON	_	16b. KIND (	VE BIIG	INESS/IND		1,500
H	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kin	d of work done IOT use retired.)	during mo	ast of working	9	100 Kill C	N 803	IIVE35/IIVE	OSTAT	
COMPLET	1.2	College (1-4 or 5+)	II S.	AIRFO	RCE			DEF	ENS	E		
8	17. FATHER'S NAME (First, Middle, Last)		10.0.	ATTICE O	Iton	16. MOTE	ER'S NA	ME (First, Middle, N	-			
	WILLIAM CLEVELAND	MCCI OUD							rescorr (	Jannen ,		
8	19a. INFORMANT'S NAME (Type/Print)	FICCEOOD	10b MAI	II ING ADDRES	O /Ctmat			WILFONG Route Number, City	- T	Ot-1- 7/-	0-4-1	
2	DALE C. MCCLOUD										,	
			1				STMT	NISTER 1	_			
	204, METHOD OF DISPOSITION 1 D Burlal 2 Cremation 3 Rem	oval from State	20b. PLACE AND D	ATE OF DISPO	SITION	ame of		DATE 2	De. LOC	CATION —	City or Town	, Stata
	4 Donation 6 Other (Specify)		JARLINGT	UN NAT	IONA	L CE	M. 2/	17/94	AR	<u>LING</u> 7	TON.	VIRGINIA
	21. SIGNATURE OF PARENTE ENVICE LIC	ENSEE	1		DUDA		K FU	NERAL HO				LK, INC.
	23. PART I. Enter the diseases, or o	complications that	caused the death	Do not enter	7977	WIS	EAV	E. DUNT	VAL	K. M	16 2	Approximate
	shock, or heart fallure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceus	YSTEM ORGA									Interval Between Onset and Death
		DUE TO (C	OR AS A CONSEQUEN	CE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSEQUEN	CE OF):								
S	CAUSE (Disease or Injury	c. DUE TO (C	OR AS A CONSEQUEN	CE OF:								
E	that initiated events resulting in deeth) LAST	d.										
					-							
EDICAL	PART II. Other significent condition	s contributing to d	esth but not resulf	ling in the u	nderlyln	g ceuse (	lven in	PI	ERFOR	AUTOPSY MED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
MEC										71		YES 2 NO
PHYSICIAN:												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL		1		LACE OF D	EATH (Ch	eck only one)				
Si	1 TES 2X NO	HOSPITAL:	ER/Outpatient 3 🗆 De	OTHE		ne 5 🗆 Re	sidenca	6 Other (Specif	y)			
ξ	27. MANNER OF DEATH	26a. DATE OF III		. TIME OF	28c. IN.	URY AT		28d. DESCRIBE	HOW IN	JURY OCC	URED	
ВУ Р	1 Netural 5 Pending	(Month, Day	, rear)	M		YES 2	] NO					
	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF	INJURY — At home, to	arm, street, fac	tory, offic			281. LOCATION (	Street a	nd Number	or Rural Rou	ite Number,
Ë	4 Homicide determined	building, et	іс. (эреспу)					City or Town,	State)			
COMPLETED	29a. CERTIFIER (Check only one)  1											and manner as stated
	29b. GIGNATURE AND TITLE OF CERTIFIE			- ,					.,			
BE	A THE OF CHILDING	V	005			29c. LICE	MSE NUI	MBÉR		29d. DATE	SIGNED (A	forth, Day, Year)
2	July 1	CIRCL	MO					50-L (PA	_	2	141	94
	SHERRY L. KROLL,	MD THE		(Type, Print)				NAVAL MD 2088			CENT	ER
	31. DATE FILED (MORTH, Day, Year) 1994		SIGNATURE Pana	-		24111		110 2000		2000		
	LD X IOUT	70000	WI Brown /tano	TA PE								



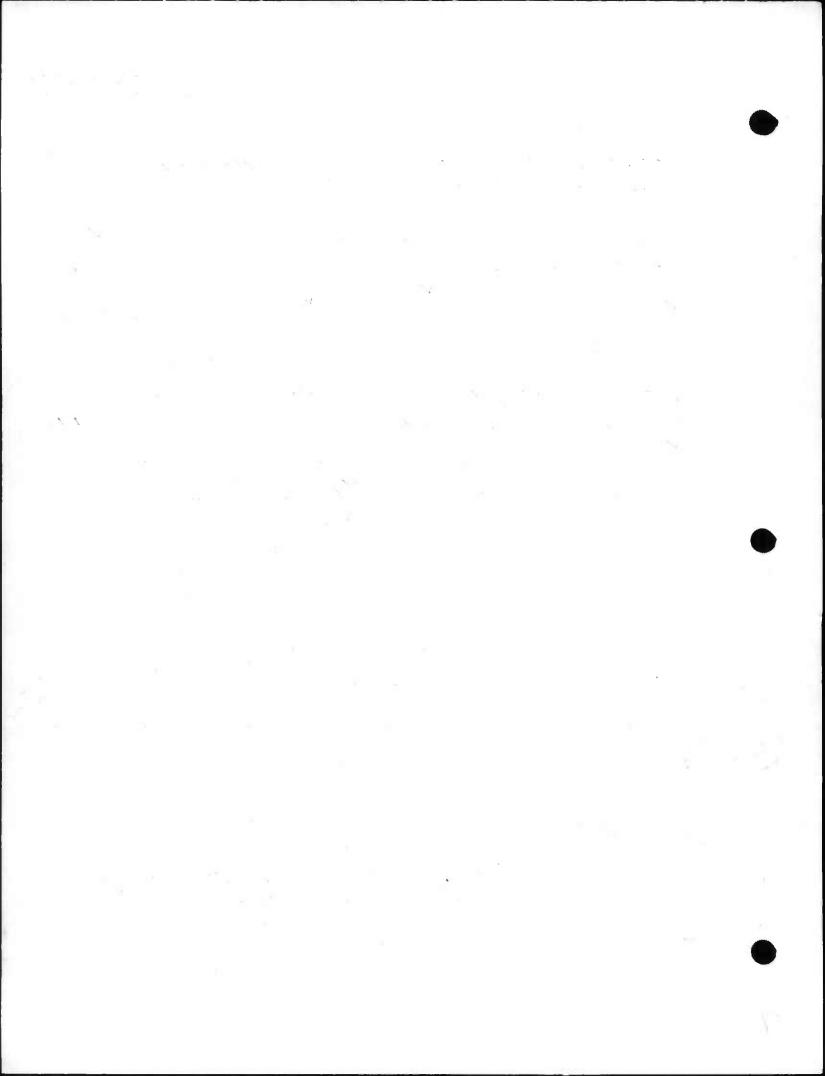
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

in more than may be the death certificate be executed within the course after death. Page 6 may be retained by the hospital or attending physician.	in a comment of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	the second of the second second is a second of the second	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
VOING F	E. Albert	r death	is mar
ATTEN	RECIDA	irs affer	In 28
TAL OF	AL DIS	72 100	II Ites
TO THE HOSPI	TO THE FUNE	he filed within	IMPORTANT

FOR 1 - STATE REGISTRAR	STATE OF MARYI		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	94 04611
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
ABRAHAM		MOSES IF		FEBR 15,19	
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE		IDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)
215-54-9236	1 № M 2 🗆 F	60 YRS. MONT	HS DAYS HOURS MIN.	06-26-33	S.C.
9a. FACILITY NAME (If not institution, give a	street and number)	9b. f	CITY, TOWN OR LOCATION OF	OEATH 9c. CC	DUNTY OF DEATH
FRANCIS SCOTT			BALTIMORE		
MD 10b. COUNT	<b>Y</b>		IN OR LOCATION IN IMORE		10d. INSIDE CITY LIMITS?  YES 2 \( \text{NO}\) NO
100. STREET AND NUMBER 4914 BOWLAND	AVE		101. ZIP CODE 21206		U.S.A.
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISP If yee, specify Cuben, Maxi 1 — YES 2 — NO Specify		14. RACE — American Indian, Black, White, atc. Specify: BIACK
15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S USUA	L OCCUPATION	16b. KIND OF BUSINESS/	
(Specify only highest grade	completed) College (1-4 or 6+)	(Give kind of work de life. Do NOT use retin	one during most of working ad.)		
	-smalle (1-4 or 6 +)	RETREAD		MERCHANT	TIRE CO.
17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S	NAME (First, Middle, Malden Sumame	1)
ABRAHAM MOSES	S, SR.		MATILI		ONTHER
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDI		al Route Number, City or Town, State,	Zio Code)
AMONESE MOSES				BALTIMORE,	
20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF DIS			- City or Town, State
1 Special 2 Cremation 3 Rem		ALTIMORE		2/19 BALTI	
21. SIGNATURE OF FUNERAL SERVICE LIN			22. NAME AND ADDRESS OF		110111111111111111111111111111111111111
▶ BETTS FUNE	RAI. HOMF			AROLINE ST.	
23. PART I. Enter the diseases, pr					21213
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a Dry	A CONSEQUENCE OF):  A CONSEQUENCE OF):			Interval Betwee
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST	c. HT  DUE TO (OR AS	A CONSEQUENCE OF):			
PART II. Other significent condition	ne contributing to death	but not resulting in the	underlying cause given in	In Part I. 24s. WAS AN AUTOPS PERFORMED?  1 YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (	Check only one)	IV/A
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out		1ER: Nursing Home 5 □ Residence		
27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY (	DCCURED
2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	IY — Al home, ferm, street, scriy)		261. LOCATION (Street and Number City or Town, State)	ber or Rural Route Number,
one)				ue to the cause(s) and manner as a he time, deta and place, and due to	stated, the cause(s) and manner sa stated.
296. SIGNATURE AND TITLE OF CERTIFIE		me The	29c. LICENSE N		FEBRUARY 16/
30. NAME AND ADDRESS OF PERSON WH					



		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND / DEPARTMENT OF DEATH FEBRAGARY / 16 1994
		1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH
		MOSES MCCOY  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH  6. BIRTHPLACE (State or Foreign
pin		217-03-468 1 12 M 2 F 78 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 5. C.
2, 3 should	DIRECTOR	UNION MEMORIAL HOSPITAL BALTIMORE CITY
Jes 1,	E C	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY
permit. Pages	DIF	MD BALTIMORE 1 VES 2 NO
Sit	FUNERAL	1 PYES 2 NO  100. STREET AND NUMBER  101. ZIP COOE  102. CITIZEN OF WHAT COUNTRY?  2/2 MC DONOUGH ST.  2/205  4.5.A.
physician. burial-transit	NO.	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No. 14. RACE — American Indian,
# <u>F</u>	ВУ	1 Never Married 2 Married Black, White, atc. If YES 2 M NO Specify:  3 Wildowed 4 Divorced If YES, GIVE WAR OR DATES  If YES, GIVE WAR OR DATES  If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 2 M NO Specify:  SLAAL K
5 5	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18b. KIND OF BUSINESS/INDUSTRY
2 2 0	립	LONGSHOREMAN INDUSTRY
the hose detach	00	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)
stained by should be officed at	BE	OLIVER MC COY  198. INFORMANT'S NAME (Type/Print)  198. MAILING ADDRESS (Street and Number or Rural Route Number City or Young Ages 7(a Covid)
5 5 5	5	199. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Plate, Zip Code)  KATHERINE DINGLE  516 THE ALAMEDA. BALID: M. M. 24212
ay b		20s. NETHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State
must		1 V Burlei 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify)  BALTIMORE CEMERY PAR BALTIMORE, Md.
death. Page tuneral dire		21. SIGNATURE OF FUNERAL SERVICE LICENSEF
		BETTS FUNERAL HOME BALTIMORE, Md. 21213
n by remo		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each line.  Approximate interval Between
ig ig		IMMEDIATE CAUSE (Final Onset and Dasit
completely file ial, cremation, event, the		disease or condition a. TOSFATE CA METUSALE ISY'S.  DUE TO (OR AS A CONSEQUENCE OP):
2 0 m	z	
8 2 2 E	CATION	Sequentially list conditions, If any, leading to immediate
0 8 8 -	FIC	CAUSE (Disease or Injury  CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):
. DET	RTIF	that initiated avants resulting in death) LAST
0 0 0 5	S	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
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equires that en signed b of Health ar	MEDIC	$O: L\Delta$
po ou	2 2	1 VES 2 MNO
A 1	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:
4	YSI	1 YES 2-10 NO 1+ 12 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
NG PHESI Ser things seth with marked,		27. MAIDURY OF DEATH  28a. OATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Natural 5 Pending Investigation  M 1 YES 2 NO
) B 4 5 m	ЭВУ	2 Accident  3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, tarm, street, tactory, office 28s. LOCATION (Street and Number or Rural Route Number.
5 E E E	ETED	4 Homicide determined building, atc. (Specify)  City or Town, State)
전 보인 표	MPL	29a. CERTIFIER (Check only Check on Check on
HOSPITAL HUNERAL WITHIN 72 TANT: II	S	one) 2 MEDICAL EXAMINER: On the basis of examination under investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.
TO THE HOSPIT TO THE FUNER THE MITTIN 7	BE	296. SIGNATURE AND TITLE OF CERTIFIER  29d. DATE SIGNED (Month, Day, Year)  472438946  29d. DATE SIGNED (Month, Day, Year)
	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (NO. 10 ) AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (NO. 10 ) AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (NO. 10 ) AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (NO. 10 ) AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (NO. 10 ) AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (NO. 10 ) AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (NO. 10 ) AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (NO. 10 ) AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (NO. 10 ) AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (NO. 10 ) AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (NO. 10 ) AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (NO. 10 ) AND ADDRESS OF GRATH (ITEM 27) (NO. 1
		31. DATE FILED (MODIF), Doy, Voer) 1994 32. HILL HAR SCIGNATURE  FEB 1. 8 1994 32. HILL HAR SCIGNATURE  ATICIA A. COO., M.D.  THE BILL STORY OF THE SCIGNATURE ATICIA A. COO.
		FEB 1 8 1994 June Aundson Rendere



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FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. DECEDENT'S NAME (First, Middle, 2. DATE OF DEATH 3. TIME OF DEATH Marie Neuner 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs 5. SEX IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign DAYS HOURS 1 M 2 10/22/06 MD Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Mercy Hospital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY permit. MD Baltimore City 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? completely filled in by the funeral director, page 5 should be detached for use as the burial-transit 18 S. Potomac St 21224 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ВУ 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade come (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 pr 5+) UNk. Unk. Housewife 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) notified at Thomas Sunderland BE Anna Derda 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Marie Neuner 18 S. Potomac St. Baltimore, MD 21224 pe 20a, METHOD OF DISPOSITION

1 Buriet 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Oak I ☐ Donation 5 ☐ Other (Specify) Lawn 2/15 Baltimore Cntv. MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY B. Dabrowski & Son Funeral Home ours after death. 2818 E. Baltimore St. Baltimore, MD 21224 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heert feilure. List only one ceuse on eech ilne. intervel Between 6 **Onset and Death IMMEDIATE CAUSE (Finel** the diseese or condition enture resulting in deeth) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) burial, CERTIFICATION Sequentially liet conditione, Hygiene prior to if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated evente resulting in death) LAST 9 PART II. Other eignificent conditions contributing to death but not recuiting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? shows any 1 TYES 2 NO t YES 2 NO 0 PHYSICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate h HOSPITAL: EXAMINER? OTHER: 1 YES 2 NHO npatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 the 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, this c 1 Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death v ВҰ 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 00 6 Could not be COMPLETED 4 Nomicide 28 determined Item OR 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL CE be filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. WOMATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) GL y 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FEB 1 8 1994

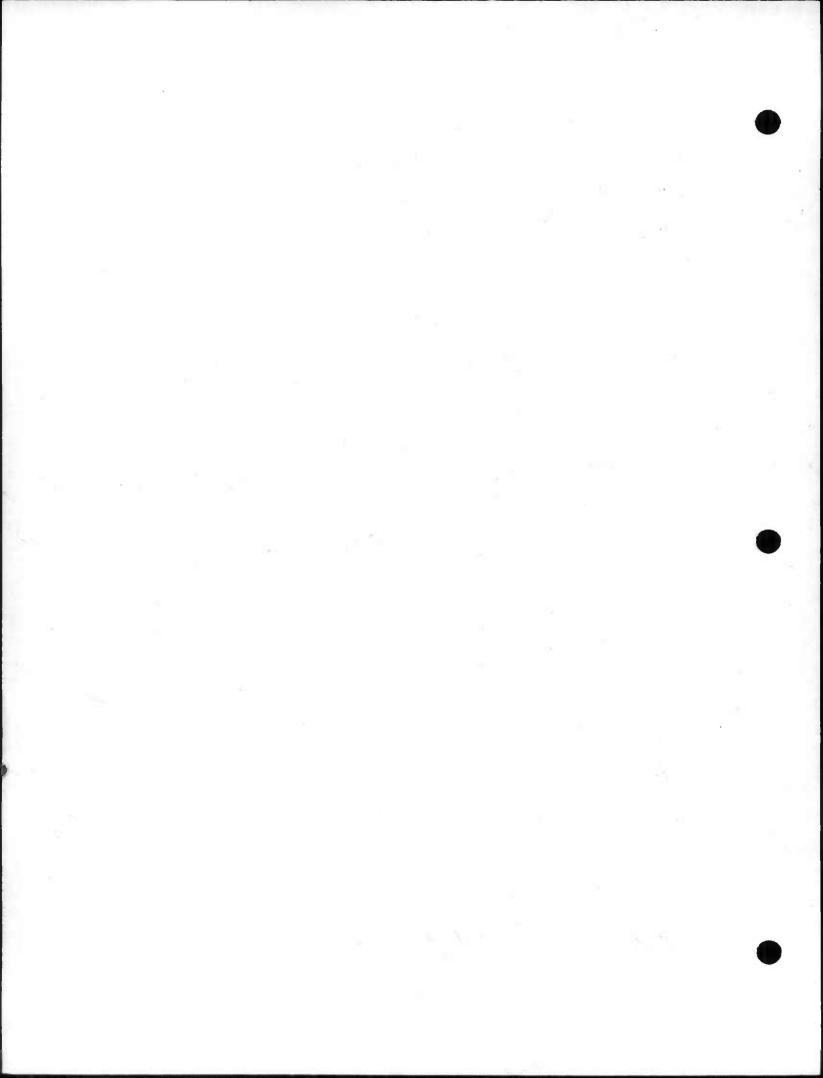
32. REGISTRAR'S SIGNATURE

Savidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM	ENT OF H	IEALTH AND DEATH	MENTA	L HYGIEN		n	461	Li .
		1. DECEDENT'S NAME (First, Middle, Last)	LTIA DIDIA	IOUALMONA :	DATE		MONT			EAR	TIME OF DEA	ATH
		LILA PATEL  4. SOCIAL SECURITY NUMBER	LILA BIPIN		UNDER 1 YEAR	IF UNDER 24 HRS.	FEB	09 OF BIRTH	1994		1:55	A M
should		216-78-6248 9a. FACILITY NAME (If not institution, give st	1 🗆 M 2 💢 F	58 YRS. MOI	NTHS DAYS	HOURS MIN.	JULS	5,19	35 I	NDIA		orangii .
1, 2, 3 sh	стов	ST. AGNES HOS			BALTI		EATH		N/A	OF DEAT		
Pages	DIRE	MARYLAND			OWN OR LOCAT	TION					d. INSIDE CIT LIMITS? YES 2	
it permit.	FUNERAL	100. STREET AND NUMBER	D OTDEET		101	. ZIP CODE					T COUNTRY?	
Jician. al-trans	UNE	909 SOUTH STREEPE  11. MARITAL STATUS	12 WAS DECEDENT EVER IN II	J.S. ARMED	13. WAS DEC	21224 ENDENT OF HISPAI	NIC ORIGIN	17 (Specify Yea	US or No - 14		American Ind	llen.
215-0020 attending physician. ise as the burial-transit	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO ES	If yes, sp	ecify Cuban, Maxica 2 X NO Specif	in, Puarlo I			Black, W	hita, atc. ASIAN	,
ا ساسم	TED	15. DECEDENT'S EDUC (Specify only highest grade of		(Give kind of work	done during mo	ON est of working	16b	KIND OF BUS	SINESS/INDUS	TRY		
W 4 5	COMPLET	1 Z 0-12)	College (1-4 or 5+)	HOMEMAKI				НОМ	E			
by the pe der	ш	17. FATHER'S NAME (First, Middle, Last) THAKOREBHAI PATEL				18. MOTHER'S NA SHANT			Surname)			
be retained ge 5 should e notified	TO B	198. INFORMANT'S NAME (Type/Print) HIREN B. PATEL		909 SOL	ORESS (Street a	REEPER S	Route Numb	ber, City or Town	n, State, Zip Co TIMORE	, MD	21224	1
6 may ctor, pa		20a. METHOD OF DISPOSITION  1		LACE AND DATE OF D			2 / 1	20c, LO	CATION — CHY			
ALTIM death. Page funeral dire		21. SIGNATURE OF FUNERAL SCRIVICE LC	MARE (	)		D ADDRESS OF FA		LECK				VC.
MA L 2 (6)		1 glall	Ruleada	,		SANDY S					UD 207	107
within 2- hours after mpietely filled in by the cremation, or remove vent, the medical		23. PART/1. Enter the diseases, or shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omprocessors that caused the control of the control	n line		Loembo			ratory arrest		Approximinterval E Onset an	Between
executed wand compound burial. communial. communial. communial. communial. communial. communication	NO	Sequentially list conditions,	OUE TO (OR AS A C									
or to	FICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
death certificate attending physismat Hygiene pri	ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):								
이 이 이 보고 그	AL CE	PART II. Other aignificent conditions	contributing to deeth but	not resulting in th	he underlying	ceuse given in	Part I.	24s. WAS AN	ALITOPSY	24h WE	RE AUTOPSY I	FINDINGS
requires that een signed by of Health and shows any i	MEDIC						_	PERFOR	MED?	CO OF	MILABLE PRIOR MPLETION OF DEATH? YES 2	CAUSE
The law the has b are Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only on	ne)				
VII A	YSIC	XX YES 2 NO	HOSPITAL:  1   Inpetient 2 ER/Outpeti		THER:  Nursing Hom	e 5 🗆 Residence	6 🗆 Othe	r (Specify)				
NG PHYSICIAN: Ther this certification with the St marked, or it	ву РН	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	URY AT PRK? YES 2 NO	28d. OES	CRIBE HOW II	NJURY OCCUP	ΙΕΟ		
TENDI TENDI	- 1	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stree	t, factory, offic			ATION (Street a or Town, State)	and Number or	Rural Route	Number,	
E I Item	COMPLETED		CIAN: To the best of my knowled							ause(a) an	d manner as	stated.
A STANGER		296. SIGNATURE AND TITLE OF CERTIFIER	./ ~			29c. LICENSE NUI					onth, Day, Year,	
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H		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH			Street	., Ва	altim	ore,	Mary	land	212
		FEB 1 8 1994	32. BEGISTRARI'S SIGNATI	URE					-	=		



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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 08 AM Perentesis 02 5. SEX 8. AGE (in yrs. last birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign (Month, Day, Year) 10-25-1909 1 M 2 X F 044-03-2753 84 YRS. Connecticut Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Grady Grove Adventist DIRECTOR Rockville Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWH OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Baltimore Owings Mills 1 YES 2 NO permit. 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 12140 A Heneson Garth 21117 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, OIVE WAR OR DATES 1 YES ZXNO Specify: Specify: White BY 3 ▼ Widowed 4 □ Divorced use as the COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ğ Elementary/Secondary (0-12) College (1-4 or 5+) Secretary Baltimore City Schools detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 2 Peter Harlamon BE Agnes Hanzakos pluods notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs Elaine Klein 12140 A. Heneson Garth, Owings Mills, Maryland pe 20e. METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removal from State
4 ☐ Donetion 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Greek Orthodox Cemetery 2-19-94 Woodlawn, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wallace Ruck Towson Funeral Home, Inc. 1050 York Road, Towson, Md. 21204 medical 23. PART I. Enter the disesses, or complications that ceused the death. Do not enter the mode of dying, auch as cardiec or respiratory arrest, Approximata Interval Between shock, or heart failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel **Onset and Death** the disease or condition Motastatic Breast Cancer event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Lung metastases traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE PHYSICIAN: MEDICAL amy 1 TES 2 THO OF DEATH? Effusion 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 1 HO 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER Impatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide -69 6 Could not be datermined COMPLETED 4 Homicide 28 filed within 72 hours PORTANT: If Item 29a. CERTIFIER

Thank and

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the best of azamination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) end manner ee stated.

29c. LICENSE NUMBER

Dr-#401

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TREHAN 50W Edmonston 37 APRISTEMA'S SIGNATURE
Juna Davidson Pands M. 1994

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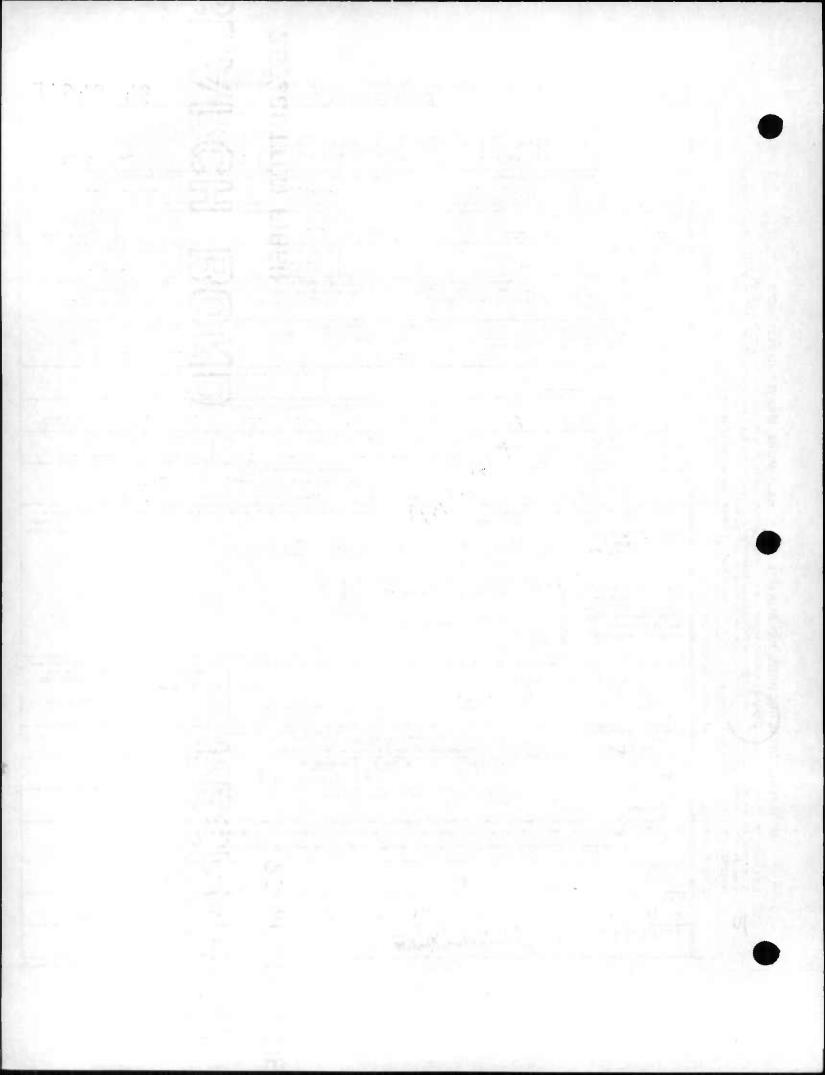
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296. SIGNATURE AND TITLE OF CERTIFIER

DHMH.16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

12.15.94

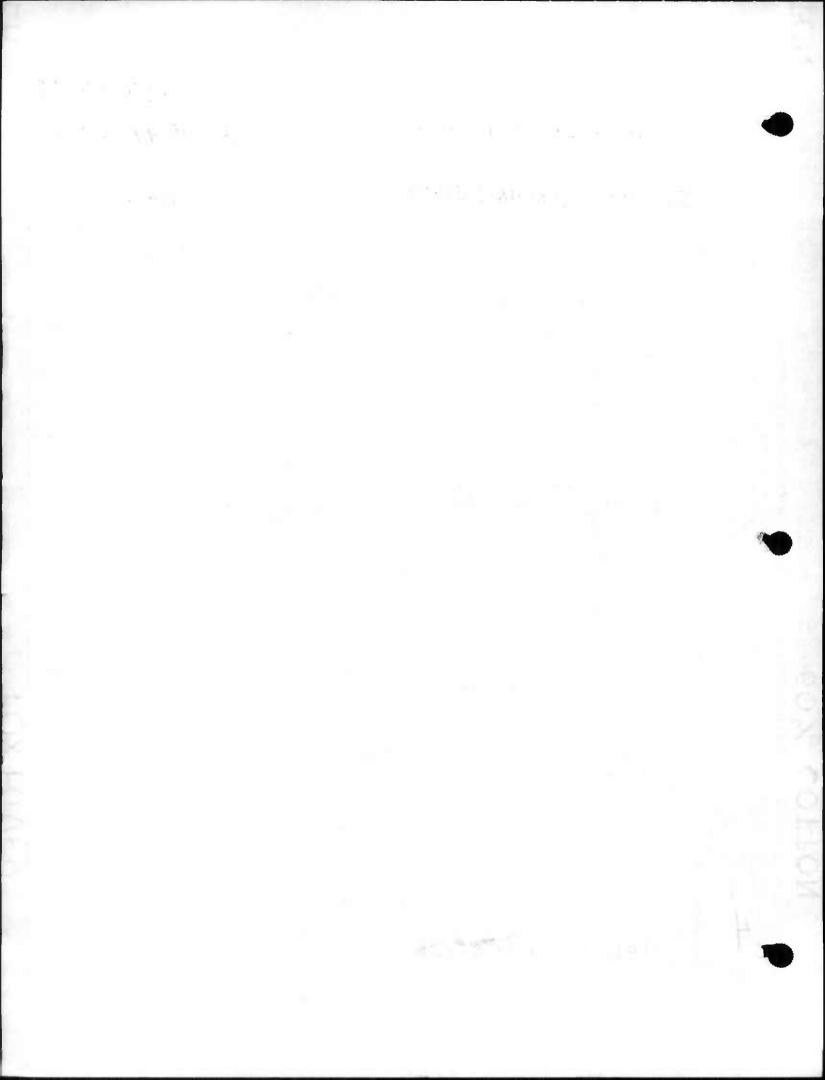


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	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthde			IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State	or Fore
. 1	218-09-1600	1 □ M 2 🙀 F	76 YRS	MONTHS	DAYS	HOURS MIN.		e21,	1917	Ma	ryla	nd
DIRECTOR	90. FACILITY NAME (If not institution, give start of the property of the prope	ERIATRIC	CENTER	96. CITY		dle Ri	EATH		9c. COL	ALTO	-	
EG	10a. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOCAT	ION	-	_			10d. INSIDE	CITY
# I	Md. Ba	ltimore		M	iidd	le Rive	er				LIMITS	
FUNERAL	10. STREET AND NUMBER 17 Blister St	reet			101	212:	20		10g. Cr	USA	THAT COUNT	17?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O		2	If yes, spe	ENDENT OF HISPAI ecity Cuben, Mexico 2 NO Specti	in, Puerto		es or No—	14. RACE Black Specif	- American , white, etc. /y: Whi	
ETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDEN	T'S USUAL O	CCUPATIO	ON at undring	16b	KIND OF B	USINESS/IN	IDUSTRY		
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COMPI	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA				77.0 5		
BE	==	Smith						et R				
2	19a. INFORMANT'S NAME (Type/Print)					Stree					2122	0
	Joan Kutcher	Т	1.7						OCATION -			
74	1 Donation 6 Other (Specify)	oval from State	-1		-local	yInc.2	/17/	1				
	21. Signature of Funeral Service Lice	ENSEE	Metro		NAME AN	D ADDRESS OF FA	CILITY					_
	14 11 =	. 1	//	,	Con	nelly	Fune	ral	Home	of	Esse	X
- 6	23-PART I. Enter the dispusses, or o	inital j	Horne		30	0 Mace	Ave	. Ba	ltim	nore	MD.2	1
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENC  AS A CONSEQUENC  AS A CONSEQUENC	E OF):								
			berb			g cause given in			AN AUTOPSY ORMED? 2 NO	7 24b	WERE AUTOI AMAILABLE P COMPLETION OF DEATH?	RIOI OF
N: MEDICAL	11/12/						heck only o	ne)				
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ME		HOSPITAL:	Outpatient 3 🗆 DO	OTHE 4 2 Nu	R:	e 5 Residence	6 🗆 Oth	er (Specify)				_
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D BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	1 Inpatient 2 ER/ 26e. DATE OF INJL (Month, Day, Ye) 26e. PLACE OF IN.	IURY — Al home, fai (Specify)	A 4 2 Nu TIME OF INJURY M m, street, fac	R: rsing Hon 28c, INJ WC 1  ctory, office	NO S OF RESIDENCE STATE OF THE	28d. DE	CATION (Street or Town, Sta	et end Numb te)	er or Rural i		••
COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	1 Inpetient 2 ER/ 26a. DATE OF INJL (Month, Day, 16  26a. PLACE OF INJ. building, etc.)  CIAN: To the best of my Inc.  R: On the basie of examination.	IURY — Al home, fai (Specify)	A 4 2 Nu TIME OF INJURY M m, street, fac	R: rsing Hon 28c, INJ WC 1  ctory, office	NO S OF RESIDENCE STATE OF THE	28d. DE 28f. LOC City a to the ca	CATION (Street or Town, Sta	et end Numb te) nanner as si end due to	tated.		
BE COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER REPORTS	1   Inpetient 2   ER/ 26a. DATE OF INJI. (Month, Day, 16  26a. PLACE OF INJ. building, etc.)  CIAN: To the best of my II  IR: On the basie of examination	IVRY At home, fail (Specify) At home, fail (specify) At home, fail (nowledge, death or nation and/or investig	A 4 Nu TIME OF INJURY M m, street, fac	R: rsing Hon 28c, INJ WC 1  ctory, office	IURY AT SPECIAL PROPERTY OF THE PROPERTY OF T	28d. DE 28f. LOC City a to the ca	CATION (Street or Town, Sta	et end Numb te) nanner as si end due to	tated.  THE SIGNED	e) end manne	Ybar
COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER PLANS AND ADDRESS OF PERSON WHITE	1   Inpetient 2   ER/ 26a. DATE OF INJI. (Month, Day, 16  26a. PLACE OF INJ. building, etc.)  CIAN: To the best of my in the basic of examination of examination of the basic of examination of exam	IVRY Al home, fail (Specify)  IVRY—Al home, fail (Specify)  Inowledge, death och allon and/or investig	A 4 Nu TIME OF INJURY M m, street, fac	R: rsing Hon 28c, INJ WC 1  ctory, office	IURY AT JAKES 2 NO	28d. DE 28f. LOC City a to the ca	CATION (Street or Town, Sta	et end Numb te) nanner as si end due to	tated.  THE SIGNED	s) end manne	Ybar
BE COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER PLANS AND ADDRESS OF PERSON WHITE	1   Inpetient 2   ER/ 26a. DATE OF INJI. (Month, Day, 16  26a. PLACE OF INJ. building, etc.)  CIAN: To the best of my in the basic of examination of examination of the basic of examination of exam	IVRY Al home, fail (Specify)  IVRY—Al home, fail (Specify)  Inowledge, death och allon and/or investig	Time of injury M m, street, fac	R: rsing Hom  28c. INJ WC  1   ttory, office  ttime, date opinion, c	NO S Residence  NURY AT  PIES 2 NO  Period of the second o	28d. DE 28f. LOC City a to the ca a time, dat	SCRIBE HOW CATION (Street or Town, Statuse(a) and n e end piece,	nanner as seend due to	tated. the couse(c	o) end manne  (Month, Day,	Year
BE COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER REPORTS	1   Inpetient 2   ER/ 26a. DATE OF INJI. (Month, Day, 16  26a. PLACE OF INJ. building, etc.)  CIAN: To the best of my in the basic of examination of examination of the basic of examination of exam	IVRY Al home, fail (Specify)  IVRY—Al home, fail (Specify)  Inowledge, death och allon and/or investig	Time of injury M m, street, fac	R: rsing Hom  28c. INJ WC  1   ttory, office  ttime, date opinion, c	IURY AT JAKES 2 NO	28d. DE 28f. LOC City a to the ca a time, dat	SCRIBE HOW CATION (Street or Town, Statuse(a) and n e end piece,	nanner as seend due to	tated. the couse(c	o) end manne  (Month, Day,	Ybai

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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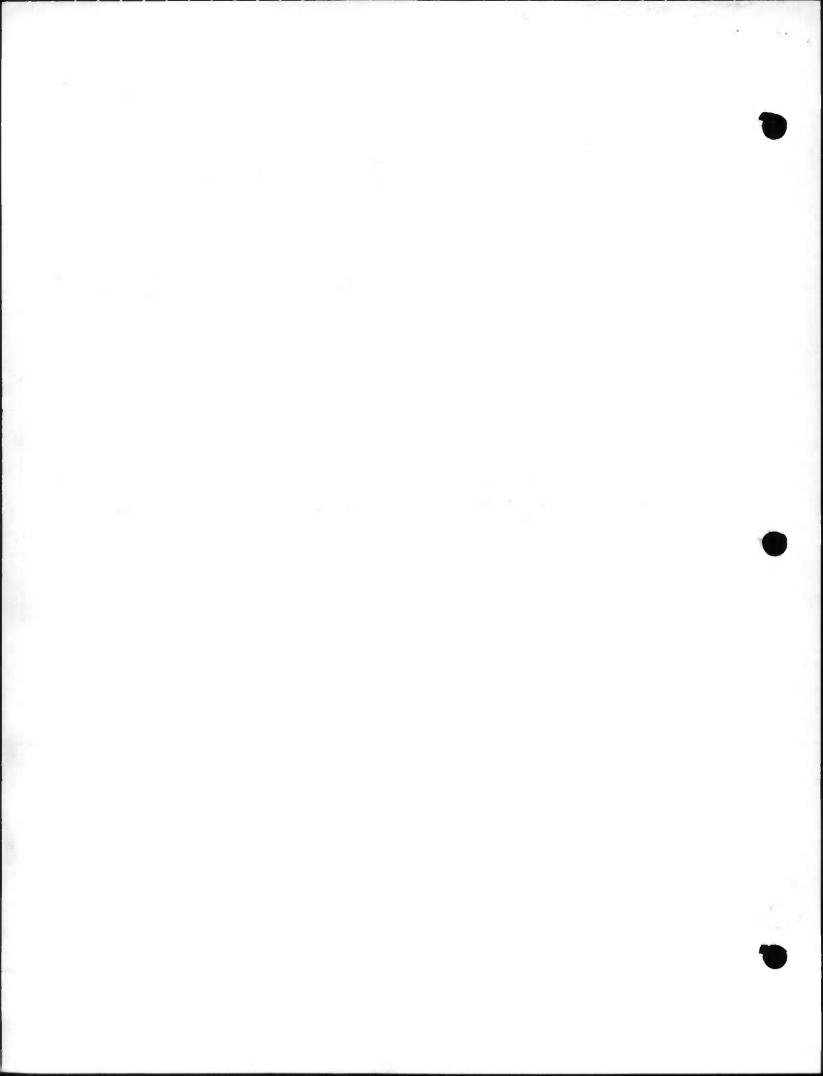
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OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 incurs after death. Page 6 may be retained by the	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be delithin 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	ANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
SPIT	VER.	=
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF DEATH REG. NO. 1 - STATE REGISTRAR 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) YEAR Albert W. Pasternokas

4. SOCIAL SECURITY NUMBER 5. SEX Pehruary 1994 B. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 1 🔲 M 2 🗌 F 215-03-8368 A Maryland 01/05/1916 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 331 Elinor Avenue Fullerton Baltimore 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Fullerton 1 YES 2X NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 331 Elinor Avenue 21236 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 Years Bricklaver Carpenter Self Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE John Pasternokas Mary Zulpowski 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Theresa M Maryland 21236 20c. LOCATION - City or Town, State Pasternokas Flinor Avenue Fullerton 20a. METHOD OF DISPOSITION
1 Burlal 2 XCremation 3 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE on 3 🗆 Removal from State Crematory 2/16/94 Baltimore Maryland 22. NAME AND ADDRESS OF FACALITY THE Dippel Funeral Inc. 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 7110 Belair Road Baltimore, Maryland 21206 23. PART L'Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List drifty one ceuse on each line. Approximate Intervat Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ INTRALFABLE CONGETING HEARS PAILURE YEARS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CAUSE UNCERSAIN Y SABLE CARDIOMYODATHY MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b, WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? CHLONIL RENAL PAILURE. 1 YES 2 PNO OF DEATH? HYPERTENSION 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investige 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
(Chack only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER Land TITLE OF CERTIFIER L. Clever not 29d, DATE SIGNED (Month, Day, Year) D 00 3-11 2/14/94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) L.F. AWALTOWN . PIERRE DA. 120 SISTER Tousan, MB 21204 FEB 1 8 1994



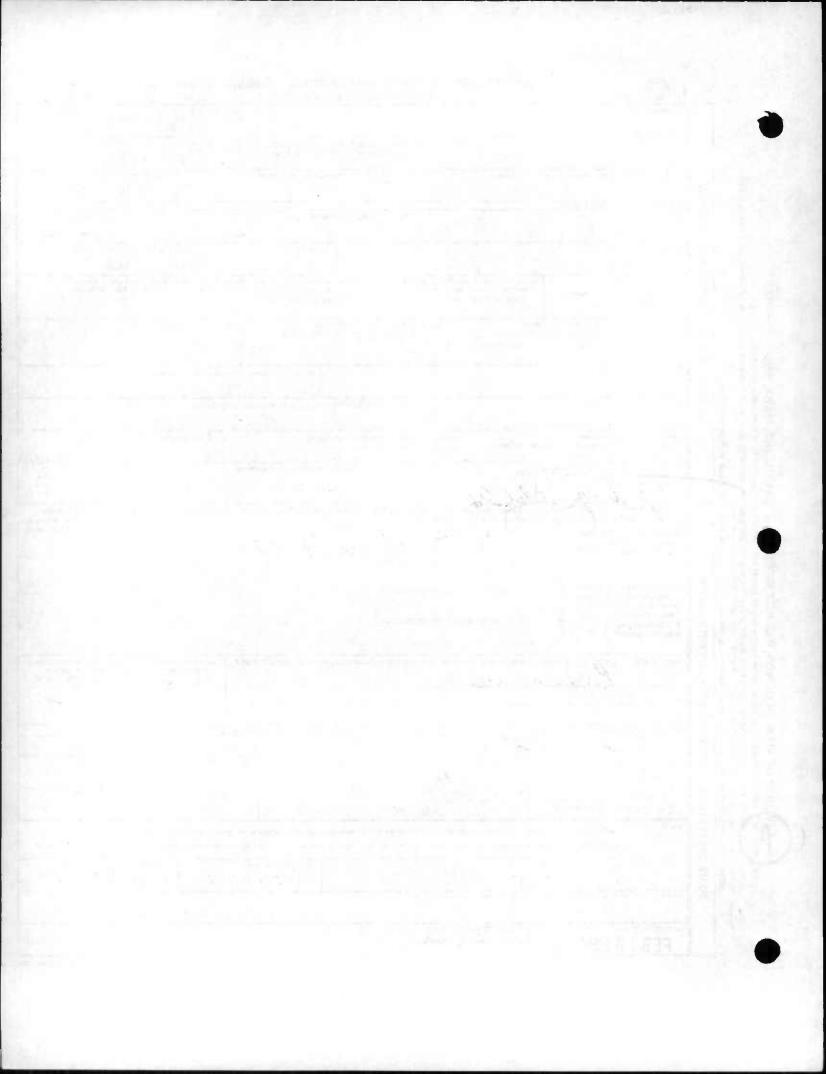
		DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SE VIT	AL RE	CORE	S, P.	0	BOX	13146,	U
1	TO THE HOSPIT	TO THE HOSPITAL OR ATTENDING PHYSICIAN THE INFORMATION THE INFORMATION OF THE HOSPITAL OR ATTENDING PHYSICIAN INFORMATION IN PROPERTY OF THE PHYSICIAN OF THE P	PHYSICIAN	The law rea	quires that	the death	certifi	cate be	executed with	hin
3	TO THE FUNER	TO THE FUNERAL DIRECTOR: Any this process has been signed by the attending physician and complet	this Parcel	has been	d signed by	The affi	d Build	hysician	and comple	y
+	be filed within	72 hours after delth	WHITTE ST	Best of	( Health an	d Mental	Hygien	e prior to	burial, cre	matro
	MEDDRITANT	IMPORTANT II have 20 to make a common statement and injury or other traumatic event the	want or An	m 23 sh	Vite and	inlury, c	r other	er fraun	natic even	4

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DE CERT	PARTMENT OF H		MENTAL HYGIENE REG. NO.	94	04618			
200	1. DECEDENT'S NAME (First, Middle, Lest) Curlee Ross				2. DATE OF DEATH DAY	94				
	4. SOCIAL SECURITY NUMBER  5. SE  HG - 42 - 9/67 1  9e. FACILITY NAME (If not institution, give street and	M 2 □ F 66 YI	RS. MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTN (Month, Day, Year) 9-05 97	0	IRTHPLACE (State or Foreign ountry)  NC			
TOR	SYKESUILLE FLER CARE	number)	-	ILLE IN		Carre				
DIRECTOR	100. STATE 10b. COUNTY Carro		SYKES U. 1				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	1309 2nd Ave		101	. ZIP CODE	1	Og. CITIZEN	S - A.			
BY FU	1 Never Married 2 Married FC	AS DECEDENT EVER IN U.S. ARMED PRCES? 1 YES 2 NO YES, GIVE WAR OR DATES	If yes, sp	ENDENT OF NISPANI ocify Cuban, Mexican 2 NO Specify:	C ORIGIN? (Specify Yea or , Puerto Ricen, etc.)		RACE — American Indian, Black, Whita, etc. Specify: Black			
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade complet  Elamentary/Secondary (0-12)  Colle	ed) (Give kir	ENT'S USUAL OCCUPATION of of work done during mo NOT use retired.)	at of working	Commun		•			
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) Po	well			NE (First, Middle, Majden Sui 2VA He	1	RSOM			
TO B	19a. INFORMANT'S NAME (Type/Print) Leo Sheppar	9 61	1 GORM	MANAV	oute Number, City or Town, S EBAILIN	ORE	MARYLAND			
	20e, METHOD OF DISPOSITION  1	om State 20b. PLACE OF D	ONFOREST D	leterAM	Cemet Owi	ngs	Mills MARYLAN			
	21. BIGHATURE OF FUHERAL BERVICE LICENSES	(our	D M	DROWN	Comer F.H.	1206	W. North			
	23. PART i. Enter the diseases, or compliance, or heart feliure. List or immediate cause (Final disease or condition resulting in death)	Otherse Lasafic	Coron		L Dire		Approximata interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
4	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.    Care Ali   Vestion   Activities   Completion of Completion of Cause of Death?   Completion of Cause of Death?									
AN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26 Di	ACE OF DEATN (Che	ork only one)		1 YES 2 NO			
PHYSICIAN:	EXAMINER?  1 VES 2 NO 1 I	PITAL: spetlent 2 - ER/Outpetlent 3 - D	OTHER:	e 5 🗆 Residence	6 Other (Specify)	,				
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 🗆	YES 2 NO	28d. DESCRIBE NOW INJ					
COMPLETED	4 Homicide determined	8e. PLACE OF INJURY — At home, the building, atc. (Specify)			28f. LOCATION (Street and City or Town, State)		wisi noure number,			
OMPL	(Check only 192 CERTIFTING PATSICIAN: 1	o the best of my knowledge, death of the basis of examination and/or investigation.					use(a) and manner as stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  J. H. J. H. J.	, NO		29c. LICENSE NUM D32P	BER 2	9d. DATE SIG	SMED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WNO COM Roda	PLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)	Confee	Doir E	201/2.	-, forn 21176			



AN	he hos	detache	Duce.
DALIMONE, MARTLAN	TO THE MOSPING, OR ATTENDING PHYSICIAN. The law impairs that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the host	TO THE FUNCIAL DATCION After this certificate has been signed by the attending physicien and completely filled in by the funeral director, page 5 should be detache by the fined within 27 bours after death with the State Dent, of Health and Marital Hosters and obtain, commission, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPAR CERTIF		OF HEALTH		MENTAL HYGIEN REG. NO.	94	04619		
	1. DECEDENT'S NAME (First, Middle, Les EDITH SMITH RIC						2. DATE OF DEATH MONTH DATE TO THE PROPERTY OF	994	3. TIME OF DEATH 6:30 A. M		
	4. SOCIAL SECURITY NUMBER 578-05-7494	1 🗆 M 2 💢 F	6. AGE (In yrs. last birthday) 87 YRS.	IF UNDER 1	YEAR IF UND	MIN.	7. DATE OF BIRTH (Month, Day, Year)	8, 1	BIRTHPLACE (State or Foreign Country) WEST VIRGINIA		
TOR	98. FACILITY NAME (If not institution, give GREATER LAUREL RESIDENCE OF DECEMENT.		HOSPITAL		TOWN OR LOCAT	TION OF DE	АТН	9e. COUNTY PRI	OF DEATN NCE GEORGE		
DIRECTOR	10a. STATE 10b. COU	RINCE GEOR		HTY, TOWN OR LOCATION BOWIE					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	1504 PERRELL LA	TREET AND NUMBER				2071	6	10g. CITIZEN	OF WHAT COUNTRY? USA		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 THO R OR DATES	11		en, Maxica	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) 1.2	DUCATION ide completed) College (1-4 or 5+)	We Do NOT u	work done du se retired.)	CUPATION uring most of work	ding	166. KIND OF BUS	SINESS/INDUST	RY		
BE CO	17. FATHER'S NAME (First, Middle, Lest) RICHARD SMITH				Char	lott	ME (First, Middle, Maiden e Elliott				
5	190. INFORMANT'S NAME (Type/Print) SAMUEL J. RICHA	RDSON, JR.	1504	PERRE	LL LANE		NIE, MARYLI	AND 20	716		
	20s. METHOD OF DISPOSITION  1 © Burlel 2 □ Cremetion 3 □ R  4 □ Donation 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICES		20b. PLACE AND DATE cometery, crematory or of NATIONAL	MEM.	PARK CE	METE	RY 2/15 FA	LLS CH	or Town, State URCH. VIRGINIA		
	1 Dx00	1. O. O.	,	22. N	7601 SA	NDY :	SPRING RD.	FUNERA. , LAURI	L HOME, INC. EL, MD. 20707		
CERTIFICATION	7601 SANDY SPRING RD., LAUREL, MD. 20707  23. PART I: Enter the diseases, or complications that claused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CER	that mithaton events										
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF	DEATN (Ch	eck only one)				
BY PHYS	1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, De			ng Nome 5 1 1 28c. INJURY AT WORK? 1 YES 2		8 Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCUR	ED		
	3 Suicide 6 Could not I 4 Homicide determined	pullding, e	INJURY — At home/farm, tc. (Specify)	street, factor	ry, offica		281. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,		
COMPLETED	ane)		ny knowledge, death occur amination and/or investigati						luse(a) and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIF	1 lin	M		29c. U	Z Y	1999 1999	P Z	GNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON  LUIS A.	CASAS 1	us 831		HERRY	16	A LAUR	97 W	D 20707		
	31. DATE FILED (Month, Day, Year) FEB 1 8 1994	32. REGISTRAR	SIGNATURE								



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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTA	L HYGIEN	0 1	n	4620
)	1. DECEDENT'S NAME (First, Middle, Lest)	Thomas Den	ison Ro	hinson	. III	2. DATE MONT		199	EAR	TIME OF DEATH  2:00 P
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH h, Day, Year)	8.	BIRTHPLA Country)	CE (State or Foreign
	223-74-2511  98. FACILITY NAME (If not institution, give a		1 YRS.	9b. CITY, TOWN O	R LOCATION OF		/24/6	9c. COUNTY		ginia
TOR	Seton Hill Mar	or Nursing	Home	Bal	timore	Cit	У	_		
DIRECTOR	Maryland 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT		timo	re		1 30	I. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE	1001		10g. CITIZEN		
UNE	605 Jasper Sti	12. WAS DECEDENT EVER IN			ENDENT OF HISPA			or No.— 14.	US.	American Indien.
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			2 X NO Spec		Rican, etc.)		Black, WI Specify:	White
TED	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	16a. DECEDENT'S U	rk done during mos		168	. KIND OF BUS	SINESS/INDUS		wiiite
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Purchas:		nt	Sı	tool F	ahrica	tion	Company
COM	17. FATHER'S NAME (First, Middle, Last)			11,5 11,50	18. MOTHER'S N				CIOII	Company
BE	John Cut ]	<u>ler Robinso</u>		DDRESS (Street ar	nd Number or Bure			erly		ngs
2	John C. Robins	30n		. Will			,		/	23663
	20a. METHOD OF DISPOSITION  1   Burial 2 □ Cremation 3   Rem  4 □ Donation 6 □ Other (Specify)		PLACE AND DATE OF petery cremetory or other arklawn			cle 2/		cation — city		
	21. SIGNATURE OF FUNEDAL SERVICE LI		West -	22. NAME AN	D ADDRESS OF F	FACILITY				гвина
	George E.	MacNabb			abb Fu Freder					MD 21228
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	Complications that caused List only one cause on e	I the death. Do no ach line.	t enter the mod	de of dylng, su	ch as csn	diec or respi	ratory arrest	,	Approximats Interval Between Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	_ / 0	siple	ain	WSi	5		6 Wes
N	Sequentially list conditions,	· AID	5							345
ZATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							,
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
CEH		d								
CAL	PART II. Other algnificant condition	a contributing to death b	ul not reaulting in	the underlying	cause given in	n Part I.	24a. WAS AN PERFOR	RMED?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO WPLETION OF CAUSE
PHYSICIAN: MEDIC						<del></del>	1 TYES 2	₩ NO	DF	DEATH?  YES 2 NO
AN:										
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp	atlant 3 DOA	28. PL. OTHER: Nursing Home	ACE OF DEATH (C					
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJU	JRY AT	7		NJURY OCCUR	ED	
BY	t Netural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY	— At home farm etc		ES 2 NO	201 1.00	ATION (Street	and Number or i	D	Atombos
E I	3 Suicida 8 Could not be 4 Homicide detarmined	building, etc. (Spec	cify)	eet, factory, offica			or Town, State)		HUTEL HOUTE	Number,
COMPLET	0001	ICIAN: To the best of my know ER: On the best of examination							ause(a) and	f manner as stated.
	295. SHOWATURE AND TITLE OF CERTIFIE		0111	T	29c, LICENSE NO	UMBER				nth, Day, Year)
TO BE	Smull	Julenu	her		1) 2	862	25	▶ 02	/11	/94
	Samuel J. West	rick, M.D.	31.00 S		1 Stre	et	Balto	., MD	21:	218
	31. DATE FILE ET MONTH 1 Day, You 1994	32 REDISTRIPTS SIGN	n-gandell		_					

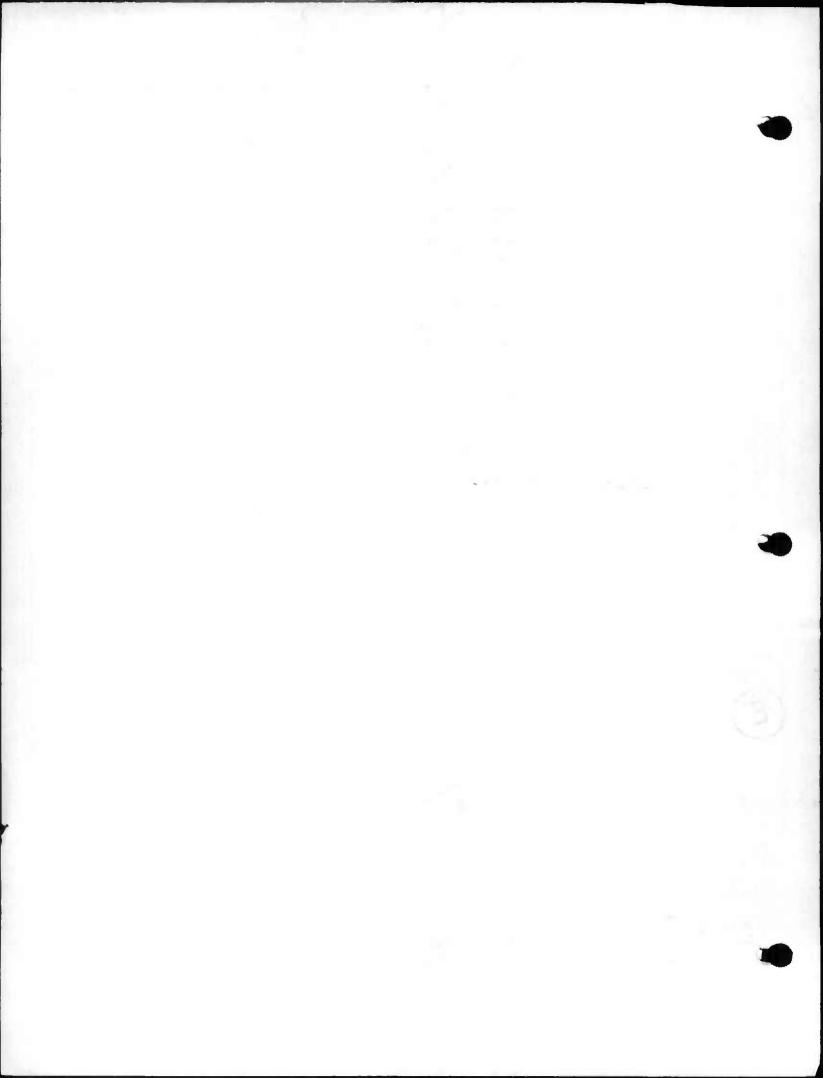
ont, the medical examiner must be notified at once.

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F VITAL	SICIAN: The last	certificate ass	In the State leg	d, or Item 2
OF VITAL	PHYSICIAN: The	r this certificate has	h with the State ap	arked, or Hem 23
ON OF VITAL	DING PHYSICIAN THE	After this certificate has	death with the State Top	s marked, or Nem 2
SION OF VITAL	TENDING PHYSICIAN THE	TOR: After this certificate has	after death with the State Leg	28 is marked, or item 2
IVISION OF VITAL	R ATTENDING PHYSICIAN THE	RECTOR: After this certificate has	urs after death with the State Tep	om 28 is marked, or item 2
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AL OR ATTENDING PHYSICIAN THE	AL DIRECTOR: After this certificate test	2 hours after death with the State Top	if item 28 is marked, or item 2
DIVISION OF VITAL	SPITAL OR ATTENDING PHYSICIAN THE	NERAL DIRECTOR: After this certificate has	hin 72 hours after death with the State Teg	NT: If item 28 is marked, or item 2
DIVISION OF VITAL	HOSPITAL OR ATTENDING PHYSICIAN THE	FUNERAL DIRECTOR: After this certificate has	I within 72 hours after death with the State Top	RTANT: If Item 28 is marked, or item 2
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN THE WARRINGS AND THE MESSAGE CONTINUES IN EXECUTED WITHIN	TO THE FUNERAL DIRECTOR; After this certificate was been support by the antendant physician and complete	filed within 72 hours after death with the State we	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event,

2

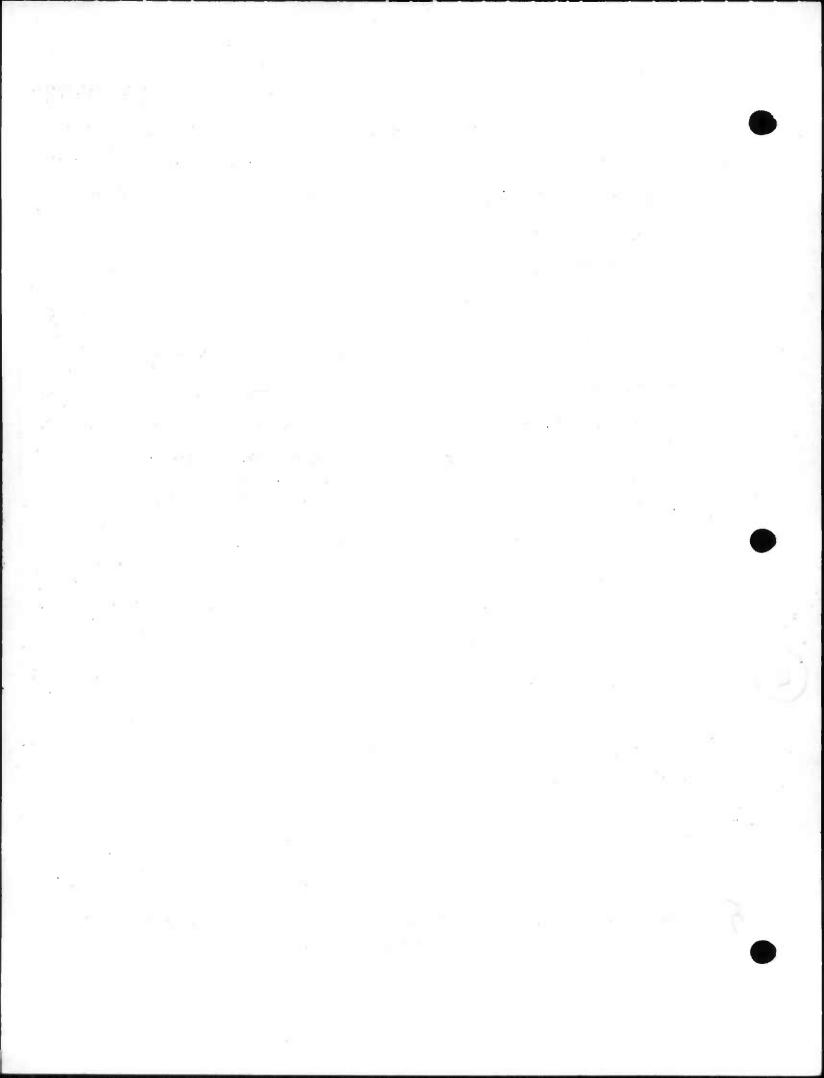
	- SIMIE	STATE OF MARYL					_	04621
	REGISTRAR  DECEDEN'S NAME (First, Middle, Last)	0-1-6	CERTIF	CATE OF	DEATH	2. OATE OF OEATH MONTH	AY OYEA	3. TIME OF OEATH
	4 BOCIAL SECURITY NUMBER 5.	SEX To AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	97	RTHPLACE (State or Foreign
	486032530 1	XM 2 □ F	SC YRS.	MONTHS DAYS	HOURS MIN,	(Month, Day, Year) 8 - 23 - 19	Co	Kansas
	Se. FACILITY NAME (If not institution, give street	and number)		96. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY O	
DIRECTOR	BONSCON HO		Bullin	ore Md	Room	pore City		
ñ.	10e. STATE 10b. COUNTY	The second	10c. CIT	, TOWN OR LOC				10d. INSIDE CITY LIMITS?
	Maryland Bal	ltimore		(	Catonsvi	.11e		1 TES 2 X NO
A	10s. STREET AND NUMBER		74	.1	Of. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
Ä	719 Maiden Choic	e Lane,	BR 615		212	.28		USA
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, s	CENDENT OF HISPAN pecify Cuben, Mexical S 2 NO Specify	ACE — American Indian, Black, White, etc.		
B	15. DECEDENT'S EDUCATION		16e. DECEDENT'S USUAL OCCUPATION			16b. KIND OF BU	SINESS/INDUSTR	Υ
E I	(Specify only highest grade com Elementary/Secondary (0-12) Co	olleted) ollege (1-4 or 5 +)	(Give kind of v life. Do NOT us	rork done during n e retired.)	nest of working	2000		
COMPLET	12		Busine	ss Exe	c./ V.P	.   Oil Pi	peline	e/Transport
ő	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	
BE	Jar	nes Robb			A	nna Lind	lelof	
2	19a. INFORMANT'S NAME (Type/Print)		The second secon	The Carlot Annual Printers		loute Number, City or Tow		
-	Fenton S. Robb	laiden	Choice	Lane, BR6	15 Bal	lto.MD21228		
	20a. METHOD OF DISPOSITION 1	other place)	ro Crematory, Inc. 02/17   Baltimore, MD212					
	21. SIGNATURE OF FUNERAL SERVICE DICENS	Man Mitt		Crei	nation S	ociety o	f Md.	Inc. MD 21228
	George E. I		d the death. Do n					Approximate
	shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition				,		,	Interval Between Onset and Death
	resulting in death) a	DUE TO (OR AS	A CONSEQUENCE OF	7):				10 100
z		Preumm	in					Jan
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  LEADLY STATEMENT OF WAYNERS OF CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  LEADLY MY PLANTAGE OF CONSEQUENCE OF):  LEADLY STATEMENT OF CON							
FIF	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF	7: / 6:	· har et	1.1.2 / 00	n.T.	UF 2 miles
CER								
¥	PART II. Other significant conditions or frythe lemme and list with moules kylender	ontributing to death to	out not resulting	n the underly	ng cause given in	Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă	Non mark - marid	in habita	Mallela	dun	no lonal	1 [] YES :	2 NO	OF DEATH?
PHYSICIAN: MEDICAL	mount wome : CVA	; (QL (1) 1	untate			—		1 TES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL	, 4,	-17000	26	PLACE OF DEATH (Ch	nck only one)		
SICI	EXAMINER?	OSPITAL:	nationt 3   DOA	OTHER:	me 6 - Residence			
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. II	LJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	D
ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJ		YES 2 ND			
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spe	f — At home, farm, : cify)	street, factory, of	ice	281. LOCATION (Street City or Town, State		irel Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my know	viedge, death occum	ed at the time, de	te and place, and due	to the cause(s) and ms	nner as stated.	
NO	one) 2 MEDICAL EXAMINER: 0	The second secon						se(s) and manner es stated.
U O	29b. SIGNATURE AND TITLE OF CERTIFIER	J. mor	nteh, n	0	29c. LICENSE NUI	ABER		NED (Month, Day, Year)
98	JANET V. MOGHBEL	-1,mn			01494	9	▶2/16	194

JANET V. MUTCH SEL1, MD, BIN SECTION HOVE 17AL, BALTO-MD 21233 31. DATE FILED (Month, Day, Year) 994



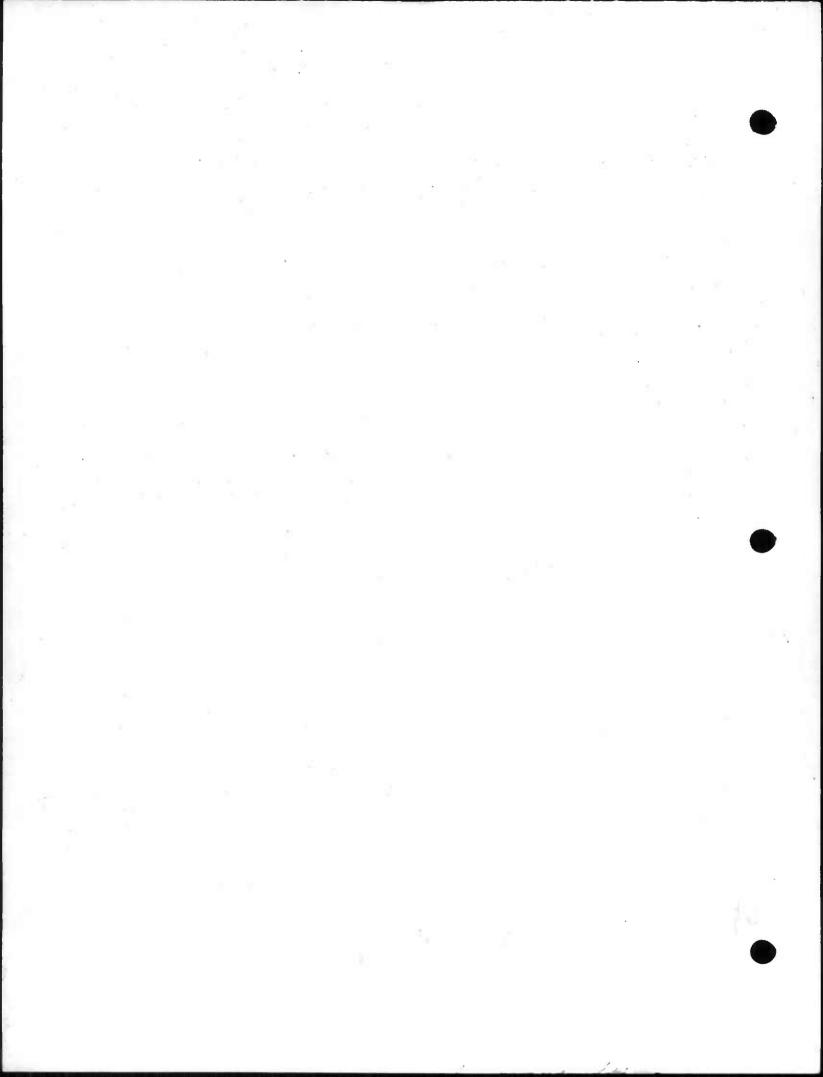
OF VITAL RECORDS P.O. BOX 68760, A BALTIMORE, MARYLAND 21215-0020	The law requires the contributed be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should me the State Dept. of Mean	
DIVISION OF VITAL RECORDS P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the death certificate be executed with	TO THE FUNETIAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fune be fined within 72 hours after death with the State Dept. of Mealth and Mental Hygiene prior to buriel, cremation, or removal.	Consideration and the Constitution of the Cons

	1 - STATE REGISTRAR	STATE OF N	MARYL	AND / DEPAR Certif					MENTAL	REG. NO.	- (	911	04622
	1. DECEDENT'S NAME (First, Middle, La	st)								OF DEATH		3.	TIME OF DEATH
	Ba	rbara Cat	-hori	ino Pot	770%				MONTH Feb.	11		994	7:55 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX		In yrs. last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE O		, 1		VCE (State or Foreign
	212-18-2749	1 🗌 M 2 💢 F		91 YRS.	MONTHS	DAYS	HOURS	MIN	(Month,	7, 19	02	Country)	
	9a. FACILITY NAME (If not institution, give	ve street and number)		71	9h CITY	TOWN	P I OCATI	ON OF DE		/, 19	-	TY OF DEAT	lungary
Œ								ON OF DE	Airi				
DIRECTOR	Manor Care Ruxto	n Nursing	Home	9		Tows	on				Ba	altimo	re
Ĭ,	10a. STATE 10b. COU	NTY		10c, CI1	Y, TOWN	OR LOCAT	ION					10	d. INSIDE CITY
ā	Md. Ba	To	wson						11	LIMITS?			
A P	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?												
FUNERAL	7001 N. Charles	St.					212	04				U.S.A	١.
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN	U.S. ARMED						(Specify Yes	or No-	14. RACE —	American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W						in, Maxicar Specify:	n, Puerto R	can, atc.)		Black, W Specify:	hita, atc.
													White
COMPLETED	15. DECEOENT'S E (Specify only highest gr			16a. DECEOENT'S (Give kind of	work done	CCUPATIO	N st of worki	ng	16b.	KIND OF BUS	SINESS/IND	USTRY	
1 19	Elementary/Secondary (0-12)	College (1-4 or 5 a	+)	life. Do NOT u	se retired.)					1		~	•
g E	8			Sea	mstr	ess				несп	t's (		
5 8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, M	iddle, Maiden	Sumame)		
BE	Wilhelm Leitner									Leitz			
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING									
9	Bernard J. Lei							Whit	е На	Ll. Mc			
150	20a METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 R	amoval from State	ceme	PLACE AND DATE etery, crematory or o	ther place)				OATE		CATION —	City or Town,	State
E	4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	Licelle	Ho	oly Cros						Bro	okly	n. Md.	
examiner must be notified at once.  TO BE COM	The state of the s	Posture /	0)					SOP FAC		ral Ho	mo Tr	20	
	Ruck Towson Funeral Home Inc. 1050 York Rd. Towson, Md. 21204												
Hedica	23. PART I. Enter the diseesea, or shock, or heart failur	or complications that	t ceused	the death. Do	not enter	the mod	de of dy	ing, auch	as card	ec or respi	ratory arr	est,	Approximate
Ē	IMMEDIATE CAUSE (Final												Intervel Between Onset and Death
5	disease or condition resulting in deeth)	. ACL	178	MY	CA	901	IAL	1	NFA	196-	110	N	IHOUR
N ACI	DUE TO JOB AS A CONSEQUENCE OF												
Z	- A CHTE CO DO NAMY A ATEMY OCCLUSION I HOUR												
	Sequentielly list conditions, if any, leeding to immediate OUE TO (OR AS A CONSEQUENCE OF):												
2	oue to (or as a consequence of):  If any, leeding to immediate cause. Enter UNDERLYING  CAUSE (Disease or Injury that initiated events)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):												
or other traumatic event, the ERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OH AS A	CONSEQUENCE O	F):								
S E		_ d											
CAL CE	PART II. Other significent conditi	ions contributing to	death bu	ut not resulting	In the un	derlying	cause	given in i	Part I.	24s. WAS AN			RE AUTOPSY FINDINGS
0	CANDIAC	ANAH	414	M143						PERFOR	1	co	ATLABLE PRIOR TO MPLETION OF CAUSE
: MEDI										1 TYES 2	1		DEATH?
5									- 1			1	_ 123 2 _ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF D	EATH (Che	ck only one	)			
YSICI/	1 YES 2 NO	HOSPITAL:	ER/Outpu	ntient 3 DOA	OT HE!		5 🗆 Re	sidence	6 🗌 Other	(Specify)			
분	27. MANNER OF DEATH	26a. DATE OF (Month, Da		28b. TIN	-	28c. INJU	JRY AT		_	RIBE HOW II	NJURY OCC	UREO	
D BY PH	1 Natural 5 Pending Investigatio		ay, roury	100	M	1 🗌 Y	ES 2	NO					
	3 Suicide 6 Could not 8	26s. PLACE O	F INJURY	— At home, farm,	street, fact	ory, office			28f, LOCA	FION (Street a	nd Number	or Rural Route	Number,
1 1 2	4 Homicide determined		are: (Opoor	***					City o	Town, State)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the beat of	my knowle	edge, death occurr	ed at the t	ime, date	and place	end due	to the caus	e(a) and man	ner en stete	d.	
N N		INER: On the basis of an											d manner as stated.
	296 SIGNATURE AND TITLE OF CERTIF							ENSE NUM					
H	D. M.	tono	. 0	. M	. Þ			73	2 /		ZVO. DATE		-1994
<u>۹</u>	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	SE DE DE	TH (ITEM 27) (7-ma	Print		20	1 3	, , 0		- 4	- 14	114
	II '		-			11		. 1		1/3	01000		
	Joseph D. Notar	32. PEGISTRA	SIGNA	ITURE -	au L	Tace	e, Ba	altin	nore,	Md.	21202		
	I LERI 8 199	4 Julia 1	Davida	10 D. J. W									



The second secon	
(	
MVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND
E HIGH AND ATTACHME PROSEDURE THE IAW REquires that the death certificate be executed with yours after death. Page 6 may be retained by the hosp	ours after death. Page 6 may be retained by the hosp
FUNERAL MECTUR Alter this conflicte has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	in by the funeral director, page 5 should be detached
and mental mount after drain with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or	r removal.
DRTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND F DEATH	MENTAL	HYGIEN REG. NO.		01.	01.623	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH		3 1	3. TIME OF DEATH	
	Melvin Rich					MONTH	2-17	<del>"</del> 94	YEAR	1:52 A M	
- 8	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YEAR		7. DATE O	F BIRTH Day, Year)		8. BIRTH Country	PLACE (State or Foreign	
1	250-22-2295	1X M 2 □ F 7 2	YRS.	MONTHS DAY	s HOURE MIN.	9/2	2/192	21		th Caroli	
~	9a. FACILITY NAME (If not institution, give s				N OR LOCATION OF D	EATH		9c. COUN	TY OF D	EATH	
P.	Francis Scott Key	Medical Cent	er	Balti	more						
EG	10a. STATE 10b. COUNT	Υ	10c, CI1	TY, TOWN OR LO	CATION					10d, INSIDE CITY	
DIRECTOR	Md. Ba	ltimore	D	undall	ζ.					LIMITS?	
	10e. STREET AND NUMBER				101. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?				HAT COUNTRY?	
FUNERAL	3436 Sollers	Pt. Rd.			21222	USA					
2	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		ECENDENT OF HISPA specify Cuban, Maxic			or No-	14. RACE	- American Indian, White, atc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES	1 🗆 1	ES 2 NO Speci	fy:	can, arc.)		Spech		
	15. DECEDENT'S EDU	THOUSE 4 DIVICES						WIESE WIDE	ICTOV	WILLE	
ETE	(Specify only highest grade	PATION 166. KIND OF BUSINESS/INDUST 197 most of working									
IPL	9 t h	Coflege (1-4 or 5+)	Steel	worker		1	Beth-	Stee	1		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Mi	ddle, Maiden	Sumame)	- ;		
BE (	Evans Rich				Fanni	e Mc(	Ca11				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	G ADDRESS (Stre	et and Number or Rural	Route Numbe	r, City or Tow	n, State, Zip	Code)		
-	Margaret Rich		3436	So11	ers Pt.						
	20a METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem	noval from State cem	PLACE AND DATE	other place!			20c. LO				
	4 Donation 5 Other (Specify)	Sa	acred H	eart o	f Jesus	2/19	Ва	ltim	ore	Md.	
	21. SIGNAL DIE OF FUNERAL SERVICE EN	/ /	0		and address of Fa		Ноп	e of	Du	ndalk	
	Colt	onnel	lu		Soller						
	23. PART I. Enter the diseases, pr ahpck, pr heart failure.	complicatione that caused	the beeth. Do	not enter the	mode of dying, au	ch aa cardi	ec or reapi	ratory arre	at,	Approximate	
	ahock, or heart failure. Liet only one ceuse on each time.  IMMEDIATE CAUSE (Finel  Onset and Death										
	disease or condition resulting in death)	· Myoca	ordeal	2 Are	farel	5				2 hours	
	disease or condition resulting in death)  a. Myocardeal Aufard  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION		DUE TO (OR AS A	CONSEQUENCE O	) we c	arexect	are c	alax	, au	Marcon	esi	
CAT	If any, leading to immediate cause. Enter UNDERLYING			,						3.	
Ē	CAUSE (Disease Dr injury that initiated evente	DUE TO (OR AS A	CONSEQUENCE O	P):							
띪	reaulting in death) LAST	d									
C	PART II. Other significant condition	ne contributing to deeth b	ut not reculting	in the underly	ring cause given in	Part i	24a, WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS	
CAL	Hyperten		•				PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDI						_	1 X YES 2	NO		OF DEATH?	
2						-				1 X YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	heck only one	)				
SIC	EXAMINER?  1 X YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	etlant 3 DOA	OTHER:	ome 5 - Rasidenca	8 Other	(Specify)				
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIS		INJURY AT WORK?	7	RIBE HOW I	NJURY OCC	JRED		
ВУ	Natural 5 Pending Investigation	(month, buy, rout)			YES 2 NO						
	3 Suicida 8 Could not be	28a. PLACE OF INJURY building, atc. (Spec	- At home, farm,	street, factory, o	ffica		FION (Street a	ind Number (	or Rural R	loute Number,	
	4 Homicide determined										
1PL		ICIAN: To the best of my know									
COMPLETED	one) 2 MEDICAL EXAMINE	ER: On the besis of examination	n and/or investigation	on, in my opinio	, death occured at the	n time, date a	ind placa, an	d dun to the	cause(a	) and manner as stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	1 4			29c. LICENSE NU					(Month, Day, Year)	
0	Dary .	Isell M	.0		1009	777	7	> 2	11-	7/54	
-	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	s, Print)	A 11	W	15	-0			
	0	(1, 1, 1)	rance	er so	oll Be	4, 10	alle	mor	U, h	7/94 40 21224	
	FFR 1 8 1994	32. REGISTRAR'S SIGN	ALUNE		1						



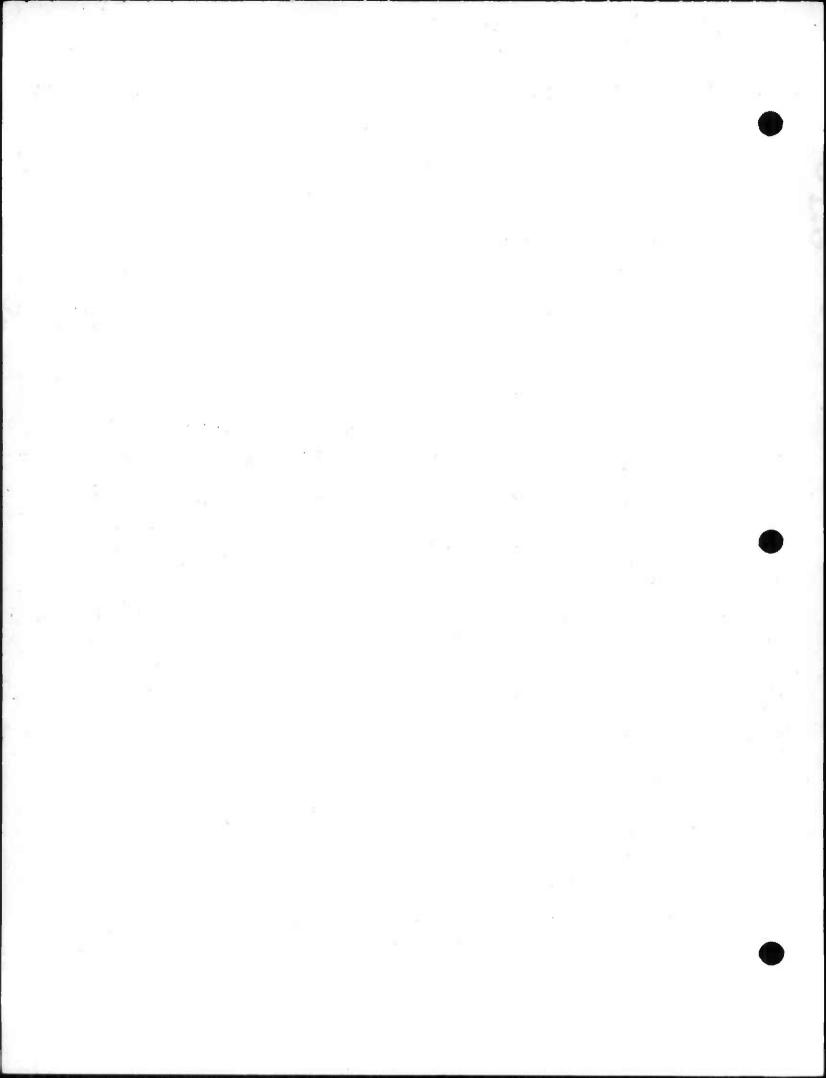
TO THE HONOROGY ATENDING PHYSICIAN: The law requires that the death certificate be executed within a foours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FLINE ACCOUNT After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled in the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.  IMPORTANT: If term 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	T OF HEALTH AN		HYGIENE REG. NO.	94	04624		
	1. DECEDENT'S NAME (First, Middle, Lest)  JOSEPH A.	SIKOR	SKI		2. DATE OF		YEAR	3. TIME OF DEATH		
	215-05-1302A	5. SEX 6. AGE (In yrs. ii	YRS. IF UNDE	R 1 YEAR IF UNDER 24 H	N. (Month, D	BIRTH ay, Year) - 1912	Country	LAND		
TOR	90. FACILITY NAME (If not institution, give street 1515 BETHLEHEM RESIDENCE OF DECEMENT	· ·	9Ь. СІТ	Y, TOWN OR LOCATION O	OF DEATH		LTIM			
DIRECTOR		BALTIMORE 10c. CITY, TOWN OR LOCATION 10c.								
FUNERAL	1515 BETHLEHEM	AVENUE 21222						HAT COUNTRY?		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S. A FORCES? 1 X YES 2 FIF YES, GIVE WAR OR DATES W I I		WAS DECENDENT OF HI If yes, specify Cuben, Ma 1 YES 2 (NO S	xicen, Puerto Rica	Specify Yes or No— in, etc.)	Black,	American Indian, White, atc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	College (1-4 or 5+)		OCCUPATION during most of working	16b. Kii	ND OF BUSINESS/IN	DUSTRY			
JMP	12 YEARS  17. FATHER'S NAME (First, Middle, Lest)	P	AINTER	Les MOTORIES		ELF				
ECC	ANDREW SIKORSKI				POSICK	lle, Maiden Sumame)				
TO B	19s. INFORMANT'S NAME (Type/Print)	1	9b. MAILING ADDRES	S (Street and Number or R			p Code)			
F	MRS. MARY CHESN	AVAGE 1	515 BET	HLEHEM AL	ENUE B			1222		
	20s. METHOD OF DISPOSITION  1	al from State SAUR	AND DATE OF DISPO	T OF MARY		BALTO	co.			
(	23. PART I. Enter the disease, or co	miski	1	NAME AND ADDRESS O ACZOROWSK 201 DUNDA	ALK AVE	NUE BAL	TO.,	MD. 2122		
CERTIFICATION	shock, or heart failure. Li IMMEDIATE CAUSE (Finei disease or condition reaulting in death)  Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EQUENCE OF):	toris				Approximate interval Between Onset and Death		
MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.  24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF OEATH	(Check only one)					
IXSI		I Inpatient 2 ER/Outpatient	1 - 10	rsing Home 5 Reside						
PHY.	1 Natural 5 Pending	26s. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	765.05	BE HOW INJURY OC	CUREO			
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At h building, stc. (Specify)	ome, ferm, street, fed		28t. LOCATIO	ON (Street and Number own, State)	r or Aural Ro	ute Number,		
COMPLET		AN: To the best of my knowledge, d On the basis of examination and/or						and manner as stated.		
O BE C	206. SIGNATURE AND TITLE OF CERTIFIER	Vzus	Ley	29c, LICENSE			E SIGNED			
F	1:1. WITA	COMPLETED CAUSE OF DEATH (ITI	M 27) (Type, Prim) 280	(FOSFE	R A	e 21	22	4		
	31. DATE FILED (Month, Des 8 1994	32 HOUSTPARS SIGNATURES	indett							

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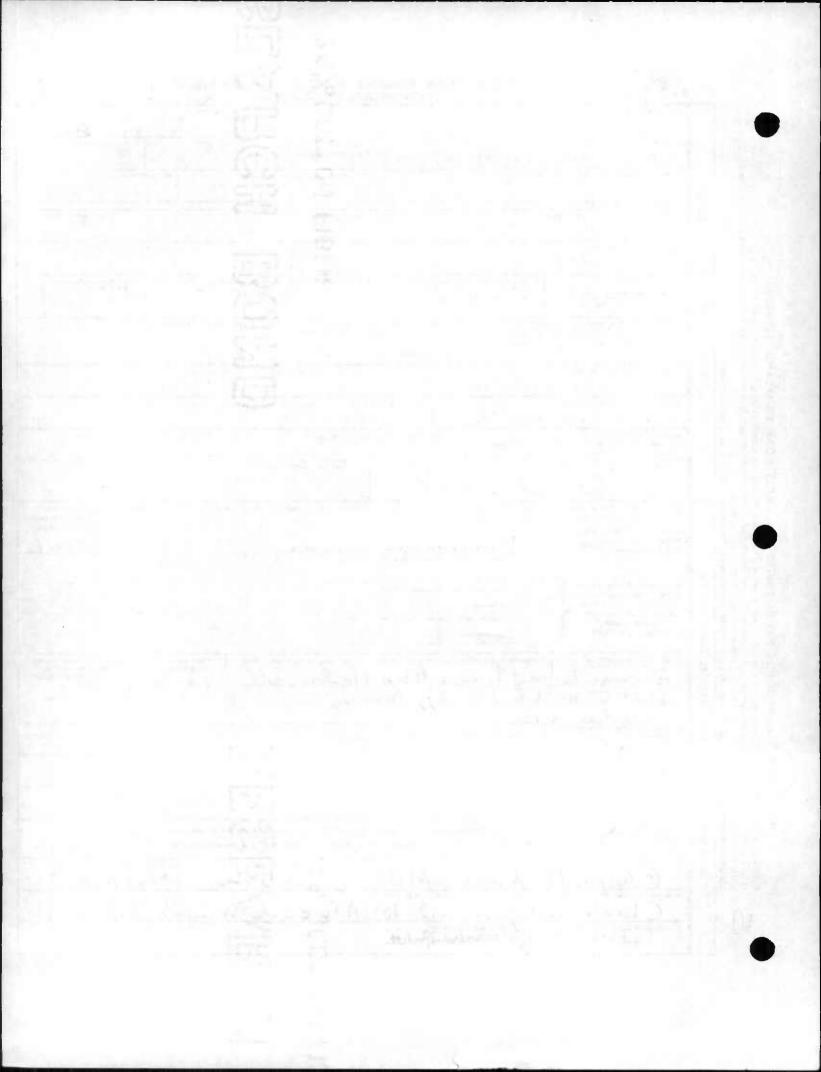
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ĺ	1. DECEDENT'S NAME (First, Middle, Last			~			2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEATN
	LEONARD  4. SOCIAL SECURITY NUMBER	(NMN)	8 405 d		L'ALMANN				994		_11:32 <i>I</i>
FUNERAL DIRECTOR	214-14-3332	1 X M 2 F	8. AGE (In yrs.	YRS.	MONTHS DAY		(Moi	E OF BIRTN oth, Day, Year)		Country	
	9a, FACILITY NAME (If not institution, give		73	ina.	Ob CITY TOW	VN OR LOCATION OF	<u>-08-20</u>	20 Maryland			
			PT #K				DEATH				
	5907 RADECKE AVE		Y, TOWN OR LO				City				
		Maryland City							10d, INSIDE CITY LIMITS?		
	Maryland  100. STREET AND NUMBER			Baltin	nore		1 X YES 2 N				
	STORY OF THE PROPERTY.	77		101. ZIP CODE 109. CITIZEN OF W							
	5907 Radecke A	ARMED	13 WAS (			USA N7 (Specify Yea or No.— 14. RACE — American Indian					
	1 X Never Married 2 Married	NO	il yes,	Rican, etc.)	Ic.) Black, White, etc.						
BY	3 Widowed 4 Divorced	IF YES, GIVE W	WII		I,	YES 2 X NO Spec	my.			Specif	White
E I	15, DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a.	(Give kind of	USUAL OCCUP/ work done during	ATION most of working	16	b. KIND OF BUS	SINESS/INDU	STRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+	)	life. Do NOT us	se retired.)				_		_
MPL	17, FATHER'S NAME (First, Middle, Last)	5+				ist		Research			
8		Stalman	252			18, MOTHER'S N		Middle, Maiden			
BE	19a. INFORMANT'S NAME (Type/Print)	Staimai	.111	105 MANUNC	ADDRESS (Com	net and Number or Rura		ry Ras			
2	Josephine E. J	acobs				Avenue					and 2100
	20s. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Res				OF DISPOSITION		DA		CATION - CH		and 2109
	1 Buriel 2 Cremation 3 Res	moval from State	cometon	cremetory or a	ther placel	ry, Inc.	1				
- 11	21. SIGNATURE OFFUNERAL SERVICE C	TRANCES	TIEL	TO OI	.ematu	Ly, IIIC.	UZ	rd ba	1 L I M C	ore	, MUZIZZO
	21. SIGNATURE STRUCEL	TOENSED	2//		22. NAME	E AND ADDRESS OF F					
	Seon 2	They	MK	-	Cren	and address of a nation S	oci	ety of	Md.	, In	ic.
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OMPLETED BY PHYSICIAN: MEDICAL CERTIFI	George E.  23. PART I. Enter the discesse, or ehock, or heart fellure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Discesse or Injury that Initiated events reaulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XYES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	MacNabb r complications thet Liet only one cause  BUE TO (  B. DUE TO (  C. DUE TO (  d. DUE TO (  See PLACE OF building, a	Caused the se on each I  COR AS A CON  (OR A	death. Do riline.  CUBY SEOUENCE OF SEOUEN	22. NAME Creil 299 not enter the i  F):  F):  In the underly  OTHER: 4 □ Nursing N  E OF  M  Item 1  I	AND ADDRESS OF FINATION S Frederi mode of dying, au  CARCOLO  ying cause given is  PLACE OF DEATH (C.  HOME 5 X Residence INJURY AT WO RES 2 NO  Hotel and place, and du	Ck Chan ca	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?  NO NUMBER OF	MD at,	Approximate Interval Betw Onset and Do
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	George E.  23. PART I. Enter the discesse, or ehock, or heart fellure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Discesse or Injury that Initiated events reaulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XXYES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER ONE) 1 CERTIFYING PNYS ONE) 2 MEDICAL EXAMINER SIGNATURE AND TILE OF CENTRE	MacNabb r complications thete. Liet only one cause a. DUE TO ( b. DUE TO ( d.	Caused the se on each I CAUSED STATES OF THE SECOND	death. Do rine.  CUBY SEOUENCE OF SEOUENCE	22. NAME Cren 299 not enter the i 299 TO COMMENT File In the underly  28. OTHER: 4   Nursing N E OF 28c.   URY M 1   street, factory, of	AND ADDRESS OF FINATION S Frederi mode of dying, au  CARLOLO  ying cause given is  PLACE OF DEATH (C  tome 5 X Residence injury AT  WORK?  YES 2 NO  filice  29c. LICENSE NO.	Ck ch as ca  Ck ch as ca  Ch ch as ca  Ch	24a. WAS AN PERFORM 1 YES 2	AUTOPSY MED? NO NJURY OCCUPANT AUTOPSY MED? FEI	RED  RED  RED  RED  RED  RED  RED  RED	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO



BALTIMORE, MARYLAND 21215-0020	rours after death. Page 6 may be retained by the hospital or attending physician.	iled in by the funeral director, page 5 should be detached for use as the burial-trans	n, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PROSICIAL: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this restricted has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (First, A	Middle, Last)	0					C	MON		DAY	YEAR	3. TIME OF DEATH		
	EVELY N  4. SOCIAL SECURITY NUMBE		5, SEX	MITH					6		16	94	6:4		
	The second secon				s. last birthday)	MONTHS C		UNDER 24 HRS.	(Mor	th, Day, Year)		Country)	LACE (State or For		
	478-56-8		1 🗆 M 2 💢 F	89	YRS.				Sep	.26,	1904	IOW	a		
	9a. FACILITY NAME (If not inst	titution, give s	street and number)			9b. CITY, T	OWN OR L	OCATION OF	DEATN		9c. COU	INTY OF DE	ATH		
DIRECTOR	Meridian Nursing Center Annapolis Anne Arunde											rundel			
5		RESIDENCE OF DECEDENT													
E	MD		arunde	el		ady S							10d. INSIDE CITY LIMITS?		
- 16	10e. STREET AND NUMBER									1 TES 2					
Z I				A711	09. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY USA					HAT COUNTRY?					
FUNERAL	1464 Nieman Road											USA			
5	11. MARITAL STATUS  1 Never Married 2 N	Herried	12. WAS DECEDEN FORCES? 1	YES 2.	ARMED			ENT OF HISP, Cuban, Mexic		N? (Specify Ye Ricen, etc.)	s or No—		<ul> <li>American India</li> <li>White, atc.</li> </ul>		
BY	3 Widowed 4 Divorce		IF YES, GIVE W	AR OR DATES	AA		YES 2					Specify	White		
8	A	OENT'S EDU	ICATION	Le	DECENTIVE.	HOUSE OF T	(Bawa)								
	(Specify only i	completed)	16a	(Give kind of a life. Do NOT us	work done dur	ing most o	working	18	b. KIND OF BU	ISINESS/INI	DUSTRY				
COMPLET	Elementary/Secondary (0-1	12)	College (1-4 or 8 -		eache:				-	Educ	atio	n			
Z			7	1,	eache.							11			
8	17. FATNER'S NAME (First, Mid		Jamaant				16	. MOTHER'S N		Middle, Maider		- 14	On or to be		
8	Edwin Star	_	ar pente	sr.									Carthy		
2	19a. INFORMANT'S NAME (Typ	DELLES								nber, City or Tov			C 1		
	Mrs. John F		notti Jr.		1464	Mien	ian	koad,	Sna	ady S	iae,	20/	64		
	20a. METHOD OF DISPOSITIO		noval from State		CEAND DATE (		ON (Name	of	DA	TE 20c. LC	OCATION -	City or Tow	n, Stata		
	4 Donation 8 Dother (S	Specify)			dlawn		eter	V		De	s Mo	ines	, Iowa		
	21. SIGNATURE OF SUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY														
	Hardesty Funeral Home, P.A.  12 Ridgely Ave. Annapolis, MD 214														
-	Com		7 00		/ _	112	Rid	gely	Ave	. Ann	apol	is,	MD 214		
	23. PART I. Enter the dis	eesea, or	complications that List only one cau	t coused the	death. Do r	not enter th	e mode	of dying, su	ich aa ca	diec or reep	lratory er	reet,	Approxima		
	IMMEDIATE CAUSE (Fina		Clat only one can	ISO OTI GOLII	mire.								Onset and		
	disease or condition	•	1/1/1	OILM	onice	-	Du	1.04	,				1 3 wea		
	resulting in death)		DUE TO	(DR AS A CON	NSEDUENCE OF	F):	710	wary					2000		
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0	Sequentially list conditio		DUE TO	(DR AS A CON	NSEDUENCE OF	P):									
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¥	If any, leading to immedicause. Enter UNDERLYIN	late IG	- DOE 10												
FICAT	If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury	late IG	G	(OR AS A CON	NSEQUENCE OF							,			
HTIFICAT	If any, leading to immedicause. Enter UNDERLYIN	late iG y	G	(OR AS A CON	NSEQUENCE OF										
CERTIFICAT	If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	late iG y	G	(OR AS A CON	NSEQUENCE OF							,			
	If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	late HG Y	c. DUE TO			F):	orlying co	euse given l	n Part I.	24e. WAS AI					
	If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that Initiated events resulting in death) LAST	late HG Y	c. DUE TO			F):	ertying co	ouse given in	In Part I.	PERFO	RMED?		AMAILABLE PRIOR T		
CAL	If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that Initiated events resulting in death) LAST	late HG Y	c. DUE TO			F):	ertying co	ouse given i	n Part I.		RMED?		MAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?		
MEDICAL	If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that Initiated events resulting in death) LAST	late HG Y	c. DUE TO			F):	ilur	euse given i	in Part I.	PERFO	RMED?		MAILABLE PRIOR T COMPLETION OF CA OF DEATH?		
MEDICAL	If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that Initiated events resulting in death) LAST	int condition	c. DUE TO			F):	ilvy	a mo		PERFO	RMED?		MAILABLE PRIOR T COMPLETION OF CA OF DEATH?		
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PHYSICIAN: MEDICAL	If any, leading to Immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnifican  Atheroscler  District  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	nt condition  Wel  MEDICAL	d	deeth but n ease wi	Av 3 DOA	OTHER:	26. PLACI g Home (	OF DEATH (C	Check only c	PERFO 1 YES	RMED? 2 NO		MAILABLE PRIOR T COMPLETION OF CA OF DEATH?		
PHYSICIAN: MEDICAL	If any, leading to Immedicause. Enter UNDERLYIN CAUSE (Disease or Injunthat Initiated events resulting in death) LAST  PART II. Other algnifican  Atheroida  District  25. WAS CASE REFERRED TO EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  15   Netural 5   PA	nt condition  Wel  MEDICAL	d	deeth but n ease wi	ot resulting	OTHER: 4 DRUISIN EE OF 20	26. PLACE g Home { GC. INJURY WORKT 1 ☐ YES	OF DEATN (C)	Check only c	PERFO 1 YES  rine)  or (Specify)	RMED? 2 NO		WERE AUTOPSY FIN MAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N		
BY PHYSICIAN: MEDICAL	If any, leading to Immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnifican  Attack  PART III. Other algnifican  Compared to the compar	nt condition  The limit of the	d	deeth but n ease wi	Av 3 DOA	OTHER: 4 DRUISIN EE OF 20	26. PLACE g Home { GC. INJURY WORKT 1 ☐ YES	OF DEATH (C	Check only o	PERFO 1 YES  rine)  or (Specify)	RMED? 2 NO INJURY OC	CUREO	MAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N		
BY PHYSICIAN: MEDICAL	If any, leading to Immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnifican  Attack  PART III. Other algnifican  Compared to the compar	nt condition  MEDICAL  Pending westigetion	d	deeth but n  ease for  yell  ER/Oulpation  INJURY  ay, 'ber'  F INJURY — A	ot resulting	OTHER: 4 DRUISIN EE OF 20	26. PLACE g Home { GC. INJURY WORKT 1 ☐ YES	OF DEATH (C	Check only o	PERFO 1 YES  or (Specify) SCRIBE NOW	RMED? 2 NO INJURY OC	CUREO	MAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N		
BY PHYSICIAN: MEDICAL	If any, leading to Immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnifican  Attended to the control of the control	nt condition  The late of the condition	d	deeth but n ease wi yell ER/Oulpatien ay, Year) FINJURY — A stc. (Specify)	ot resulting  Av  at 3 DOA  28b. TIM (N)	OTHER: 4 Prunsin E OF JURY M street, factory	28. PLACE g Home 5 GC. INJURY WORKT 1  YES	E OF DEATH (C	S Other Check only of S Other Check on	PERFO 1 VES 1 YES 1 YOU 1 YES	RMED? 2 NO INJURY OC and Numbe	CCUREO or or Rural Ro	MAILABLE PRIOR 1 COMPLETION OF CO OF DEATH? 1 YES 2 N		
BY PHYSICIAN: MEDICAL	If any, leading to Immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnifican  A Therefore  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  18. Natural 5 PART Natural 1 PART III. Other Algnifican in Concentration in Concen	int condition  Int co	DUE TO  d	deeth but n ease with the second seco	A DOA 28b. TIM INJ	OTHER: 4 DRURSIN E OF JURY M street, factory	28. PLACE g Home { Bc. INJURY WORK! 1  YES , office	E OF DEATN (C	Check only of 8 Oth 28d. DE 28d. DE 28f. LO	PERFO 1 VES 1 YES 1 YOU 1 YES	RMED? 2 NO INJURY OC and Numbe	cureo or Rural Ro	MALABLE PRIOR 1 COMPLETION OF CO OF DEATH?  1 YES 2 N		
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O BE COMP	If any, leading to Immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnifican  A Live Control  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  18 Natural  2 Actident  3 Suicide 8 C. 4 Homicide  29e. CERTIFIER (Check only one)  29b. SIGNATURE ANO TITLE CONTROL  29c. CERTIFIER 1	iste did y y with a condition of centified west getton could not be etermined etermined of certified with a condition of certi	DUE TO  d	deeth but n  ease Wi  yre II  ER/Oulpatien INJURY ay, 'ber'  F INJURY — A  atc. (Specify)  my knowledge xamination and	ot resulting to the second of	OTHER: 4 Nursin E OF 20 URY M street, factory	26. PLACI g Home { GC. INJURY WORK? 1  YES , office p, data and	E OF DEATN (C	Check only of a B Oth 28d, D8 28f, LO Ch	PERFO 1 VES 1 YES 1 YOU 1 YES	RMED? 2 NO INJURY OC and Numbe )	or or Rural Ro	MAILABLE PRIOR T COMPLETION OF C/ OF DEATH;  1 YES 2 N		
O BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to Immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnifican  PART II.	int condition  int co	DUE TO  d	deeth but n  ease Wi  yre II  ER/Oulpatien INJURY ay, 'ber'  F INJURY — A  atc. (Specify)  my knowledge xamination and	ot resulting to the second of	OTHER: 4 Nursin E OF 20 URY M street, factory	26. PLACI g Home { GC. INJURY WORK? 1  YES , office p, data and	E OF DEATN (C	Check only of a B Oth 28d, D8 28f, LO Ch	PERFO 1 VES 1 YES 1 YOU 1 YES	RMED? 2 NO INJURY OC and Numbe )	or or Rural Ro	MAILABLE PRIOR T COMPLETION OF C/ OF DEATH;  1 YES 2 N		
O BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to Immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnifican  A Live Control  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  18 Natural  2 Actident  3 Suicide 8 C. 4 Homicide  29e. CERTIFIER (Check only one)  29b. SIGNATURE ANO TITLE CONTROL  29c. CERTIFIER 1	MEDICAL  MED	DUE TO  d	deeth but n  ease Wi  yre II  ER/Oulpatien INJURY ay, 'ber'  F INJURY — A  atc. (Specify)  my knowledge xamination and	ot resulting the second of the	OTHER: 4 Nursin E OF 20 URY M street, factory	26. PLACI g Home { GC. INJURY WORK? 1  YES , office p, data and	E OF DEATN (C	Check only of a B Oth 28d, D8 28f, LO Ch	PERFO 1 VES 1 YES 1 YOU 1 YES	INJURY OC  and Numbe  inner as sta ind due to ti  29d, DAI	or or Rural Ro	MAILABLE PRIOR T COMPLETION OF C/ OF DEATH;  1 YES 2 N		



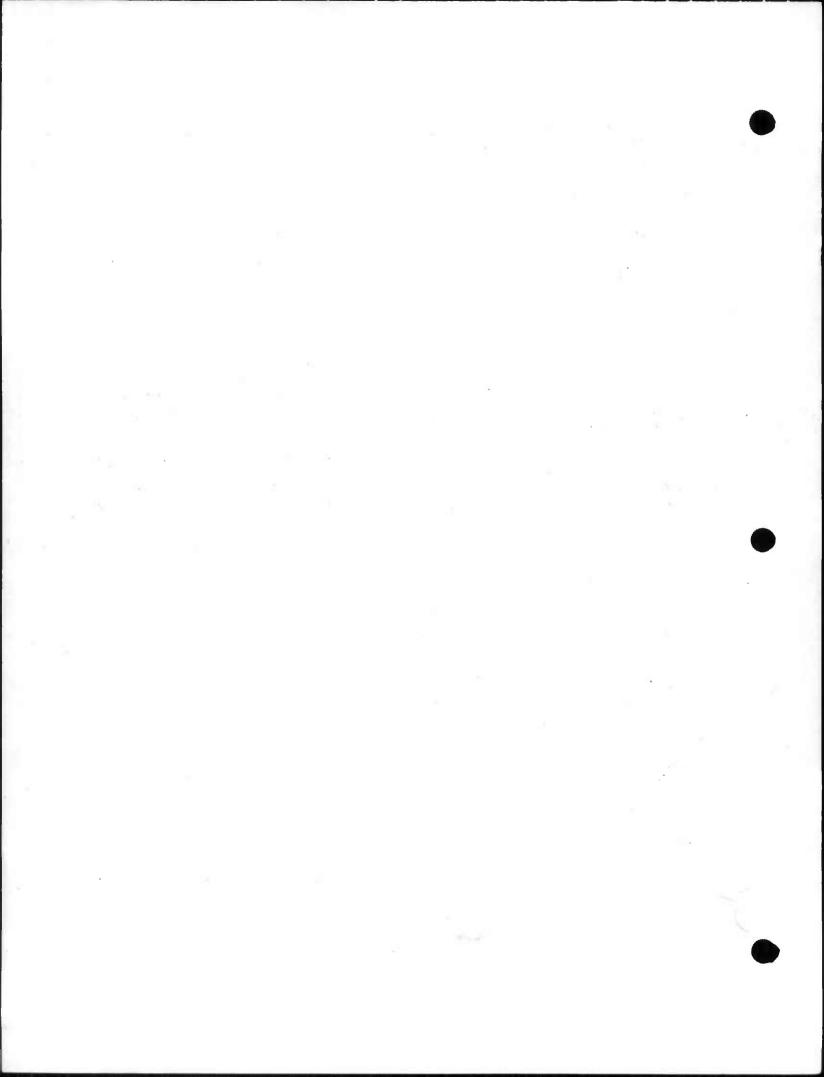
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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR Delcie A Snyder ebruary 94 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) Dec. 22,1915 DAYS 1 M 2 KF 78 220-14-3454 WestVirginia use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Harrison W.VA. Lumberport 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Rt.1Box47 Jack Run Road 26386 USA Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No If yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g rs after death. Page 6 may be retained by the hospital or n by the funeral director, page 5 should be detached for removal. Elementary/Secondary (0-12) College (1-4 or 5+) COMPL American Can 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) 7 BE Charles Russell Swiger Elvira Ellen Ashcraft notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 Robert Hall 13204 Miles Road Baltimore Md. 21220 e 20a. METHOO OF OISPOSITION

1 X Burial 2 Cremation 3 X Ram

4 Donation S Dotter (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must LumberportLionsClubCemetery2/18/94 LumberportW.VA. examiner ATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Essex unl 300 Mace Ave. Baltimore Md. medical 2. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or help t fellure. List only one cause on each line. filled in by to Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** completely filled rial, cremation. the disease or condition matt Urem resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): burial, ren traumatic CERTIFICATION and Sequentially list conditions, 2 TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING attending physician ntal Hygiene prior to CAUSE (Disease or injury other AS A CONSEQUENCE OF that initiated events resulting in death) LAST 20 0 the atten Injury, to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL signed by the PERFORMED? any 1 YES 2 NO OF DEATH? shows 1 TES 2 NO been PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) Item certificate State OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Homa 5 Residence 6 Other (Specify) the 0 27, MANNER OF DEATH 1 Natural 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, with this Pending Investigation 1 YES 2 NO After the BY Accident ATTENDING 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 40 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be DIRECTOR: hours after 28 4 Homicide Item 80 29a. CERTIFIER COMPL CERTIFYING PHYSICIAN: To the beat of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) TO THE HOSPITAL
TO THE FUNERAL I
DE filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) BE 2438 2 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DENGE TSOIA-PATT-ANGUS mD UNION MEMORIAL HOSP 31. DATE FILED (Month, Day, Year) 8 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



filed in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. The rest certificate has been signed by the attending physician and completely filled in by the interpretable to the cemation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- STATE REGISTRAR		SIAIE UF	WARYLAND C	/ DEPAR	ICATE	OF H	EALTH ANI DEATH	D MEN	TAL HYGIEN		16	04628
1. DECEDENT'S NAME (Fir	sı, Middle, Lası)								ATE OF DEATH		YEAR 3	TIME OF DEATH
Bessie		S	cott						2/ 15		94	
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs. I	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HR	s. 7. D	ATE OF BIRTH forth, Day, Year) 1/08/01		Country)	ACE (State or Foreign
9a. FACILITY NAME (If not	Institution, give	street and number)	32		9b. CITY.	TOWN O	R LOCATION OF		1/00/01	9c. COUNT		rland
1262 Poplar		<u>ie</u>				outus				Balt		
toe. STATE	10b. COUNT	ТҮ	77.0 -	t0c. CIT	Y, TOWN O	R LOCATI	ON				te	od. INSIDE CITY
MD	Balti	more		Ar	butus	,						LIMITS?  YES 2 TYNO
10s. STREET AND NUMBE	R	HOLE		HL.	Dutus	_	ZIP CODE			too CITIZE		AT COUNTRY?
									17700			AI COONTATT
1262 Poplar	Avenu						1227			U.S.		
1 Never Married 2 3 Wildowed 4 De			MAR OR OATES	NO	II.		city Cuban, Max		IIGIN? (Specify Yes into Rican, atc.)	or No — t	4. RACE — Black, \ Specify:	American Indian, White, atc.
	CEDENT'S EDI		16a, 1	DECEDENT'S	USUAL OC	CUPATIO	N		teb. KINO OF BUS	INESS/INDUS	STRY	WILLE
(Specify o	nly highest gred	College (t-4 or 5	4)	(Give kind of ite. Do NOT u	work done d se retired.)	during mos	of working					
12	(0-12)	2		omemal	ker				Self			
17. FATHER'S NAME (First.	Middle, Last)	-	110	JIII CITICO	LCI	1	18 MOTHER'S	NAME /E	rsi, Middle, Maiden	Cumo mal		
Howard C.				•			Mary C			ourname)		
19a. INFORMANT'S NAME	-											
			1						Number, City or Town			
Georgia M.				405 /	ALIVI	.ew C	court,	Cato	nsville	, MD	2122	28
20a METHOD OF DISPOS t A Buriel 2 Cremat 4 Donation 5 Oth	ion 3 🗆 Ren	noval from State	cemetery, c	EANDDATE CREMENTS OF CO	other place)				20c. LO			
21. SIGNATURE OF FUNER	AL SERVICE L	ICENSEE						FACILITY	Ambrose	Fune	ral I	Home, Inc
1/10	205	1 =		52.	13	328 5	Sulphur	Spi	ring Rd.	, Arbi	utus	, MD 2122
23. PART I. Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)	heert fellure.	s. AT	ot caused the cuse on each ili	· otic	Ca			۸	Cardiec or reapi		nt,	Approximeta interval Betwee Onsat and Deal
Sequentisity list cond if any, leeding to imm cause. Enter UNDERL	ediete	b	(OR AS A CONS	EOUENCE O	F):							
CAUSE (Disease or in that initieted events resulting in death) LA	jury	c. DUE TO	(OR AS A CONS	EOUENCE O	F):						4	
PART II. Other aignific	cant conditio	na contributing to	deeth but not	t resulting	in the un	derlying	ceuse given	in Part	i. 24s. WAS AN PERFOR	MED?	A	ERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
									190		1	YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL					26. PL/	ACE OF OEATH	(Check on	ly one)			YES 2 NO

WORK? t Natural

2 Accident

3 Suicide 2 NO 28s, PLACE OF INJURY — building, etc. (Specify)

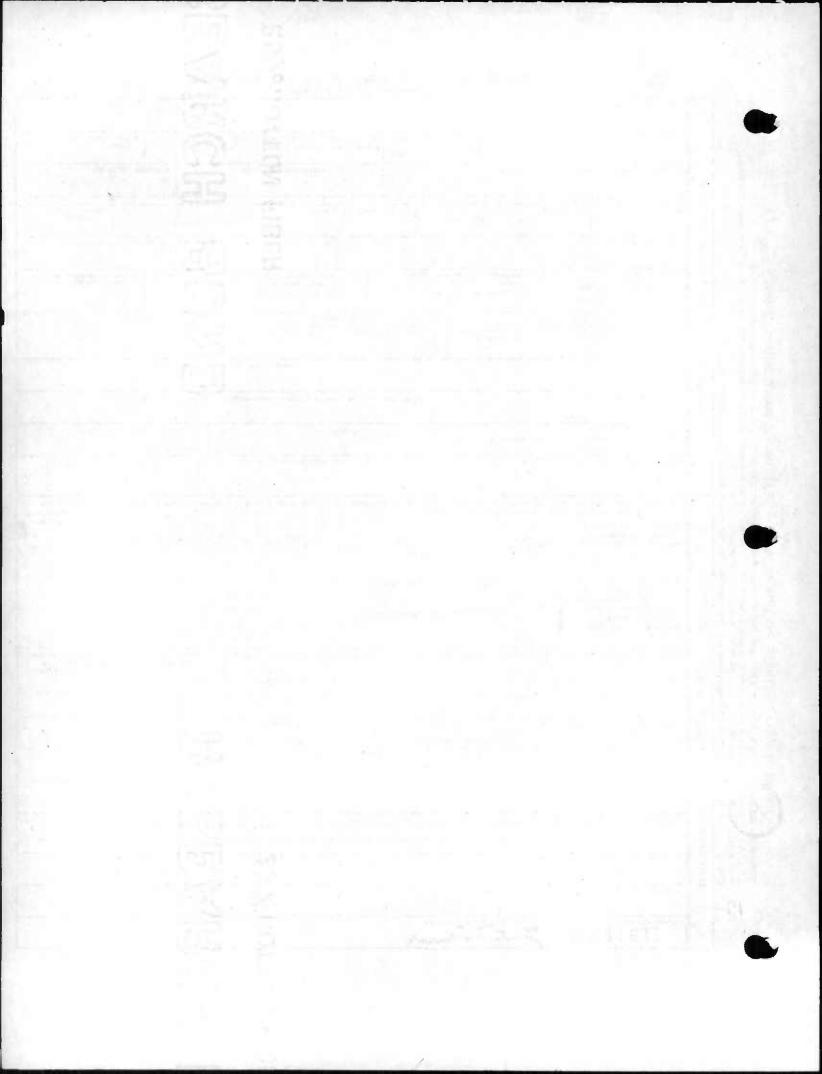
to CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time

29c. LICENSE NUMBER 29d. DATE SIGNED (Month.

23

St. DATE FILED (Mohth, Day, Year)
FEB 1 8 1994

OHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	In modules that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	sician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should into to burial, cremation, or removal.
60,	with:	mpletely fille cremation,
MECORDS, P.O. BOX 68760,	be executed	certified to be not signed by the attending physician and completely filled in by the the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
.O. B(	certificate	the State Dept. of Health and Mental Hygiene prior
DS, P	he death	the attend Mental H
CORI	res that t	ealth and
FE	nbu	ept. of H
ξ	W. The	State D
0	Period	this cell
ONOÍSIAI	D THE HOSPITAL OR ATTENDING PHISCAN THE IN	TO THE FUNERAL DIRECTOR: After the to be filed within 72 hours after death with the
DIVI	OR ATT	DIRECTI hours af
	OSPITAL	UNERAL ithin 72
	THE H	THE F

_	1 - STATE OF MARY REGISTRAR	LAND / DEPARTMENT OF HEALTH / CERTIFICATE OF DEAT	AND MENTAL HYGIENE H REG. NO.	94 04629					
	1. DECEDENT'S NAME (First, Middle, Legt)  BRONYA	TONKAYA	2. DATE OF DEATH DAY OF	VBAR 12:25 PM					
	217-21-9053 1 □ M 2 🖫 F	(In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 2  88 YRS. MONTHS DAYS HOURS	7. DATE OF BIRTH (Month, Day, Year) APR. 20,1905	6. BIRTHPLACE (State or Foreign Country) RUSSIA					
TOR	9e. FACILITY NAME (If not institution, give street and number) SINAI HOSPITAL	N OF DEATH 9c. COUN	ITY OF DEATH						
DIRECTOR	10a. STATE 10b. COUNTY		16d. INSIDE CITY						
	MARYLAND BALTIMORE	DAUTTIONS		1 TYES 2 NO					
FUNERAL	1902 RAMBLING RIDGE LA., APT	. 102 101. ZIP CODE 21.	209	ZEN OF WHAT COUNTRY?					
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES	2 NO If yes, specify Cuban	HISPANIC ORIGIN? (Specify Yea or No— Maxican, Puerto Rican, etc.) Specify:	14. RACE — American Indian, Black, Whita, atc. Specify: WHITE					
윤	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/IND						
once.	Elementary/Secondary (0-12) College (1-4 or 5+)	ife. Do NOT use retired.)  HOUSEWIFE	AT HOM	E					
OM O	17. FATHER'S NAME (First, Middle, Last)		ER'S NAME (First, Middle, Maiden Surname)						
BE at			SOPHIA						
<u>ا</u>	19a. INFORMANT'S NAME (Type/Print)  MRS. LUDMILA OBORIN	19b. MAILING ADDRESS (Street and Number of							
st pe	20a.NIETHOD OF DISPOSITION 20	b. PLACE AND DATE OF DISPOSITION (Name of	DATE 20c. LOCATION - 0	City or Town, Stata					
E I	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ARLINGTON -CHIZUK AMU		RE, MD					
examiner must be notified at once.  TO BE COM	Juday L Stellman		SON & BROS., INC. FERSTOWN RD BALTIM	ORE, MD 21215					
or other traumatic event, the medical	22 PART Venue the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Approximate interval Between Onset and Death  Approximate interval Between Onset								
MEDICAL CE	PART II. Other significent conditions contributing to death but not recuiting in the underlying ceuse given in Pert I.  ATRIAL TISNILLATION  246. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	ATH (Check only one)						
HYS	1 YES 2 NO 1 Inpettent 2 ER/Ou  27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TIME OF 26c. INJURY AT	dence 6 Other (Specify)  28d. DESCRIBE HOW INJURY OCC	URED					
marked, or BY PHY	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY WORK?  M 1 YES 2	ND						
Z8 IS		Y — At home, tarm, street, factory, offica ccity)	26t. LOCATION (Street and Number City or Town, State)	or Rural Route Number,					
MPORTANT: If Item 2  O BE COMPLET	anal	wiedga, death occurred at the time, data and place, on and/or investigation, in my opinion, death occure							
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER	$D^2$	39845 ≥ 29d. DATE	SIGNED (Manth, Day, Year)					
	30. NAME AND ADDRESS OF THE WHO COMPLETED CAUSE OF DELAN B. HOFFMAN	UD SINAI A	OSP. OF BACT	THIGHE, MP					
	FEB 1 8 1994 July July July July July July July July	dson-Randall							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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_	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPART RTIFI	TMEN CAT	T OF H E OF	EALTH DEAT	AND I		HYGIEN REG. NO.	<b>E</b> 9	4	04630
	1. DECEDENT'S NAME (First, Middle, Last)	ALDONA		110	0 0	11/	11		2. DATE OF MONTH	DEATH DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		ACE (lo um loss	ELK!	50	1//	7)	-C-12	Feb	1 -	7 1	994	2:00 PM
	215-01-0684	1 M 2 X F	i. AGE (In yrs. lest 76		MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month, D	ey, Year)	14.7	8. BIRTHI Country	
L '	9e. FACILITY NAME (If not institution, give s		70		9b. CIT	Y. TOWN O	R LOCATIO	ON DE DE	Nov 2	0, 15	917	NTY OF DE	Maryland
8	Good Samaritan	Hospital					ltim						
ظ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			40- 0171	201101	DR LOCAT							
DIRECTOR	Maryland			ioc. City,	, IOWN		ltim	oro	City				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER						ZIP CODE		CICy		10g. CIT		HAT COUNTRY?
FUNERAL	5504	<b>Hampnett</b>	Avenue					2	1214		· ·		States
15	11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. ARI	MED					IIC DRIGIN? (S			14. RACE	- American Indian, White, etc.
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAF	OR DATES			1 TYES		Specify	n, Puerto Rica	n, etc.)		Specif	v:
	15. DECEDENT'S EDU	CATION	16a DEC	CEDENT'S L	ISUAL C	CCI IDATIO	M		105 170	NO OF BUS	INFOC IN	MIGTON	White
I II	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gh	ve kind of wi Do NOT use	ork done retired.)	during mos	st of working	g	IOU. KJI	10 OF 803	MAE22/IME	7051H1	
길	11			Hon	nema	ker							
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)								ME (First, Midd		,		
BE		Anthony Bi							ndria				
2	190. INFORMANT'S NAME (Type/Print) P. Susan Davis		19b	5746	Fda	S (Street as	Number		Baltim				1 21239
	20a. METHOD OF DISPOSITION		20b. PLACEA					ı u	DATE	· ·		City or Toy	
	1 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, crer		er place	1	2/21	1/94	DATE		ltime		Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Milton_					D ADDRES		CILITY DO	ltim			21214
	> milton	Knie	LA L	ile oi		l aon	and '	1 D					ford Road
	23. PART i. Enter the diseeses, or o	complications that	aused the dec	eth. Do no	ot enter	the mod	de of dyir	ng, such	n sa cerdiec	or respi	ratory en	rest.	Approximete
	shock, or heart fellure immediate cause (Finel	List only one cause	on each line.										Interval Between Onset and Death
	disease or condition resulting in death)	· KRAI	N	HFF	RM	ITA	17	TO	N				
		OUE TO (O	R AS A CONSEO	UENCE OF)	):								
NO	Sequentially list conditions,	b. 17H55	R AS A CONSED	LIENOE OF	-	V-17	ļ						
ERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING	CAST	RT	C		r A							
Ē	CAUSE (Disease or Injury that initieted events	OUE TO (O	R AS A CONSEO	UENCE OF	(	-//							
E	resulting in death) LAST	d											
CC	PART II. Other significent condition	s contributing to de	eth but not re	suiting in	the u	nderiving	ceuse a	iven in	Part I. 24	n. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL				-						PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_   ''	YES 2	Z MO		OF DEATH? 1 ☐ YES 2 ☐ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Che	ock only one)				
YSI	1 U YES 2 NO	1 Inpatient 2 🗆 E	R/Outpetlant 3		OTHE		5 🗆 Res	idence	6 Other (Sp	pecify)			
	27. MANNER OF DEATH  1 Naturel 5 Pending	28a. DATE OF IN (Month, Day,	JURY Year)	28b. TIME INJU	OF IRY	28c. INJU WOI	RK?		28d. DEŞCRI	BE HOW IN	JURY OC	CURED	
B	2 Accident Investigation	28s. PLACE OF I	NJURY — At hor	ne ferm et			ES 2 _	NO	284 1 OCATIO	M /Ct-at a	and Alexandra	as Down LO	
1 1 1	4 Homicide 6 Could not be	building, etc	c. (Specify)	_,,	. 3001) 196	y, ornes			281. LOCATIO	wn, State)	Number	or nursi Ho	oute Number,
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my	y knowledge, ries	th occurred	at the t	lime, date	and place	and due	to the council	and me-	ner ec mi-i	ad	
OM	(Check only one) 2 MEDICAL EXAMINE												and manner se stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		1				29c. LICEI	NSE NUM	BER				(Month, Day, Year)
TO B	Hogen the	your	M.D	-			Beer	PE/ 1	019)		DF6	ib 1	7,1994
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Type I	Print)			_	-				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HATE M ANDARY - GOOD SAMARITAN HOSPITAL

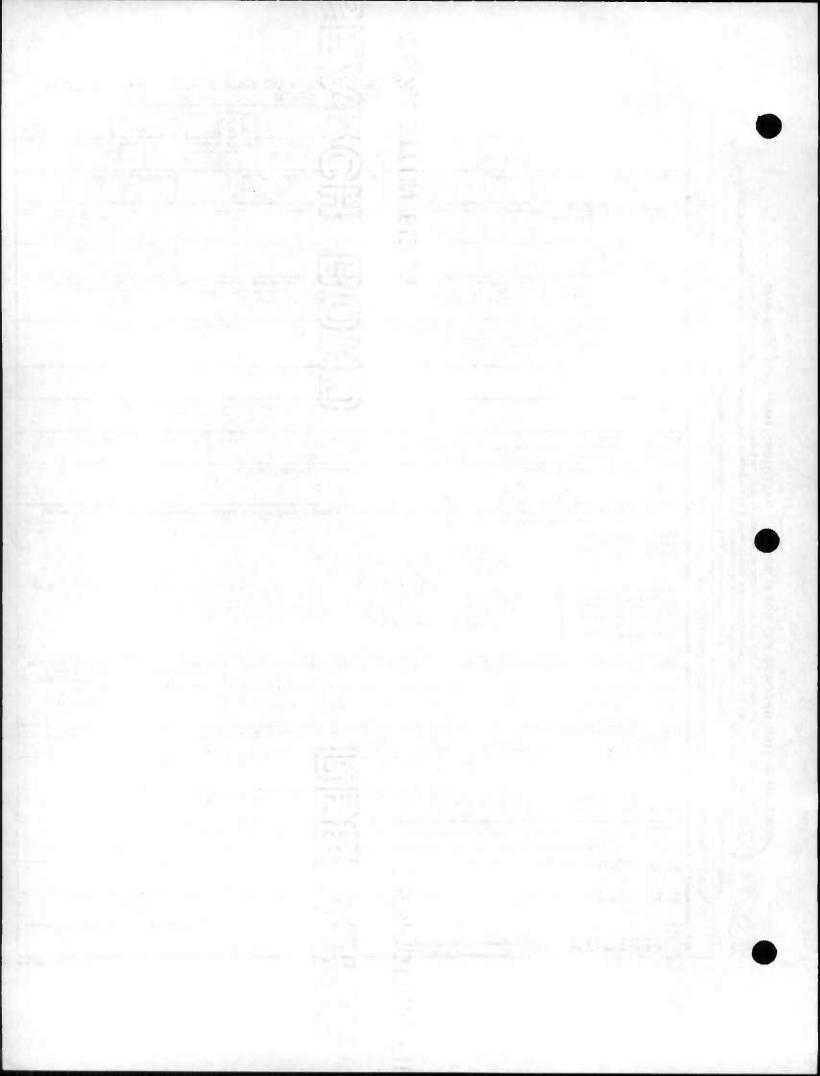
31. DATE FILED (Month, Day, Year)

S2. REQUISITANT S. SIGNATURE

FEB 1 8 1994

	57	#	0
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HIVE OR ATTRIBUTING PHYSICIAN: The law requires that the death certificate be executed within 24	The Literature: After this certificate has been signed by the attending physician and completely fill	77 ments are death with the State Dent. of Health and Mental Hydiene prior to burial. Cremation
187	cuted	поэ р	urial.
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4	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC				YGIENE EG. NO.	4 0	4631
	1. DECEDENT'S NAME (First, Middle, L		uskAs			2. DATE OF D	EATH DAY 9	YEAR 3. T	3 SOA
	4. SOCIAL SECURITY NUMBER 215-30-5199			F UNDER 1 YEAR		7. DATE OF B		Country)	E (State or Foreign
	Se. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TOWN	OR LOCATION OF			TY OF DEATH	arria
E I	Church Home Hos			Balt	imore Cit	у			
DIRECTOR	100. STATE 106. CO			town or Loc timore					INSIDE CITY ,LIMITS? YES 2 \( \) NO
	100. STREET AND NUMBER 2124 East Pratt	Street				EN OF WHAT	COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED 3 2 NO DATES	If yes,	21231 ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Specific	en, Puerto Rican,	ecify Yes or No-		
COMPLEIED	15. DECEDENT'S (Specify only highest ( Elementary/Secondary (0-12)		16a. DECEDENT'S U (Glive kind of wo life. Do NOT use Cabine	rk done during i retired.)	most of working	16b. KINI	O OF BUSINESS/INDU		200
ı	17. FATHER'S NAME (First, Middle, Less Jonas Vysniaus			77	18. MOTHER'S N	IAME (First, Middle	, Meiden Surname)		
2	19e. INFORMANT'S NAME (Type/Print) Virguiniios Loukochiavitchious  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2124 E. Pratt St. Balto., MD 21231								
	20a. METHOD OF DISPOSITION 1 Disposition 3 Circumstan 3 C	Removal from State 20	metery, crematory or oth Loudon Pai	er place)	Name of	OATE	20c. LOCATION — C		State
	4 ☐ Donation 6 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		Loudon Pai	22. NAME	AND AODRESS OF F	ACILITY	Baltimore		
	DE les lot	e. O lolini	hi	Lilly	/ & Zeile	er, Inc.	Funeral Balto., M	home	1
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Vely pue to (or AS c. Acute	A CONSEQUENCE OF)	n	Zan'l	un			
AL CE	PART II. Other algnificant cond	itions contributing to death	but not resulting in	the undarly	ing cause given i	n Part I. 24a.	WAS AN AUTOPSY		E AUTOPSY FINDING
MEDIC						_ 10	PERFORMED?	OF E	LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	Check only one)			
HYS	1 YES 2 NO	1 Dinpetient 2 ER/Ou			ome 5 Residence	1	icity) IE HOW INJURY OCCI	URED	
ВУ Р	1 Natural 6 Pending 2 Accident Investigat	(Month, Day, Year)	INJU	RY V	WORK? YES 2 NO				
	3 Suicide 6 Could no 4 Homicide datarmine	building, etc. (Sp	IY — At home, ferm, str ecfly)	reet, factory, of	fice	26f. LOCATION City or Tox	N (Street and Number ovn, State)	or Rural Route	Number,
COMPLETED	onel	HYSICIAN: To the best of my kno MINER: On the bests of examinat							manner as stated.
	296. BIORATURE AND TITLE OF CERT		_		29c, LICENSE N			SIGNED (Mon	
38.0	Whipe	al g		1111	1)38	912			0,1994
2	SA (VAC)	WHO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, I	AY	AR	(1)	,		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		(					
	FEB 1 8 1994	and the second	-						



8760, BALTIMORE, MARYLAND 21215-0020	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a financial plant of the control of the hospital or attending physician.	FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and comparing library filled in the hours after death with the State Deor, of Health, and Merchal Housing principle principle or among the manual physician physician committees.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be see	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competerly filled in by the a within 72 hours after death with the State Dect, of Health and Mercal Hopewin prior to build committee, or removal	TTRAIT. Si Home Of in marked as Mare 90 of section 20 of section 20

law requires that the meant certiles been signed by the meant through legt, of Health and Mercal Hyper 23 shows any Injury, or other	0	that initiated events resulting in death) LAST	d	uiting in the undarlying causa given	n Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
ficate be executed within physician and complete ne prior to burial, crem her traumatic event,	ERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):								
n 2 nous alter by filled in by the ation, or remove the medical		iMMEDIATE CAUSE (Final	complications that caused the deat. List only one cause on each line.  METASTATI	h. Do not enter the mode of dying, so		Onest and Death				
death. Page 6 may be t honers denote, page t		20s, METHOD OF DISPOSITION  1 District 2 □ Cremption 3 □ Pear  4 □ Donation 5 □ Other (Specify)  21. SIGNATURE OF PURERAL SERVICE L	noval from Suffe	DDATE OF DISPOSITION (Name of Nor, or other place)	DATE 200 LOCATION -	City or Town, Stells				
MARTLAN retained by the hor strongly be detach	l m	17. FATNER'S NAME (First, Middle, Last)	17/5y	18. MOTHER'S A TRY MAILING ADDRESS (Street and Nugber or Rur	NAME (First, Middle, Meiden Surneme)  B. J. B.  B. Boute Number, City or Town, State, Zi	WHITLEY Code)				
Spital or attend	PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary, (9-12)	le completed) (Give	EDENT'S USUAL OCCUPATION kind of work done during most of working to NOT use refred.)	16b. KIND OF BUSINESS/IN	DUSTRY OF				
UZU physician. burial-transit	BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES	ED 13. WAS DECENDENT OF NISE If yes, specify Cuban, Max 1  YES 2 M NO Spe	ANIC ORIGIN? (Specify Yes or No—can, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:				
permit. Pages 1, 2	DIRE	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	TY	10c. CITY, TOWN OR LOCATION  PALTIMORE		10d. INSIDE CITY IMITS?				
2, 3 should	стов	219-18-3874 90. FACILITY NAME (If not institution, give BOW Secour's	1/ / 1	96. CITY, TOWN OR LOCATION OF Baltinore	(Month, Day, Year) 10-29-20 DEATN 9c. COL	AROHAA UNTY OF DEATH				
		1. DECEDENT'S NAME (First, Middle, Last)  JOS H D .  4. SOCIAL SECURITY NUMBER		KA. Dock McKinley Whitley  Orthoday)   F UNDER 1 YEAR   F UNDER 24 HRS	2. DATE OF DEATH DAY  7. DATE OF BIRTN	YEAR 3. TIME OF DEATH  3. TIME OF DEATH  6. BIRTINPLACE (State or Foreign				

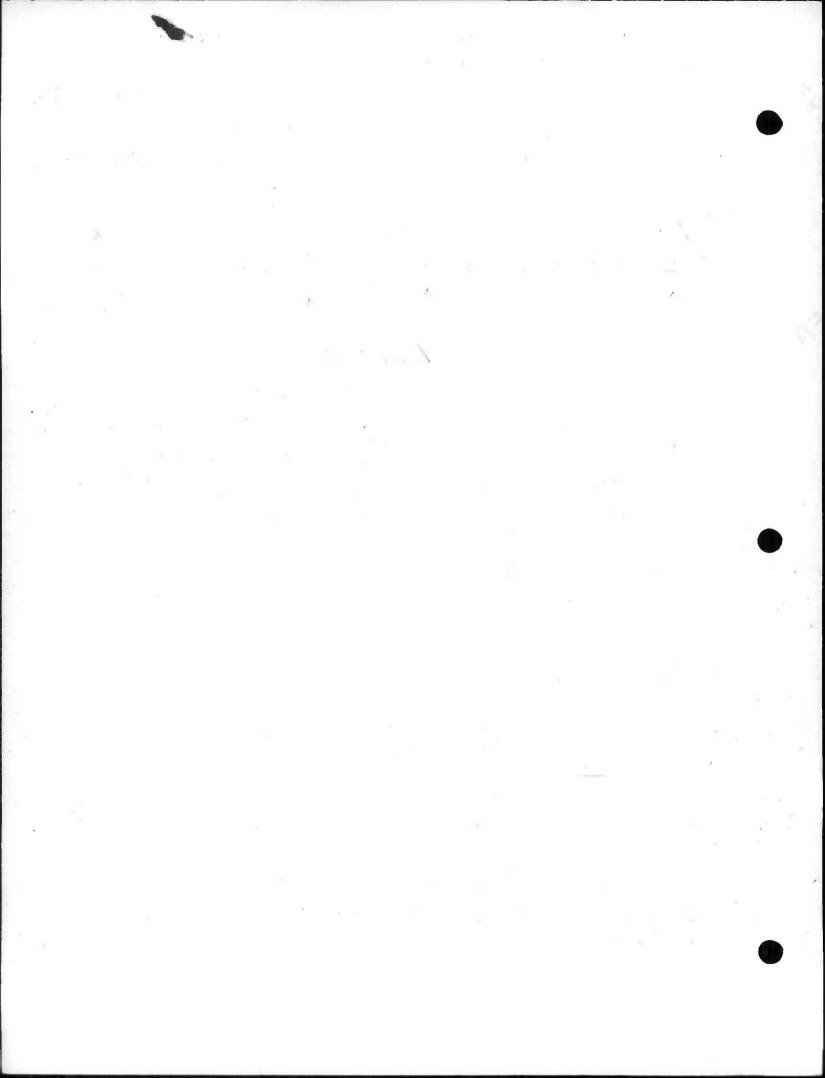
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DWG

ITEMS: 23 PART I, II, 27, PER MEO FILM G-708 2/25/94 t.t

_	1 - STATE REGISTRAR		) / DEPARTMENT OF CERTIFICATE O		MENTAL HYGIEN REG. NO		4 0463
	1. DECEDENT'S NAME (First, Middle, Leat)  LAMONT WRIGHT				I RES	AY Y	3. TIME OF DEATH 94 9:10 P
	4. SOCIAL SECURITY NUMBER	5, SEX 6, AGE (In yrs. 1 X M 2   F Z 6	YRS. IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Porting)
œ	9a. FACILITY NAME (If not institution, give			OR LOCATION OF O	EATH	9c. COUNTY	OF DEATH
СТО	UNIVERSITY MARY	LAND	B	ALTIMORE	CITY		
DIRECTOR	MARYLAND 106. COUNT	n <b>y</b>	Baltir	noke			10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO
FUNERAL	2503 Sal	em Stre	et	2/Z	17	U	S. A.
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes,	ECENDENT OF HISPAI specify Cuban, Maxica ES 2 NO Specif		n or No 14	RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		DECEDENT'S USUAL OCCUPA (Give kind of work done during i life. So NOT use retired.)	TION nost of working	16b. KIND OF BU	SINESS/INDUS	TRY
ш	17. FATHER'S NAME (First, Middle, Last)	ambert	Weight	18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	ton
TO B	199. INFORMANT'S NAME (Type/Print)  ARRYWRI	ght	19b. MAILING ADDRESS (Street 2503 SA)	end Number or Rural	Pour Number Sity or Tow	m, State, Zip Co	MARYLAND
	20a. METHOD OF DISPOSITION  1   Burlel 2   Cremation 3   Rec 4   Donation 5   Other (Specify)	noval from State	CEAND DATE OF DISPOSITION	Name of Emeters	DATE 200-19	ALTIN - CITY	ORE MACH
	21. SIGNATURE OF FUNERAL BERVICE	(Severe	22. NAME Will 120	AND ADDRESS OF A	BROWNCO	mma	ntyFunera
CERTIFICATION	disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	B. SUBARACHNOID HEM DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON	SEQUENCE OF):				
MEDICAL CE	PART II. Other algnificant condition  COCAINE AND OPIATE		ot resulting in the underlyi	ng ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
SICIAN: 1	25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER?	HOSPITAL:  1   Inpatient 2XXER/Outpatient	OTHER:	me 5 🗆 Residence			
PHY	27. MANNER OF DEATH  1 XX Natural 9 Transling	26a. DATE OF INJURY (Month, Day, Year)	INJURY	JURY AT YORK?	28d. DESCRIBE HOW	NJURY OCCUR	EO
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At building, atc. (Specify)	t home, ferm, etreet, fectory, of	YES 2 NO	28f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
MPLET		SICIAN: To the beat of my knowledge, ER: On the beat of examination and					
BE CO	29b. SECHATURE AND TITLE OF CHIRTH			29c. LICENSE NUI	MBER	29d. DATE S	GNED (Month, Day, Year) EB 06/94
0	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (	TEM 27) (Type, Print) Penn Street	, Baltimo	re, Maryla		
	31. FEB 18 1994	32. REGISTRAR'S SIGNATURE	E			<u>.</u>	



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DIVISION OF VITAL RECORDS, P.O. BOX 13	8	cian	00	Sing
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	TO THE HOSPITAL OR AITE TO PHYSICIAN: The law requires that the death certificate be exec	TO THE FUNERAL DIRECTO TO THE PARTY OF THE PROPERTY AND THE ATTENDING Physician and	2	INDOCTANT: If them 28 is the transfer of them 23 shows any injury, or other traumat
			-	ry
			1	(

	FOR STATE REGISTRAR		STATE OF I			RTMENT OF			MENT	AL HYGIEN		94	04634	
	1. DECEDENT'S NAME (First,	Middle, Last)					100			TE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	George	Josep	h Waluco	nis						2 16	94	TEAR	1/00 P. M	
	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	-	IF UNDER 24 HRS.		TE OF BIRTH		B. BIRTHP Country)	LACE (State or Foreign	
	179 05 933!	5	1 X M 2 - F	84	YRS.	MONTHS DAYS	HOURS			30, 0	9	Texas		
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TOW	OR LOCAT	ION OF D	_				TY OF DEATH	
TOR	Pikesville		ing Home			Pikesville					Baltimore			
DIRECTOR	Md.	Balt	imore 1			ry, town on Local Olgate	ATION				J.		10d, INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER	igh Sti		101. ZIP CODE 21224							USA	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \( \text{YES} \) 2 \( \text{NO}\) NO IF YES, GIVE WAR OR DATES X			13. WAS DECENDENT OF HISPANIC OF IT yes, specify Cuben, Maxican, P  1 YES 2 NO Specify:				: Sp			ACE — American Indian, ack, White, atc. pecify: hite	
8		EDENT'S EDU						S USUAL OCCUPATION work done during most of working				DUSTRY		
COMPLETED	(Specify onl	y highest grade 0-12)		(Give kind of work done during most of working life. Do NOT use retired.)  Machinist						Wester	n Elec	ctric		
MO	17. FATHER'S NAME (First, M	liddle, Last)					18. MO	THER'S NA	AME (Fir	st, Middle, Maide	n Surname)			
	Jacob Wa		is							ransav				
8	19a. INFORMANT'S NAME (				19b. MAILIN	G ADDRESS (Street						Code)		
2	Alberta		conis			Gough								
	20a. METHOD OF DISPOSIT			20b. PLA	CE OF DISPO	SITION (Name of					OCATION	City or Tow	m, State	
	1 Duriel 2 Crematic		oval from State		T.aum	Comoto	~, )	_10_0	0.1	Ea	stwo	bM. bc		
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	, len	LAWII		Eas	tern	Ave	enue (			Zeiler	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory street, abock, or heert fellure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Crebral Mrombolic													
CERTIFICATION	reaulting in death)  a													
PHYSICIAN: MEDICAL (	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given									Part I. 24a. WAS AN AUTOPSY PERFORMEO?  1 YES 2 NO 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1 YES 2 NO				
IA	25. WAS CASE REFERRED	O MEOICAL	HOSPITAL:			26	PLACE OF	DEATH (C	heck on	y one)				
BY PHYSIC	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural  2 Accident	ME OF 28c.	Home 5											
	3 Suicide 8 Homicide	t home, ferm	, street, factory, c	ifice			LOCATION (Stree City or Town, Sta		or or Rural A	oute Number,				
COMPLETED	(Critical Crity		ER: On the best of			val - /							and manner as stated.	
8E	296. SHOWATONE AND TITL	e of CERTIFIE	Sohr				29c. L	CENSE NU	UMBER	72	29d. DA	TE SIGNED	(Month, Day, Year)	
ТО	30. NAME AND ADDRESS OF	PERSON W	By G	S M	TEM 27) (Ty)	OR, Print)	PA	21	14	eej hi	女-	212	08	
		31. DATE FILED (MORITO, Dely, Your)  FEB 1 8 1994  This benices Russell												



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FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH WOJT 1994 15 4:00 A. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 9/15/05 S. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. -8640 03 DAYS HOURS 1 M 2 F MD So. FACILITY NAME (If not institution, give at 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1, 2, 3 s Church Hospital Baltimore City RESIDENCE OF DECEDENT Pages 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City MD 1 YES 2 NO permit. 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 21224 U.S.A. 2704 E. Fairmount St. as the burial-transit Page 6 may be retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexican, Puerlo Rican, etc.)
 \( \subseteq \) YES 2 \( \subseteq \) NO \( Specify: \) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married SpeaWhite BY 3 Widowed 4 Divorced ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only his 10 entary/Secondary (0-12) Unk. COMPL Unk. Housewife funeral director, page 5 should be detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme, Michael Derda Ti Stella Dziennik BE. notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 2704 E. Fairmount Ave. Baltimore, MD 21224 Marin Wojtysiak must be 20e METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Ra
4 Denation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State tery Cremetory of other place)
Stanislaus Cemetery 2/18 Baltimore, MD the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY nours after death. B. Dabrowski & Son Funeral Home N/Se 2818 E. Baltimore St. Baltimore, MD 21224 signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest. shock, or heert fallure. List only one cause on each line Interval Between **Onset and Death** IMMEDIATE CAUSE (Final renmoma. disease or condition event. resulting in death) death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? OR ATTENDING PHYSICIAN: The law requires that the MEDICAL shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO has been a PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item this certificate h HOSPITAL: EXAMINER: OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA me 5 Residence 6 Other (Specify) the or 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending investigation 1 TYES 2 NO 8 death 2 Accident After 3 🔲 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is Could not be DIRECTOR: / COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If item 2 29a, CERTIFIER 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. on end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIF 29c. LIGENSE NUMBER BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

32. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

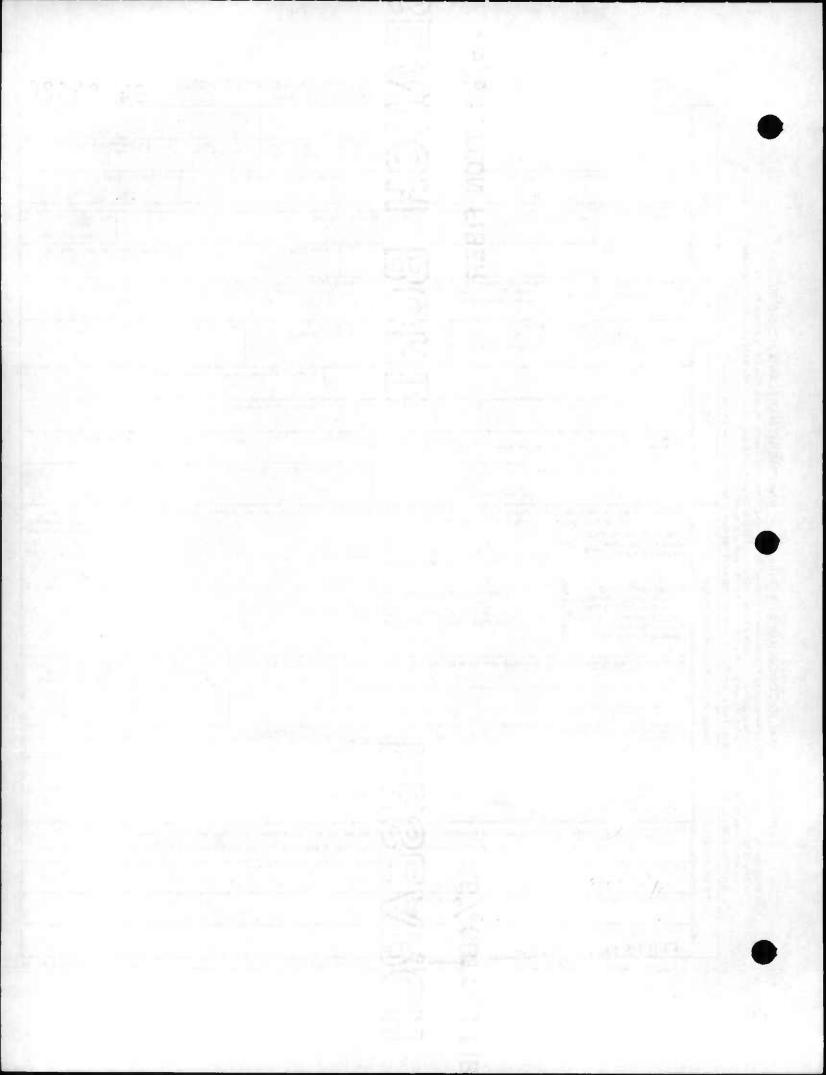
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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 13 02 11:30 PM RAY WILLIAMS. JR IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 8. BIFITHPLACE (State or Foreign 219-30-2601 61 1 X M 2 F YRS. 5,1932 Nov. Maryland Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY Pages 1, 2, 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Pasadena 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 293 Beach Ave. 21122 United States bunial-transit 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 2 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 A Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES
Korean 1 TYES 2 TO NO Specify: BY 3 Widowed 4 Divorced the th White use as COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY jo Elementary/Secondary (0-12) College (1-4 or 5+) Master Well Driller 12 Utilities detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ray C. William, Sr. 2 To Virginia O. Griffith BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lillian M. Williams 293 Beach Ave., Pasadena, Maryland 21122 9 20a. METHOD OF DISPOSITION
1 □ Buriel 2 👸 Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Must Metro Crematory, Inc. 2-16-94 4 Donation 8 Other (Specify)

21. SIGNATURE OF UNETAL SERVICE LICENSEE Catonsville, Maryland 22. NAME AND ADDRESS OF FACILITY
Kirkley-Ruddick Funeral Home 421 Crain Hwy., S.E. Glen Burnie, MD 21061 y filled in by the fi medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** completely filler # disease or condition INZUMON, A resulting in death) event. executed with DUE TO (OR AS A CONSEQUENCE OF): bunal, BROW ANOXIA traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate attending physician ntal Hygiene prior to certificate be cause. Enter UNDERLYING CAUSE (Disease or injury Status . Enter UNDERLYING 5413 ures DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 the atter Injury. PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL signed by the any YES 2 | NO OF DEATH? shows 1 TES 2 NO has been : Dept. of P PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) E HOSPITAL OR ATTENDING PHYSICIAN: The E FUNERAL DIRECTOR: After this certificate d within 72 hours after death with the State RTANT: If Item 28 is marked, or Item certificate to the State HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 TES NO Inpatient 2 ER/Outpatient 3 DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 8 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. COMPL TO THE HOSPITAL
TO THE FUNERAL
De filed within 72
IMPORTANT: II MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 29b. SIGNATURE-AND TITLE-OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) C. THOMAS FOLKEMER, M.D./4231 POSTAL COURT/PASADENA, MD 21122 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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Thehouseline injury or other traumatic a	IMPORTANT: If item 28 is marked or item That	
by of Healthand Mental Hygiene prior to burial	be filed within 72 hours after death with the State	Y
as therefored by the attending physician and co	TO THE FUNERAL DIRECTOR: After this certificate Text	L
aw requires that the death certificate be seecuted	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The parties and the death cardicals in executed	
DIVISION OF VITAL MELORDS, P.O. BOX 687	DIVISION OF VITA	

	1 - STATE REGISTRAR		STATE OF I		ERTIF	ICATI	E OF		ГН		REG. NO.		94	04637
	1. OECEOENT'S NAME (First, I	Middle, Last)								2. DATE OF	DEATH		77	3. TIME OF DEATH
	EDITH (	CORBIN	WERT	MAN						монтн 0.2	06	199	YEAR	23:10 M
	4. SOCIAL SECURITY NUMBE	ER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDE	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTN	17.	8. BIRTN	PLACE (State or Foreign
	236-20-9459	9	1 🗌 M 2 💢 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug	ay, Year) 2 () 1	907	Gountry W V	
	9a. FACILITY NAME (If not inst	titution, give stre	et and number)			9b. CITY	, TOWN O	R LOCATI	ON OF DE		20 .	v	INTY OF O	
<u>۳</u>	SACRED HEAR	RT HOSI	PITAL				CUMBE	ERLAN	ID. N	D. ALLEGANY				
DIRECTOR	RESIDENCE OF DECE													
H.	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	WV	M	ineral		K	eyse	er							1 YES 2 X NO
AL AL	10e. STREET AND NUMBER							ZIP COD				10g. CIT	IZEN OF W	HAT COUNTRY?
Ē	105 South	ern D	rive					267	26			U	. S . A	•
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 4 Never Married	Aarried	FORCES? 1	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican, F 1 ☐ YES 2 ☑ NO Specify:						n, Puerto Rican, etc.) Black, Wh				
8	15. DECE	DENT'S EDUCA	ATION OPPOSITE OF	eted) (Give kind of work done during most of working						18b. Ki				
山山	Elementary/Secondary (0-1		College (1-4 or 5	ollege (1-4 or 5 +)  life. Do NOT use retired.)										
교	12			Bookkeeper						Ga	rmen	t M	anuf	acturing
COMPLETED	17. FATHER'S NAME (First, Mid	idle, Last)						16. MOTI	NER'S NA	ME (First, Mid	dle, Maiden	Sumame)		
BEC	Harry Co	orbin						G:	race	e Co	rbin			
	19a, INFORMANT'S NAME (Typ	oe/Print)		19	9b. MAILING	ADDRES	S (Street a	nd Number	or Rural F	Route Number,	City or Tow	n, State, Zi	p Code)	
2	Ellen Lou:	ise W	hitmore	9	105	Sou	the	rn I	Driv	re K	eyse	r,	WV	26726
	20a, METNOD OF OISPOSITIO	ON		20b. PLACE	ANDDATE	OF DISPOS	SITION (Ne	me of		DATE	20c. LO	CATION -	City or To	wn, Stata
	4 Donation 5 Other (S	Specify)	rel from Stata	Queen	n S P	ther piece)	: Ce	met	ery	2/10/9	4 K	eyse	er,	WV
	21. SIGNATURE OF PUNERAL		NSEE			22.	NAME AN	D ADDRE	SS OF FA	CILITY				
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Ē	CAUSE (Disease or Injury that initieted evente	<b>,</b>		(OR AS A CONSE										
E	resulting in death) LAST	d.												
	DART II. Other elections	t anaditinas		d	101		41.1	27.6-6	a-tetra					
PHYSICIAN: MEDICAL	PART II. Other significen	Conditiona	contributing to	death but hot	resulting	in the ui	naeriying	cause (	given in		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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M	25. WAS CASE REFERRED TO EXAMINER?							ACE OF D	EATN (Ch	eck only one)				
Sic	1 TYES 2 NO		HOSPITAL:	ER/Outpetlant	3 🗆 DOA	OTHE:		• 5 □ Re	rsidenca	6 Other (S	(pecify)			
5 9	27. MANNER OF DEATN 26s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK?								NO	28d. DESCR	IBE NOW I	NJURY OC	CURED	
		rvestigation		M 1 YES 2 NO  28e. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify)					261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ш	2 Accident In 3 Suicide 8 C	ould not be	28e. PLACE C building.	F INJURY — At h atc. (Specify)	ome, term,	etreet, sec	tory, ornice				lown, State)			
PLETED	2 Accident In 3 Suicide 8 C 4 Nomicide di  29a. CERTIFIER (Check only	could not be etarmined	AN: To the best of	my knowledge, d	eath occurr	ed at the	time, date	and place		City or	(a) and mar	nner aa sta		) and manner as stated.
E COMPLETED	2 Accident In 3 Suicide 8 C d Nomicide 8 CERTIFIER (Check only one) 2 MEDIC 29b. SIGNATURE AND TITLE C	could not be intermined  FYING PHYSICI CAL EXAMINER:  OF CERTIFIER	AN: To the best of	my knowledge, d	eath occurr	ed at the	time, date	and place		City or to the cause time, data an	(a) and mar	oner sa sta ed dus to t	ha cause(a TE SIGNED	(Month, Day, Year)
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E COMPLETED	2 Accident 3 Suicide 8 C 4 Nomicide 8 C CERTIFIER (Check only one) 2 MEDIC  29b. SIGNATURE AND TITLE C MARKET MARK	FYING PHYSICI CAL EXAMINER: OF CERTIFIER PERSON WHO	AN: To the best of a Completed CAU	my knowledge, d xamination and/or	in anth occurring inventigation in the second in the secon	ed at the son, in my o	time, date	and place eath occur 29c. LICI D28	ed at the	City or to the cause time, data an	(a) and mar	oner sa sta ed dus to t	ha cause(a TE SIGNED	(Month, Day, Year)
BE COMPLETED	2 Accident 3 Suicide 6 C 4 Nomicide 8 C CERTIFIER (Check only one) 2 MEDIC  29b. SIGNATURE AND TITLE C	could not be attermined  FYING PHYSICI CAL EXAMINER:  OF CERTIFIER  PERSON WHO  ei 915	AN: To the best of a Completed CAU	my knowledge, d xamination and/or	in anth occurring inventigation in the second in the secon	ed at the son, in my o	time, date	and place eath occur 29c. LICI D28	ed at the	City or to the cause time, data an	(a) and mar	nner sa sta ed dus to t	ha cause(a TE SIGNED	(Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4 hours after death. Page 6 may be retained by the hospital or attending physician.	erificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	n, or removal.	e medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fil	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

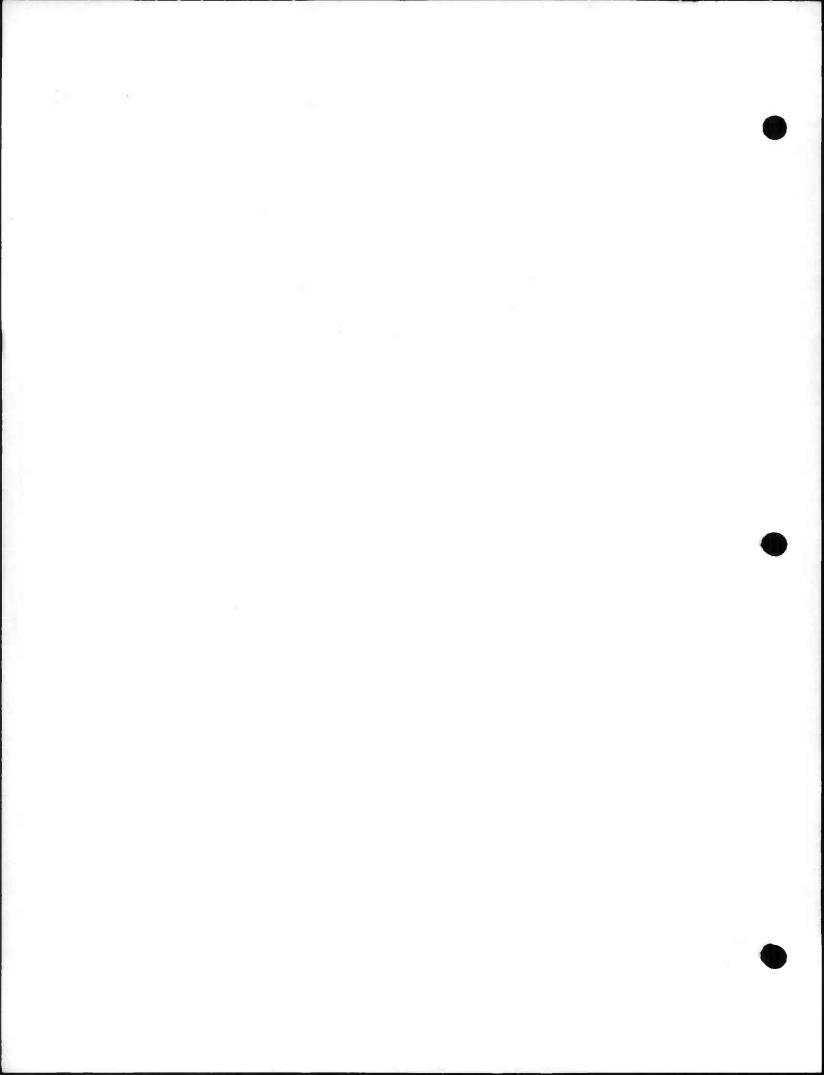
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	1 - STATE REGISTRAR	SIAIT UT W	IARYLAND /	DEPAR	ICAT	I UP N	DEAT	ANU I	MENIAL	REG. NO.	-	با (	04638
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
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		st birthday)	MONTHS DAVE MOURE MEN					OF BIRTH	LACE (State or Foreign				
		1. M 2   F	95	YRS.					7-2	1-189			
œ	Po. FACILITY NAME (If not institution, give street Armacost Nursi		10				LMO		EATH			tim	ATH
5	RESIDENCE OF DECEDENT	Lity nom	e			1420	LINU	ne			Dux	LLIM	ore
DIRECTOR	10a. SYATE 10b. COUNTY			11.47		OR LOCAT					10d, INSIDE CITY LIMITS?		
	Md. Bax	ltimore		B	alti	imon	e						1 YES 20 KNO
FUNERAL	10e. STREET AND NUMBER		10g. CITIZEN OF WHAT COUNTRY?										
NEF	2919 Church Ro						212	_			U.S.A.		
	11. MARITAL STATUS  1 Never Married 2 Married		YES 2 3	RMED NO	13.	WAS DEC	ENDENT O	F HISPAN	NC ORIGIN	? (Specify Yes lican, etc.)	or No-		- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES				2 NO						White
	15. DECEDENT'S EDUCA		16a. Df	ECEDENT'S	USUAL C	OCCUPATIO	ON		16b.	KIND OF BUS	INESS/INDI	USTRY	
(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)													
AP.				per	Har	rgen			1				
00	17. FATHER'S NAME (First, Middle, Last)									fiddle, Maiden			
BE (	Alexander Wels	1 h								Brut			
0	19a. INFORMANT'S NAME (Type/Print)									er, City or Town			
	Mrs. Violet J. Fischen 8211 Alston Rd. Balto. Md. 21204												
	11/2 Burlisi 2 Cremation 3 Removal from State												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  23. SIGNATURE OF FUNERAL SERVICE LICENSEE												
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-	- Harrand	000			$\perp$ 2	7527	Hai	rloi	rdR	d. Ba	Lto.	.Md	21234
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between												
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Onest and Death  Onest and Death  Due TO (OR AS A CONSEQUENCE OF):												
ł	resulting in death) a.	DUE TO	OR AS A CONSE	OLIENCE O	5 h	· ·	plec	de					
7								0					
ERTIFICATION	Sequentially list conditions, if any, leading to immediate		OR AS A CONSE									- 11-1-	
S	cause. Enter UNDERLYING CAUSE (Disease or Injury		OR AS A CONSE	and i	ul 2	orfa	notion						
필	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	QUENCE O	F):								
	d.												
LC	PART II. Other significant conditions	contributing to	deeth but not i	resulting	In the u	nderlying	cause g	iven in	Part I.	24a. WAS AN		24b. V	WERE AUTOPSY FINDINGS
MEDICAL										PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
												1	OF DEATH?
ä									_				0.120 2 0.110
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL					ACE DF D	EATH (Ch	eck only one	9)			
KSI	1 T 100 1 The	HOSPITAL: 1 Inpetient 2	ER/Outpatient 3	□ DOA	OTHE 4-€ Nu	R: rsing Hom	e 5 □ Re	sidence	8 🗆 Other	(Specify)			
F	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE DF (Month, De	INJURY ly, Year)	28b. TIM INJ	JURY	28c, INJI WO	URY AT RK?	]	28d. DE\$	CRIBE HOW IN	JURY OCC	URED	
B	2 Accident Investigation				М		ES 2	NO					
8	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At ho etc. (Specify)	⊬me, farm, i	street, fac	tory, office			28f. LOCA City o	ATION (Street e or Town, State)	nd Number (	or Rurel Ro	ute Number,
	29a. CERTIFIER												
COMPLET	(Check only												
8	2 MEDICAL EXAMINER:	On the basie of ex	amination end/or	investigatio	in, in my	opinion, di				and place, end	due to the	cause(s)	and manner ee stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIER	Ko	m				29c. LICE					SIGNED (	Month, Day, Year)
O 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CALISE DE DEATH (ITEM 27) (ADDR BIRD)											2/18/94		

29c. LICENSE NUMBER
0 3 ( 86 5 15/94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KIDNNE

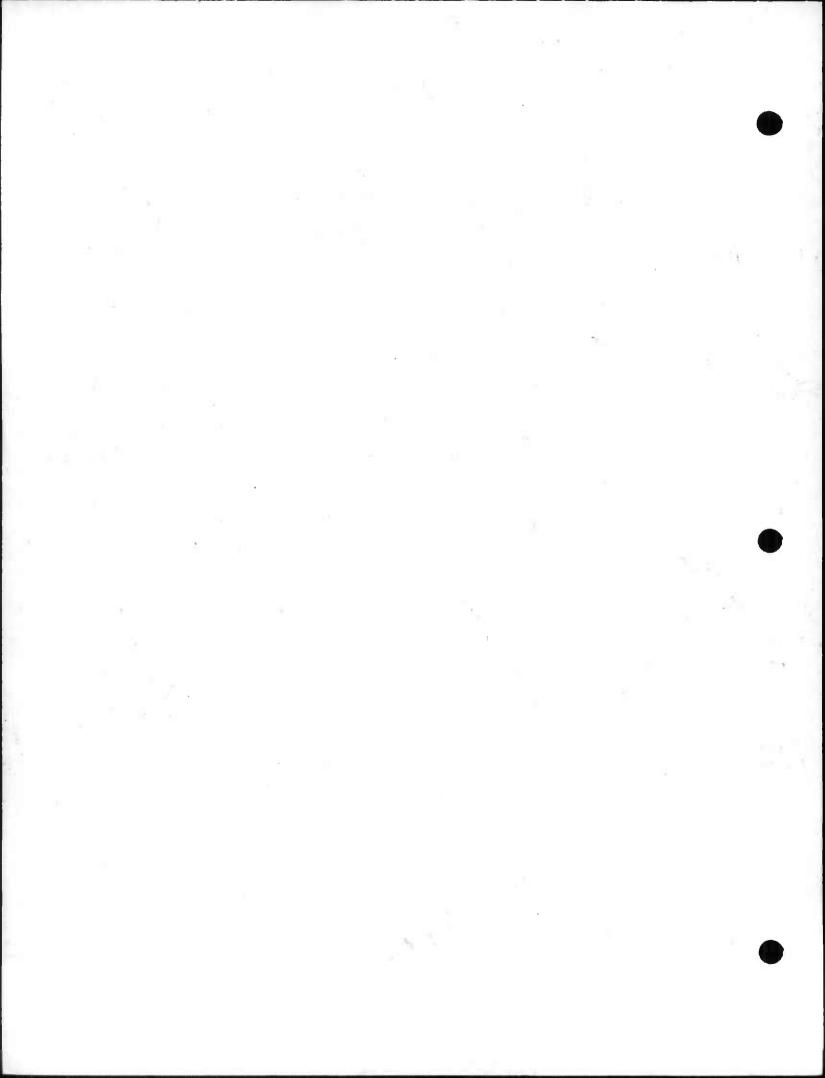
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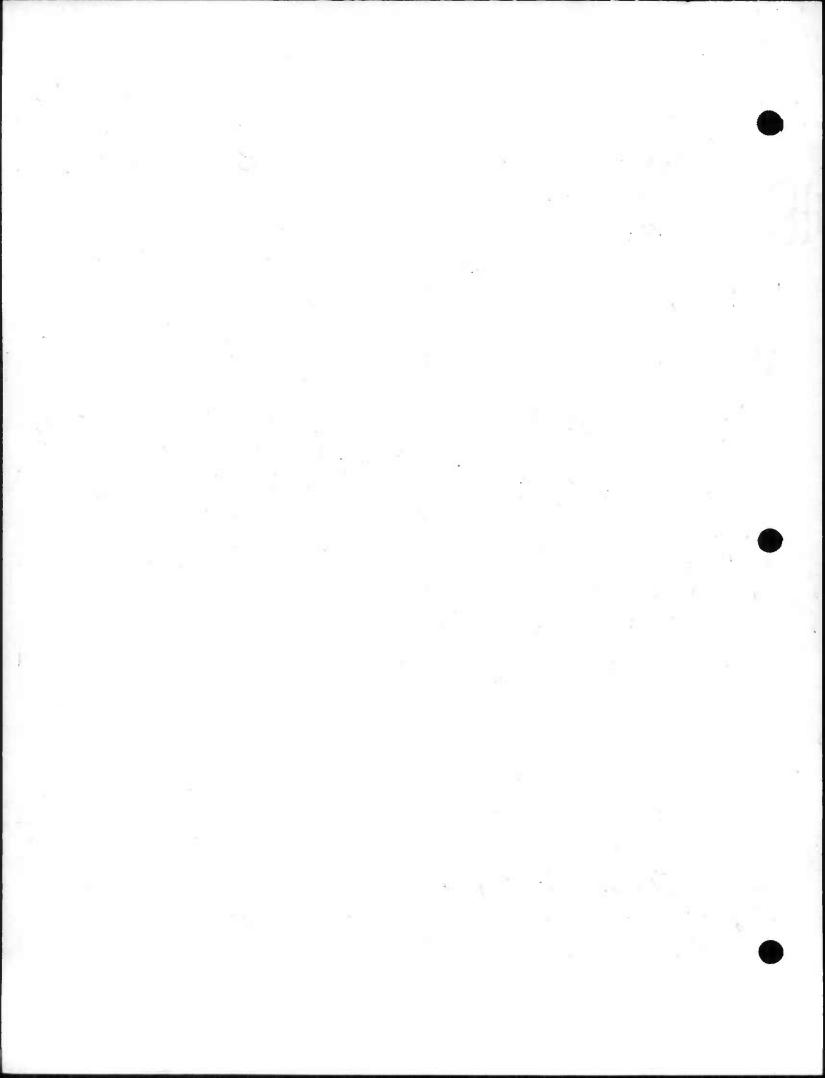


Item# 1 Per F.H. Film# 708 02/18/94 R.M.

		1 - STATE REGISTRAR	STATE OF N	MARYLA	ND / DEPAR CERTIF	TMENT OF	F DEATH	MENTA	L HYGIENI REG. NO.	9	4 (	04639	
		1. DECEDENT'S NAME (First, Middle, Last) HORMAN JAMES	James		WRIGH	т		MONT			EAR	TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YEA			OF BIRTH	199	BIRTHPLA	CE (State or Foreign	
p <sub>i</sub>		239-52-5392	1 🔀 M 2 🗆 F		56 YRS.	MONTHS DAY		09-	n, Day, Year) -08-37		N .	C.	
3 should	œ	9a. FACILITY NAME (If not institution, give s				96. COUNTY OF DEATH  9c. COUNTY OF DEATH							
2,	DIRECTOR	2402 GARRISON BL					more City						
permit. Pages	ä	MD 10e. STATE 10b. COUNTY			11.70341	y, town or lo ALTIM(						I. INSIDE CITY LIMITS?	
Jermit.	A	10e. STREET AND NUMBER			B	ALTIMO	101, ZIP CODE			10g. CITIZEN		XYES 2 NO	
. usit	E	2402 GARRISON	BLVD				21216			U	S.A	•	
21215-0020  I or attending physician.  for use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 NO	If yes,	DECENDENT OF HISPAI , specify Cuben, Mexica YES 2XXNO Specific	n, Puarto	Y? (Specify Yes Ricen, etc.)	s or No— 14. RACE — American Indian, Black, White, etc. Specify: BLACK			
r atten use as	ETED	15. DECEDENT'S EDU (Specify only highest grade		1	16a. DECEDENT'S (Give kind of	work done during	ATION most of working	164	16b. KIND OF BUSINESS/INDUSTRY				
	PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +	·)	LABOR			1 2	ADVANC	E DES	SIGN	S PROC	
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA						
RYI ed by ed at	BE (	JAMES WRIG	SHT'		-	VIOLA MILES  LINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						4	
MAR: retained 5 should notified	2	19e. INFORMANT'S NAME (Type/Print) ANTONIO WOODS			4		B YANCEY		·				
ORE, I 6 may be ctor, page t		20a. METHOD OF DISPOSITION 1  Burial 2  Cremetion 3  Rem	ovel from State		LACEANDDATE	OF DISPOSITION		DAT		CATION — City		State	
IMOR Page 6 ma Il director, p		4 Donation 6 Other (Specify)		GAI	RRISON	FORES	ST VA CE		6 OWI	NGSM1	LLS	, MD.	
BALTIMORE, ter death. Page 6 may be the funeral director, page wa!.	}	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  1129 N. CAROLINE ST.											
. 0 = 0		23. PART i. Enter the diseases, pr			the death. Do		ALTIMORE				213		
viri z4 hou tely filled I mation, or t, the me		shock, or heart feilure.  iMMEDIATE CAUSE (Finsl	Liet Drily Drie ceu	JOM/	ch line.	THE LU	ING WIT				,	Approximats Interval Between Onset and Death	
2 2 2 2	NO	Sequentially ilst conditions,	b										
O De lician	CERTIFICATION	if smy, leading to immediate cause. Enter UNDERLYING											
O. B certificate ing phys ygiene p	Ė	CAUSE (Diseese or injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):											
OS, P.O. he death certi the attending Mental Hygie Miury, or off		Aller and the second of the	d										
R and and in it	DICAL	PART II. Other significent condition	s contributing to	deeth but	t not resulting	in the underly	ying cause given in	Part i.	24a. WAS AN / PERFORM 1 YES 2	MED?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
L RECO	AN: MEDIC								INSPE	CTION	1 [	YES 2 NO	
1 1	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  TO YES 2 NO	HOSPITAL:	SB/Output	Hant 2 7 DOS	OTHER:	PLACE OF DEATH (Ch						
Can a s	H.	27. MANNER OF DEATH	1 Inpetient 2 288. DATE OF (Month, Da	INJURY	28b. TIM		forme 5 Residence INJURY AT WORK?	Y	r (Specify) SCRIBE HOW IN	JURY OCCUR	ED		
ONG HTG OHIGH WITH death with	BY	1 Natural 5 Pending 2 Accident Investigation				M 1 [	YES 2 NO						
ISIC TTENDI TTENDI TTENDI affer of affer of 28 Is	- 1	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE O building,	F INJURY — etc. (Specify	At home, term,	street, tactory, o	ffice		ATION (Street a or Town, State)	nd Number or i	Rural Floute	Number,	
	COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYINO PHYSI MEDICAL EXAMINE					late and place, and due n, death occured at the				Ruse(a) an	d manner as stated.	
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: 18	BE	29. SIGNATURE AND TITLE OF CERTIFIE	The	A	1		O.C.M.E		_	29d. DATE SI		nth, Day, Year) 1994	
5	2	MARIO & GOI	O COMPLETED CAUS	11.7			Baltimor	ne M	arvlan	d 2120	1		
+i		31. DATE FILED THOUTH ANY, YOU 1994			- Pandell		, DOLL CHILD!	.C, F	LL y LCIR	4 2120	1		



		1 - STATE REGISTRAR	STATE OF MARYLAND / DEP/ CERTI	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	94 04640						
		1. DECEDENT'S NAME (First, Middle, Last)  ELSIE		WILLIAMS	2. DATE OF DEATH MONTH DAY	year 3. TIME OF DEATH						
		4. SOCIAL SECURITY NUMBER 5	. SEX 8. AGE (In yrs. last birthda	WILLIAMS  y) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	FEB II	94   6:51 P M  8. BIRTHPLACE (State or Foreign						
should		9a. FACILITY NAME (If not Institution, give stree	t and number)	9b. CITY, TOWN OR LOCATION OF O	10-5-2	COUNTY OF DEATH						
2, 3 st	TOR	405 S.MILLINGTO	N AVE	BALTIMORE CITY								
Pages 1	DIRECTOR	10e. STATE 10b. COUNTY	10c. (	CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?						
permit.		10+. STREET AND NUMBER	- 0 NoT. 3	101. ZIP CODE	10g.	1 ✓ YES 2 ☐ NO CITIZEN OF WHAT COUNTRY?						
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECEMBENT OF NISPA	NIC ORIGIN? (Specify Yes or No	14. RACE — American Indian,						
	BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexico 1 TES 2 NO Specif	an, Puerto Rican, etc.)	Black, White, atc.						
1215-0 or attending r use as the	ETED	15. DECEDENT'S EDUCAT (Specify only highest grade oor	(Give kind	"S USUAL OCCUPATION of work done during most of working use retired.)	16b, KIND OF BUSINESS	J/INDUSTRY						
	COMPLETED		College (1-4 or 5.+)	BUITE								
YLA by the be det	BE CO	HARRY Collel MAIN	5	18, MOTHER'S N/	AME (First, Middle, Meiden Sumen	no)						
	10 B	THE INFORMANT'S HAME (TYGOPTENS)	E THE MAILE	ADDRESS (Street and Jumping or Bufu)	Coute Number, City or Town, State	ap = 100 7 19 7 18						
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		20s METHOD OF DISPOSITION	From State 20b. 91. 9CE AND DAT	E OF DISPOSITION (Name of	DATE 204 LOGATION	N — City or Toylog State						
BALTIMORE, er death. Page 6 may b the funeral director, pag val.		21. SIGNATURE OF PURERAL SERVICE LICEN	SEE SUPPLY	22. HAME AND ADDRESS, CA. CO.	2711-94 (A/B) 9474 Francisco	1511/6 /1/K						
BALT s after death. by the funera removal.	_	Vant 12 1	long	270/TP60/	Don Bass	34TIMP 21229						
D o E		23. PARTI L'Epier the disesses, Dr con moon, or heert failure. Lis IMMEDIATE CAUSE (Final	iplications that caused the death. Do t Dnly One cause on each line.	o not enter the mode of dying, suc	h es cardiec or respiratóry	Approximate interval Between Onset and Death						
a 4 4 5		disease or Enndition	rteriosclerotic		ar Disease							
P 5 5 8	NO	Sequentially list conditions,										
Se cian pe	ICATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE	•								
P.O. The certific of the certi	CERTIFICATION	that initiated events  resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
DS, the dea d Menta injury,	CAL CE	PART ii. Other significant conditions of		g in the underlying ceuse given in	Pert i. 24s. WAS AN AUTOF PERFORMED?							
H the or to	MEDIC	CHRONIC RENAL F	AILURE	1 - YES 2 X NO	O COMPLETION OF CAUSE OF DEATH?							
E 0 6 2					Inquiry	1 Q YES 2 Q NO						
VITAL RECO	PHYSICIAN:		OSPITAL:	26. PLACE OF DEATN (Ch. OTHER: 4  Nursing Nome  Residence								
8		27. MANNER OF DEATN  1 X Naturel 5 Pending		IME OF 28c. INJURY AT WORK?  M 1 YES 2 NO	26d. DESCRIBE HOW INJURY	OCCURED						
N I	ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	26a. PLACE OF INJURY — At home, ferri building, etc. (Specify)		281. LOCATION (Street end Nur City or Town, State)	mber or Rural Route Number,						
DIVI OR AT DIRECT Hours at	<b>5 1</b>	20a CESTICIES	N: To the best of my knowledge, death occ	urred at the time, date end place, and due	to the ceuse(e) and manner ea	a stated.						
TO THE HOSPITAL IN THE FUNERAL IS TO THE FUNERAL IN THE HORPANT IN THE IMPORTANT. ILLIN	COMPL	one) 2 MEDICAL EXAMINER:	On the besis of examination and/or investiga									
O THE P Find a	B	296. SIGNATURE AND TITLE OF CERTIFIER	King MID	O.C.M.		DATE SIGNEO (Month, Day, Year) FEB 12,1994						
1	2	30. NAME AND ADDRESS OF PERSON WHO C Theodore King M.	0	pe, Print)								
7		31. DATE FILE (MONTH). Day, Young M.	32 MEGISTRABIS SIGNATURE Julia Davidson-Randal	enn Street, Bal	стщоге, ма	LYIANG 21201						
		. = 5 7 0 1001	Janda Manda	2								



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INIS	29 ATTENDING PHYSICIAN: The law liquids:
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30. NAME AND ADDRESS OF

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31. DATE FILED TANK

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FOR

1 - STATE REGISTRAR

79-3

1. DECEDENT'S NAME (First, Middle, Last)

Martha

4. SOCIAL SECURITY NUMBER

Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENC 10e. STATE tob. COUNTY 10c. CITY, TOWN OR LOCATION funeral director, page 5 should be detached for use as the burial-transit permit. BY FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-LTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, Puerto Rid 1 TES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most life. Do NOT use retired.)

NUISTER 15. DECEDENT'S EDUCATION secily only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) FATHER'S NAME (First, Middle 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE 10 pe DATE must 3.0 irtel 2 medical examiner ath. filled in by the fi or complications that caused the death. Do not enter the re. List only one cause on prior to burial, cremation, or IMMEDIATE CAUSE (Final disease or condition resulting in death) traumatic event, the Cervical netastatic (uncer completely DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury artender physician or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Mental A In ury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PHYSICIAN: MEDICAL As paudie PERFORMED? shows any 1 TES 2 NO No. of 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 ANO 26. PLACE OF DEATH (Check only one) this cartificate to a with the State C them HOSPITAL OTHER:
4 □ Nursing Home 5 Besidence 6 □ Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 8 27, MANNER OF DEATH 28c. INJURY AT WORK? 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCU is marked. 1 Netural 5 Pending Investigation 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number of City or Town, Stete) 3 Suicide 6 Could not be determined COMPLETED hours after d 4 Homicide 28 TO THE FLAKERAL DIRECTI THE filed within 72 hours at IMPORTANT, If flam 2 29e. CERTIFIER To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as state basis of examination end/or investigation, in my opinion, death occurse at the time, date and place, and due to the 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

0

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 MEDISTRADIS SIGNATURE

JUNIO DEVIDENTARION PRINCE

Denmende

7994

11914

5. SEX

1 M 2 B

6. AGE (In yrs. last birthday)

YRS.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

04641 94

a. BIRTHPLACE (State or Foreign Sountry)

9c. COUNTY OF DEAT

BALTIMORE

10g. CITIZEN, OF WHAT COUNTRY?

14. RACE

3. TIME OF DEATH

10d. INSIDE CITY 1 YES 2 NO

-- American Indian, White, etc.

90021

REG. NO.

2 DATE OF DEATH

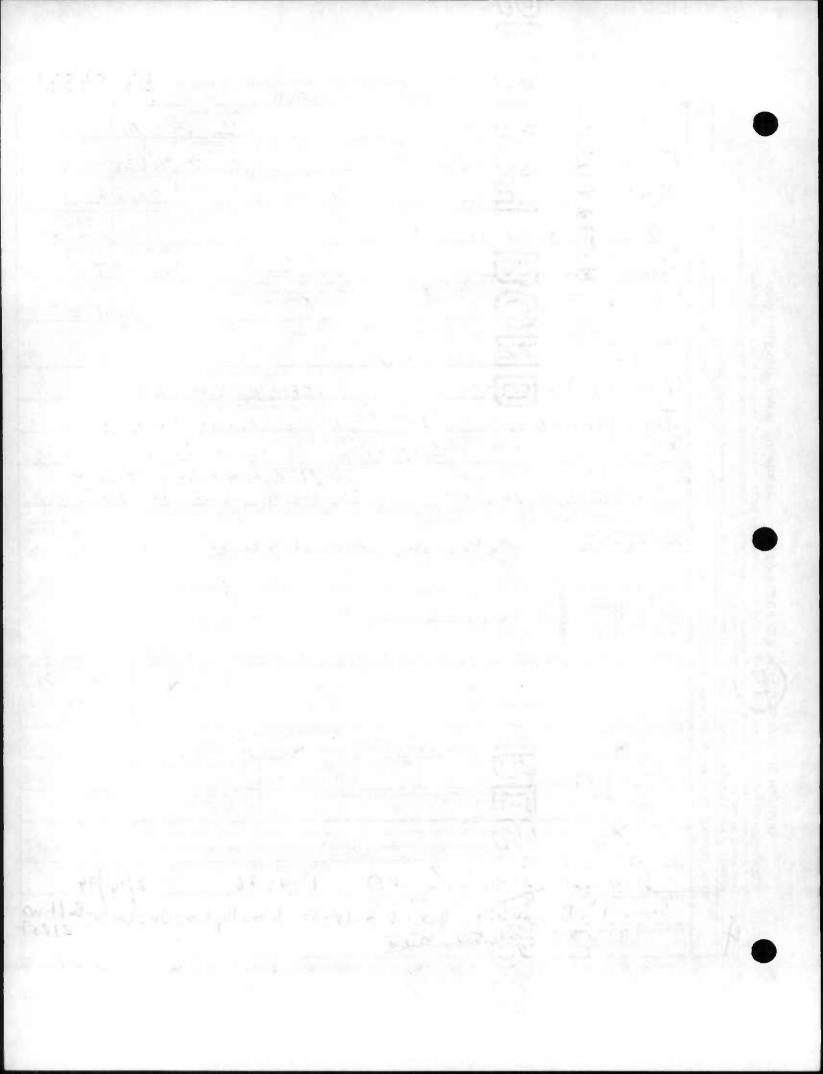
7. DATE OF BIRTH

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will	1777
MO	21229
t.	Approximate
	Interval Between
	Onset and Death
	6 m 05
24b. WE	RE AUTOPSY FINDINGS
AM	MILABLE PRIOR TO IMPLETION OF CAUSE
OF	DEATH?
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Rural Rout	Alumbar
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ause(s) ar	nd manner ee stated.
anse(s) ar	o manner ee stated.
IGNED (M	inth, Day, Year)
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29d DATE

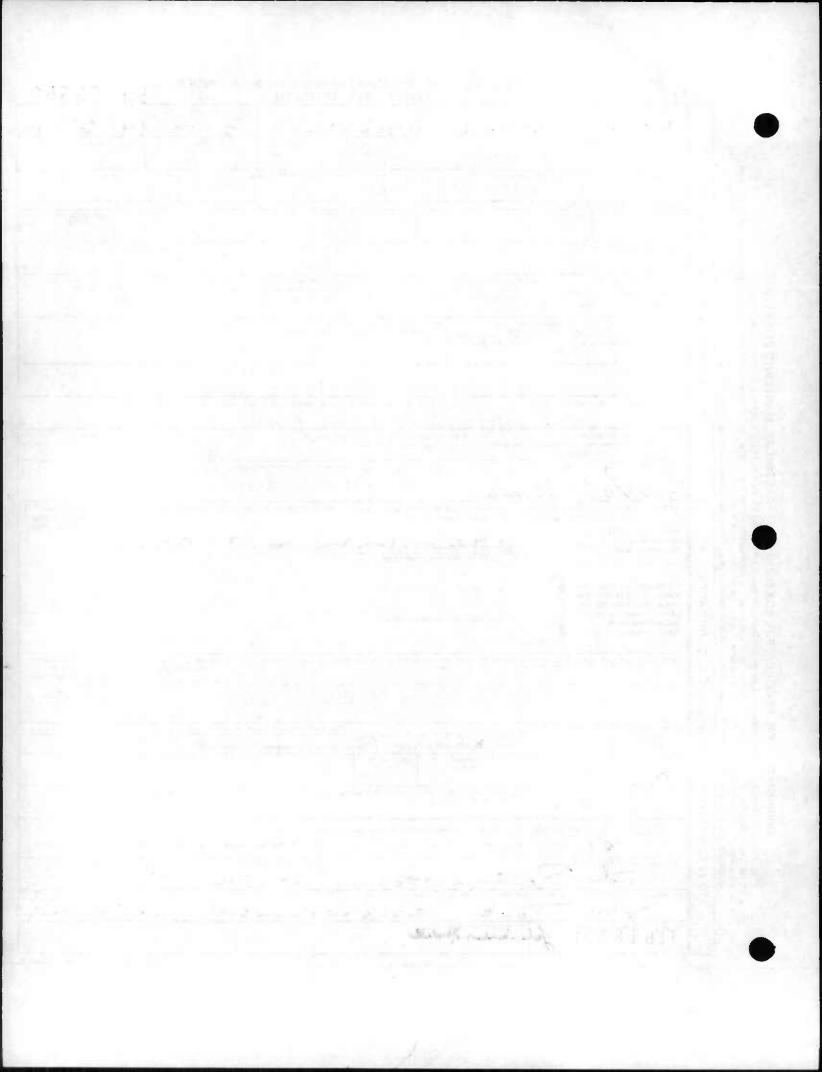
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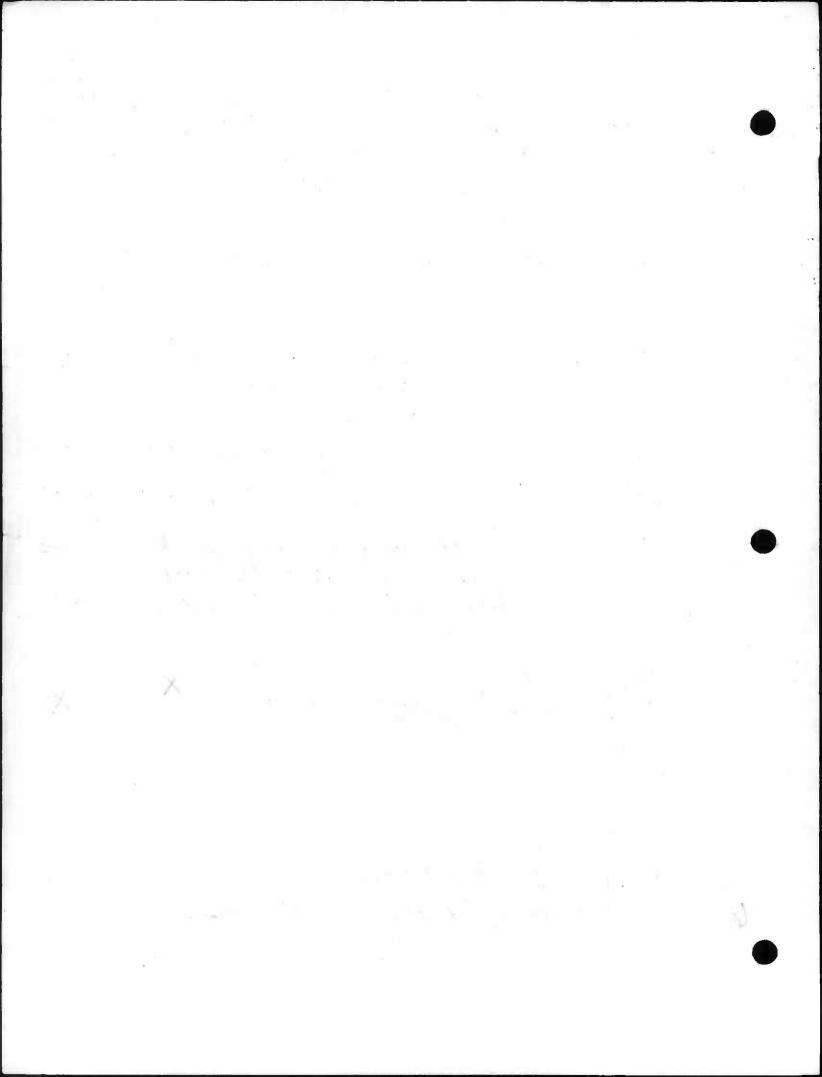


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	1 - STATE REGISTRAR	STATE OF MA	CERTI	FICATE OF	DEATH	REG. N	0.	4 1454
	1. DECEDENT'S NAME (First, Middle, La	Willand		WOODS	ock,		3-9	1 222
	4. SOCIAL SECURITY NUMBER 335 26 4761  90. FACILITY NAME (If not institution, gi	1 🔀 M 2 🗆 F	AGE (In yrs. lest birthday 62 yrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.  OR LOCATION OF DE	7. DATE OF BIRTH (Month, Dey, Year)		BIRTHPLACE (State or For Country)  Llinois
ECTOR	Holy Cross	Hospital			Springs			tgomery C
DIR	Maryland Mo	ontgomery		Silv	er Spri	ngs		10d. INSIDE CITY LIMITS? 1 YES 2 1
FUNERAL	10503 Royal	Road		10	1. ZIP CODE 209	03		S A
В	11. MARITAL STATUS  1 Never Married 2 Merried  3 Nidowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I I I I I I I I I I I I I I I I I I	YES 2 NO	If yes, sp		IIC ORIGIN? (Specify 1 n, Puerto Rican, etc.)	fee or No — 14.	RACE — American India Black, White, etc. Specify: White
PLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		(Give kind o	'S USUAL OCCUPATION work done during mouse retired.)	ON ost of working	ALL COMMON TO SERVICE AND ADDRESS OF THE PARTY OF THE PAR	ientis	TRY
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	en Surname)	
BE (		ward Wood	stock		Rhoda	Wyatt		
2	190. INFORMANT'S NAME (Type/Print)  Mrs Agnes 3	T Woodsto				Poute Number, City or 1		
	200. METHOD OF DISPOSITION		20b. PLACE AND DAT			lverSpr	LINGS, M	
	1 Burlet 2 Cremetion 3 R 4 Donation 5 Other (Specify)		camatery, crematory of					
	21. SIGNATURE OF FUNERAL SERVICE	Eucewser onald	Wade Di	22. NAME A	NO ADDRESS OF FA	CILITYCHALA	7	my Board
1	27 PART L Enter the diseases, ahock, or heart fellu	Warks	eused tha death. Do	655W	.Baltim	oreSt,B	alto,M	ID 2 1 2 0 1
LION	2 PART L Enter tife diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	or complications that cure. List only one cause  a,	eused tha death. Do	o not enter the mo	.Baltim	orest, B	alto,M	ID 2 1 2 0 1  Approximatintarval Be Onset and
ERTIFICATION	ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	or complications that cure. List only one cause  a. DUE TO (OF  DUE TO (OF	eused tha death. Do on each line.	o not enter the mo	.Baltim	orest, B	alto, M	ID 2 1 2 0 1  Approximatintarval Be Onset and
MEDICAL CERTIFI	shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OF DUE TO (OF d.	eused tha death. Do on each line.  R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE	o not enter the mo	.Baltim	Part I. 24e. WAS	alto, M  AN AUTOPSY ORMEO?	Approximatinterval Be Onset and Sec. Approximatinterval Be Onset and Sec. Approximation of the Completion of the Complet
AN: MEDICAL CERTIFI	ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condit	or complications that cure. List only one cause  a. DUE TO (OF  b. DUE TO (OF  c. DUE TO (OF  d	eused tha death. Do on each line.  R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE	OF):  OF):  26. P	.Baltim	Part I. 24a, WAS. PERF	alto, M  AN AUTOPSY ORMEO?	Approximatintarval Be Onset and Section 2 1 2 0 1  Approximatintarval Be Onset and Section 2 2 1 2 0 1  Approximation 2 1 2 1 2 0 1 2 1 2 1 2 1 2 1 2 1 2 1 2
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PHYSICIAN: MEDICAL CERTIFI	ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions EXAMINER?	or complications that cure. List only one cause  a. DUE TO (OF  b. DUE TO (OF  d. Littons contributing to de  HOSPITAL: 1   Inpatient 2   El  28a. DATE OF IN. (Month, Day,	eused tha death. Do on each line.  R AS A CONSEQUENCE	OF):  OF):	Baltim  da of dying, such	Part I. 24a. WAS PERF 1 YES	alto, M	Approximation and the second s
ED BY PHYSICIAN: MEDICAL CERTIFI	ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	or complications that cure. List only one cause  a. DUE TO (OF  b. DUE TO (OF  d. DUE TO (OF  d. Littons contributing to de  littons contributing to de  28a. DATE OF IN. (Month, Day,	eused tha death. Do on each line.  R AS A CONSEQUENCE  R AS A CONS	OF):  OF):	Baltim  oda of dying, such  dead of dying, such  de	Part I. 24a. WAS PERF 1 YES	AN AUTOPSY ORMEO? 2   NO	Approximatintarval Be Onset and Section 2 1 2 0 1  24b. WERE AUTOPSY FIT AMAILABLE PRIOR COMPLETION OF COF DEATH?  1 YES 2 N
ED BY PHYSICIAN: MEDICAL CERTIFI	ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Netural 5 Pending trivestigation 3 Suicide 5 Could not determined  29e. CERTIFIER (Check only)  1 CERTIFYING PI	or complications that cure. List only one cause  a. DUE TO (OF  b. DUE TO (OF  d. DUE TO (OF  d. Littons contributing to de  littons contributing to de  28a. DATE OF IN. (Month, Day,	eused tha death. Do on each line.  R AS A CONSEQUENCE  R AS A CONS	OF):  OF):	g cause given in  LACE OF DEATH (Channe 5   Residence JURY AT ORK?  YES 2   NO	Part I. 24a. WAS PERF 1 YES eck only one)  5 Other (Specify)  28d. DESCRIBE HOW City or Town, Ste to the cause(e) end in	AN AUTOPSY ORMEO? 2 NO W INJURY OCCUP et end Number or	Approximation and the second s
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Netural 5 Pending trivestigation 3 Suicide 5 Could not determined  29e. CERTIFIER (Check only)  1 CERTIFYING PI	or complications that cure. List only one cause  a. DUE TO (OF  b. DUE TO (OF  d. DUE TO (OF  d. Littons contributing to de  littons contributing to de  28e. DATE OF IN. (Month, Day, of the best of my MINER: On the best of exam	eused tha death. Do on each line.  R AS A CONSEQUENCE  R AS A CONS	OF):  OF):	g cause given in  LACE OF DEATH (Channe 5   Residence JURY AT ORK?  YES 2   NO	Part I. 24a. WAS. Pert I. 24a. WAS. Pert I. 1 YES  ack only one)  5 Other (Specify)  28d. DESCRIBE HOW City or Town, Ste  to the cause(e) end in time, date and place,	alto, M. AN AUTOPSY ORMEO? 2 NO  VINJURY OCCUP et end Number or the)	Approximatinterval Be Onset and Second Secon
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions in the initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Netural 5 Pending trivestigated in the initiation of	or complications that cure. List only one cause  a. DUE TO (OF  b. DUE TO (OF  d. DUE TO (OF  d. Littons contributing to de  littons contributing to de  28e. DATE OF IN. (Month, Day,  lon 28e. PLACE OF IP. building, etc  HYSICIAN: To the best of my  MINER: On the best of exam	eused tha death. Do on each line.  R AS A CONSEQUENCE  R AS A CONS	OF):  OF):	g cause given in  LACE OF DEATH (Che no 5   Residence JURY AT JRK? 2   NO	Part I. 24a. WAS. Pert I. 24a. WAS. Pert I. 1 YES  ack only one)  5 Other (Specify)  28d. DESCRIBE HOW City or Town, Ste  to the cause(e) end in time, date and place,	alto, M. AN AUTOPSY ORMEO? 2 NO  VINJURY OCCUP et end Number or the)	Approximation and interval Be Onset and Section 24b. Were Autopsy Franklable Priori COMPLETION OF CO



		1 - FOR STATE REGISTRAR	TE OF MARYLAND / I	DEPARTMENT O		ENTAL HYGIENE REG. NO.	01.	01.61.
		1. OECEOENT'S NAME (First, Middle, Last)  I SAAC	ZAJDE		1	DATE OF OEATH MONTH DAY	3. TI	ME OF DEATH
D		4. SOCIAL SECURITY NUMBER 5. SEX			EAR IF UNDER 24 HRS. 7	DATE OF BIFTH AUGMA, 15 19191	8. BIRTHPLAC	E (State or Foreign
2, 3 should	стов	99. FACILITY NAME (If not Institution, give street and SINAI HOSPITAL RESIDENCE OF DECEDENT	number)		WN OR LOCATION OF GEAT LTIMORE	N	9c. COUNTY OF OEATN	
permit. Pages 1,	DIREC	10e. STATE 10b. COUNTY MARYLAND		10c. CITY, TOWN OR L BALTI		<u></u> -		INSIDE CITY LIMITS?
nsit	IERAL	100. STREET AND NUMBER 3018 FALLSTAFF MANOI	R COURT, APT.	E-1	10f. ZIP CODE 2120		10g. CITIZEN OF WHAT	COUNTRY?
ing physician.	BY FUN	t Never Merried 2 Merried FO	S OECEOENT EVER IN U.S. ARM RCES? 1 VES 2 X NO YES, GIVE WAR OR DATES	O If ye	DECENOENT OF HISPANIC s, specify Cuben, Mexican, I YES 2 AO Specify:	ORIGIN? (Specify Yes or Puerto Ricen, etc.)	14. RACE — Ar Black, Whit Specify:	mericen Indien, te, etc. WHITE
or attending for use as the	ETED.	15. OECEOENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College	(Givi	EOENT'S USUAL OCCU e kind of work done durin Do NOT use retired.)	PATION g most of working	16b. KINO OF BUSIN	IESS/INOUSTRY	
the hospital of detached for once.	COMPL	12	1	PRODUCTION		FACTOR		
# E	BE CC	17. FATHER'S NAME (First, Middle, Last)  CHAIM		ZAJDEL	CHAY	(First, Middle, Maiden Su A	zukl	ER
retained 5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print)	196.		reet and Number or Rural Rou ES CT; BALTI		State, Zip Code) 21208	100
ay be		MR SZYMON ZAJDEL  20 SUMETHOO OF DISPOSITION  1   Burlal 2   Gramation 3   Removal from	20b. PLACE AF	NO OATE OF OISPOSITIO	N /Name of	DATE 20c. LOCA	TION — City or Town. S	tate
ع قو و		4 Donation S Other (Specify)	MOSE:	S MONTEFIC	DREWOODMOOR  RE ANO ADDRESS OF FACIL	HEBREW 2-1	L5-94 BALT	IMORE, MD
		Againer L Str	thum	603	SOL LEVINSON LO REISTERSI	1 & BROS., YOWN RD BAI	TIMORE, M	D 21215
filled in by on, or rem		23. DARTY. Enter the diseases or complic shock, or heart failure. List on IMMEDIATE CAUSE (Final disease or condition resulting in death)	ly one cause on each line.		pathy	1	tecl	Approximate interval Between Onaet and Deatt
P 2 . 9	z		OUE TO (OR AS A CONSECU	UENCE OF):	Ract -	In Pec	tion	IWK
e be es sician a nrior to traum	ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	NON CO	DIVUIS	sive Se	izure	S	Iwk
The certificate physical Hygiene p	CERTIFIC	that initiated eventa reaulting in death) LAST	OUE TO (OR AS A CONSEOU	UENCE OF):		0		
(F	Y	PART II. Other algnificant conditions contributions	tbuting to death but not re	sulting in the under	lying cause given in Pa	PERFORM	EO7 AVAIL	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE
All the second	: MED	Severe Dejen		Dint 1	18450	1 YES  2	OF O	YES 2 NO
N: The Invitate has better the Item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:	OTHER:	6. PLACE OF OEATN (Check	only one)		
Sician: The Lacertificate has the State Det		1 YES 2 NO	patient 2 ER/Outpatient 3 Es. OATE OF INJURY	DOA 4 Nursing	Nome 5 Residence 6	Other (Specify)	URY OCCURED	
The with	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M 1	WORK? YES 2 NO			
TTENDI TOR: A after da	ED	3 Suicide 8 Could not be 4 Homicide determined	Be. PLACE OF INJURY — At hom building, etc. (Specify)	ne, farm, street, factory,	office 2	6f. LOCATION (Street and City or Town, Stete)	Number or Rural Route F	lumber,
TAL OR AL DIRI 72 hour	OMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To Description on the control of the co	the beat of my knowledge, deet					menner ee stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	O BE C	296. SIGNATURE AND TITLE OF CERTIFIER N	edital I	ntern	29c. LICENSE NUMBE	ER 2	Ped. DATE SIGNED (Mont	n. Day. Year)
(0	T	30. NAME AND ADDRESS OF PERSON WHO COMP	LETEO CAUSE OF DEATH (ITEM	27) (Type, Print) H	OSP/	TAL		1
*		31. OATE FILED MARKY, Day, Year 1994	TWO DAY SON- PO	indell				



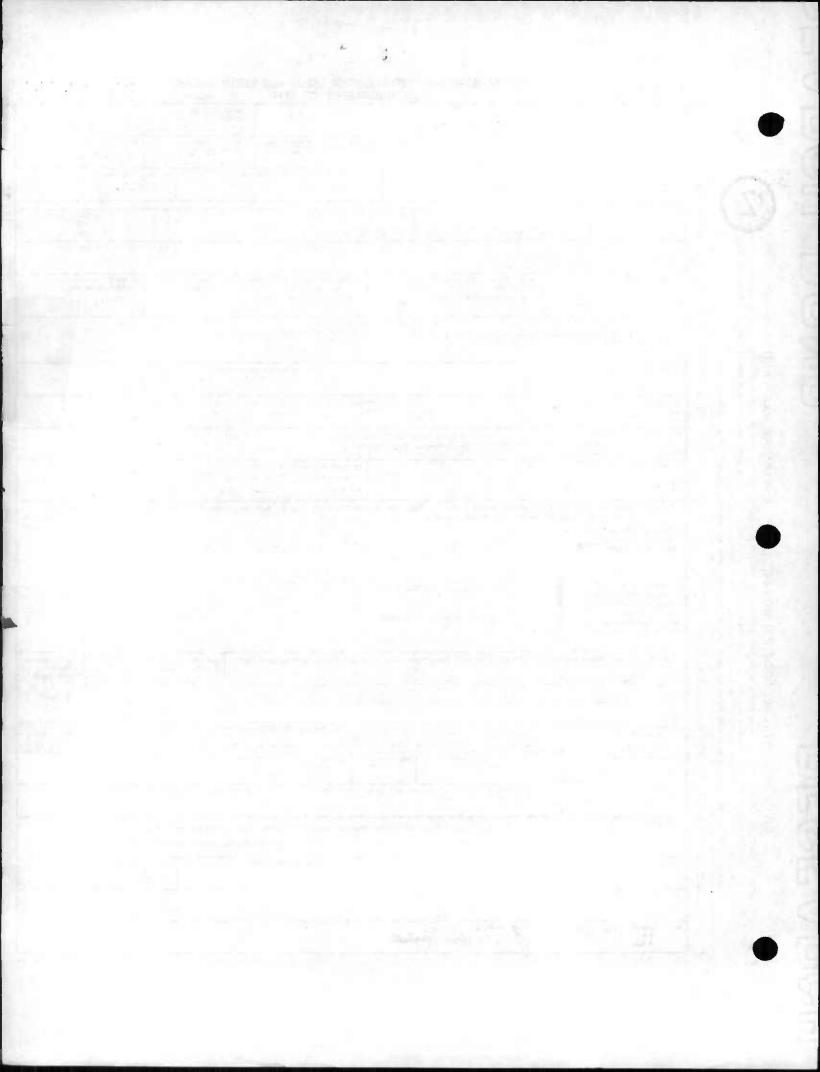
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but he filled within 72 hours after death with the State Dear of Health and Mental Hyriene prior to burial, cremation or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First, Middle, Last)	Timot	hy James		E OF DEATH	2. DATE OF DE	ATN DAY	94 0461  VEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  NONE		6. AGE (In yrs. lest		ER 1 YEAR OF UNDER 24 HR	Aldread De	TN Wear)	94 7:15 F  8. BIRTHPLACE (State or Foreign Country)  Maryland
OR	9a. FACILITY NAME (If not institution, give a Greater Baltimore		Center	9b. CI	TY, TOWN OR LOCATION OF TOWSON			TY OF DEATN
BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNT Maryland Hay	rford		10c. CITY, TOWN				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ERAL	100. STREET AND NUMBER 107 Holly Wreath	Drive			101. ZIP CODE 2100	9	10g. CITIZ US.	EN OF WHAT COUNTRY?
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, OIVE WA	YES 2 XNO		3. WAS DECENDENT OF NIS If yes, specify Cuban, Me 1 YES 2 NO Sp	rican, Puerto Rican, e	cify Yes or No	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Giv	EDENT'S USUAL The kind of work don Do NOT use retired Infant	e during most of working	16b, KIND	OF BUSINESS/INDU	USTRY
BE CO	17. FATHER'S NAME (First, Middle, Last) Timothy Jon	Amos				NAME (First, Middle, cicia Ang		tt
5	190. INFORMANT'S NAME (Type/Print) Timothy Jon Amos				ss (Street and Number or A. Wreath Dri			
	20a. METHOD OF DISPOSITION 14S Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State		ND DATE OF DISP			ROC. LOCATION — C	•
				ATT MEMO	mal Garder	15 /-8-94	Be L A	ir. Ma.
	21. SIGNATURE OF FUNERAL SERVICE LICE	Us Ori	mas T	P P		Comas II	I Funera	ir, Md. 1 Home, P.A. n. Md. 21009
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cause	MON I coused the dease on each line.	Ith. Do not ant	2. NAME AND ADDRESS OF HOWARD K. MC 317 Cokesbur er the mode of dying,	PACILITY COMAS II LY Road,	I Funera Abingdo	1 Home, P.A. n, Md. 21009 st, Approximata interval Batv
RTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	a. Grade  DUE TO (	MON I coused the dease on each line.	th. Do not ant  Trave  UENCE OF):  UENCE OF):	NAME AND ADDRESS OF HOWARD K. MC 1317 Cokesbu	PACILITY COMAS II LY Road,	I Funera Abingdo	1 Home, P.A. n, Md. 21009 st, Approximata interval Batv
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events	a. Grade  B. DUE TO (  C. DUE TO (  d	coused the desire on each line.  OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OF THE CONSEQUE	Ith. Do not anti-	2. NAME AND ADDRESS OF HOWARD K. MC 317 Cokesbur er the mode of dying,	FACILITY COMAS II LTY ROAD, RUCH as cardlac of FACILITY FOR HOME	I Funera Abingdo	1 Home, P.A. n, Md. 21009 st, Approximata interval Batv
MEDICAL	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition Resulting in death) LAST	DUE TO (	coused the dealer on each line.  (	UENCE OF):  UENCE OF):  UENCE OF):  OTHER  O	2. NAME AND ADDRESS OF TOWARD K. Mc. 31.7 Cokesburet the mode of dying, and the mode of dying cause given the mode of death of the mode of death of the mode	in Part I. 24a. y	I Funera Abingdo respiratory arre A6VVV	1 Home , P.A.  n , Md. 21009  st , Approximata interval Batw Onset and D  2
PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition.  PART II. Other significent condition.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	a. Grade  B. DUE TO (  C. DUE TO (  D. DUE T	coused the dealer on each line.  OR AS A CONSECUTION OR AS A CONSE	UENCE OF):  UENCE OF):  UENCE OF):  OTHI	2. NAME AND ADDRESS OF TOWARD K. Mc 1317 Cokesby  ar the mode of dying, and the mode of dying, and and address of dying, and and and address of dying, and and and address of dying, and and and and address of dying and	in Part I. 24a. y  (Check only one)  CE COMAS II.  LTY ROAD,  Hely Road,  Hely Road,  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I Funera Abingdo respiratory arre 167714	1 Home, P.A.  n, Md. 21009  st, Approximate interval Batwonset and D  24b. Were autopsy find AMALABLE Prior To COMPLETION OF CAU OF DEATH?  1 YES 2 No
MEDICAL	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition Resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN	DUE TO (  DUE TO	coused the dealer on each line.  OR AS A CONSECUTION OR AS A CONSE	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  Maulting in the original of the original origina	2. NAME AND ADDRESS OF TOWARD K. Mc 1317 Cokesby  ar the mode of dying, and the mode of death and the mode of	in Part I. 24a. y  (Check only one)  Ca 6 Other (Spec)  28d. DESCRIBE	I Funera Abingdo: respiratory arre 16 V V V Sensor Malionera 17 V V Sensor Malio	1 Home, P.A.  n, Md. 21009  st, Approximate interval Batwonset and D  24b. Were autopsy find AMALABLE Prior To COMPLETION OF CAU OF DEATH?  1 YES 2 No

DEATH (ITEM 27) (Type, Print)

on

CHARLES



Z	OR			al Hospita	1		Fred	erick			F	rederick
	DIRECTOR	RESIDENCE OF DE 104. STATE Maryland	10b. COUNT			Frede						10d. INSIDE
i. insit permit.	FUNERAL	100. STREET AND NUMBER 1000 Heath		lge Drive A	Apt. 1	11 D		101. ZIP CODE 21702				S.A.
215-0020 attending physician. ise as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 ( 3 Widowed 4 Di		12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 1		If yes,	DECENDENT DF NISPAI , specify Cuben, Mexica YES 2 ND Specif	n, Puerto Ri		r No — 1	4. RACE — American Black, White, etc. Specify: Whit
21 al or for u	COMPLETED	15. Di (Specify of Elementary/Secondary	ecedent's Editionly highest grad	College (1-4 or 6+)	- (	DECEOENT'S USI Give kind of work fe. Do NOT use re LOCUCT	done during ired.)			KIND OF BUSIN Bottlii		
3 8 8 Z	BE COM	17. FATHER'S NAME (First, Willia		ard ANGLEBE	ERGER			16. MOTHER'S NA Heler		iddle, Maiden Su BCCA T(		
	TO E	Mrs. Hilda		ırbaugh				Court, Fi				
ALTIMORE, beath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOS  1 Burlal 2 Crema  4 Donation 5 Oth	tion 3 Ren er (Specify)		20b. PLACE	AND DATE OF D	Crem	atory Febr		, 1994 S	miths	-
		21, SIGNATURE OF FUNE.  RCL  23, PART I. Enter the	360	. Las	MOO		106	e and adoress of Fa ney and Ba East Chur	ch St	t., Fre	ederi	ck, Md.
B. P.O. BOX 68760, edeath certificate be executed within course the attending physician and completely filled In by the Mental Hygiene prior to burial, cremation, or removal jury, or other traumatic event, the medical	CERTIFICATION	snock, or iMMEDIATE CAUSE (f disease or condition resulting in death)  Sequentielly list conditions, leading to immediate. Enter UNDERL CAUSE (Disease or intert initiated events resulting in death) LA	iltiona, nediate Ying	c	As a cons	EDUENCE OF):	st	m <sub>1</sub>				Intervention of the second of
RECORD  w requires that the been signed by the it, of Health and shows any in	SICIAN: MEDICAL	PART II. Other algolfic	cant conditio	na contributing to de	eth but not	reculting in t	ne underl	ying ceuse given in		24a. WAS AN AI PERFORM 1 YES 2	ED?	24b. WERE AUTOF AMAILABLE P COMPLETION OF DEATH? 1 YES 2
VITAL AN: The law tificate has the State Dept or item 23	SICIA	25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO	TO MEDICAL	HOSPITAL:	B/Outpetlant	3 🗆 1004	THER:	B. PLACE OF DEATH (Ch				
DIVISION OF VI OR ATTENDING PHYSICIAN ORECTOR: After this certific hours after death with the Si Item 28 is marked, or it	ВУ РНУ	27. MANNER OF DEATN Natural 5 [ 2 Accident	Pending Investigation Could not be determined	28e. PLACE DF III. building, etc	JURY Year)	28b. TIME O	M 1	INJURY AT WORK?	28d. DESC 261, LOCA	CRIBE HOW INJ		RED  r Rural Route Number,
E BE	COMPLETED	(onoth only		ER: On the best of my								
TO THE HOSP! TO THE FUNEF Be filed within	BE	296. SIGNATURE AND TIT	mar	Lebar	n M	0		29c. LICENSE NU	MBER			SIGNED (Month, Day.
	5	S WANTE AND ADDRESS		5 TOLLICO	OF DEATH (IT	EM 27) (Type, Pri	") FR	EDERICA	2	2170	1	

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Se. FACILITY NAME (If not institution, give street and number)

CARL

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

-4-94

219-36-2649

GNAYSON

5. SEX

1 M 2 - F

56

ANGLIBERLER

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS

96. CITY, TOWN DR LOCATION OF DEATN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 3. TIME DF DEATH 3:20 AM 8. BIRTHPLACE (State or Foreign Country)
Maryland 9c. COUNTY OF DEATH Frederick 10d. INSIDE CITY 4 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. ecify Yea or No-14. RACE — American Indian, Black, White, etc. Specify: White D OF BUSINESS/INDUSTRY ttling Company , Maiden Sumame) ca TOBERY ity or Town, State, Zip Code) k, Maryland 21702 20c. LOCATION — City or Town, State 1994 Smithsburg, Maryland P.A. Funeral Home , Frederick, Md. 21701 Approximate Interval Batween Onset and Deeth or reapiretory arrest, 12-2448

2. DATE OF DEATH MONTH

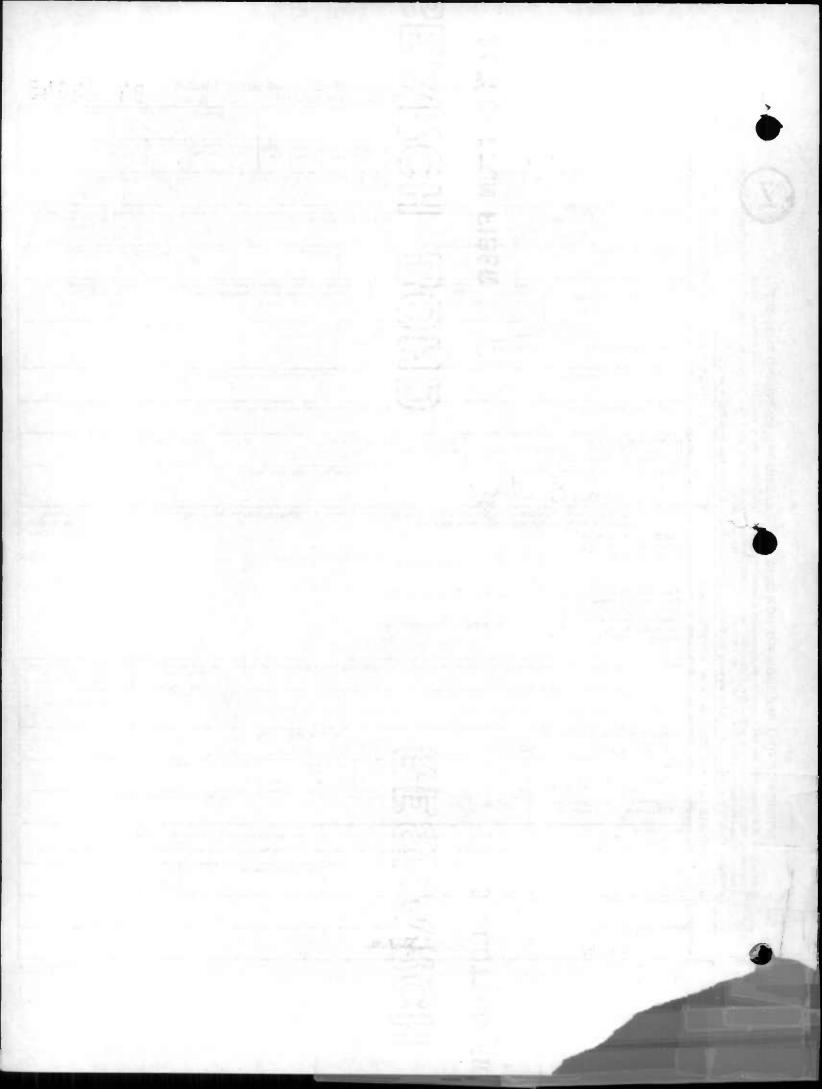
7. DATE OF BIRTH (Month, Day, Year)

DHMH-16 Rev 1/89

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES 2 ND

place, and due to the cause(s) and manner se stated. 29d. DATE SIGNED (Month, Day, Year) 12-2-94



CASPER

31. DATE FILED (Morith, Day, Year)

2 - 144 - 94

CLINE

CHETHAR'S SIGNATURE

REGISTRAR	STATE OF MAR				EALTH AND DEATH	MENTA	REG. NO.	E	94 0461
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		3. TIME OF DEATH
	FRED		Al	VDERS(	NC	Heb.		7994	8:00P
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest b	irthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	0.	BIRTHPLACE (State or Foreign
172-09-4799	1 M 2 □ F	94	YRS. MO	NTHS DAYS	HOURS MIN.	(Month	t, Day, Year)	1899	New Jersey
Ba. FACILITY NAME (If not institution, give	street and number)	94	98	CITY, TOWN	OR LOCATION OF		) [, ,	9c. COUNTY	
6895 A	rbor Ct.				ederick			Fne	ederick
RESIDENCE OF DECEDENT	1 001 00.			1.1.6	edel ICA			1, 1, 6	ederick
10a. STATE 10b. COUNT	ΓY		10c. CITY, T	OWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
Maryland	Frederic	ck		Fr	rederic	k			1 YES 2 NO
10e. STREET AND NUMBER					. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
68	95 Arbor	Ct.			2170	7		IΙν	ited State
11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARME	0	13. WAS OE	ENDENT OF HISP	ANIC ORIGIN	f? (Specify Yes		RACE - American Indian,
1 Never Married 2 Married	FORCES? 1 Y				ecity Cuban, Mexic 2 NO Spec		Rican, etc.)		Black, White, atc. Specify:
3 Widowed 4 Divorced	1			''	- Comment	ary.			White
15. DECEDENT'S EDI	UCATION	16a. DECE	DENT'S US	UAL OCCUPATI	DN	16b.	KIND OF BUS	HNESS/INDUST	ГНҮ
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. D	NOT use re	done during me tired.)	out of working				
7th		Fo	rema	an		T	ree-t	rimmi	ng
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N				
	Samuel	Ande	ersor	1	14.	lia			11 ?
19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILINO AD	DRESS (Street	and Number or Rura		ber, City or Town	n, State, Zip Co	de)
Zella G. And	erson	6	895	Arhor	· Ct./F	rede	rick	Md 2	1701
					metery, cremetory or				or Town. State
20a, METHOD OF DISPOSITION  1 DL Buriel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	other place			,				ckMaryland
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		PIU		ND ADDRESS OF I	A Day PEN	•		
	1/57	_	_				Stauf	fer F	uneral Hom
( xamo	Dela	can		16	21 Opo	ssum	town	Pike/	FrederickM
23. PART I. Entiry the diseases, or	complications that cau	used the deat	h. Do not	enter the me	ode of dying, au	ch aa card	diac or reapi	ratory arrest	
IMMEDIATE CAUSE (Fine)	. List only one cause o	on each line,							Interval Betwee
disease or condition	e. Meta	++	7	4.54	ato 1	1	101		Viras
resulting in death)	DUE TO (OR	AS A CONSEQU	ENCE OF):	100		7000	0.00		9 00
Sequentially list conditions, if env, leeding to immediate	DUE TO (OR /	AS A CONSEQU	ENCE OF):						
cause. Enter UNDERLYING									
CAUSE (Disease or Injury that initiated events	DUE TO (OR /	AS A CONSEQU	ENCE OF):						
resulting in death) LAST									
	•								
PART II. Other eignificant condition	me contributing to deal	th but not res	ulting in I	the underlying	g cause given i	n Part I.	24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO
							COMPLETIO		COMPLETION OF CAUSE DF DEATH?
							-		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (	Check only or	nel		
EXAMINER?	HOSPITAL:	Material 2		THER:	LACE OF DEATH (				
EXAMINER?	1   Inpetient 2   ER/		DOA 4	THER:	me 5 Residence	0 🗆 Othe	er (Specify)	MILIEN OCCUE	FO
EXAMINER?		JRY		THER:    Nursing Hot   28c, IN	me 5 Residence	0 🗆 Othe		NJURY OCCUR	IED
EXAMINER?  1 YES 2 NO  27. MANNEB-OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/ 28a. DATE OF INJU (Month, Day, Ye	JRY bar)	DOA 4 28b. TIME C	THER:    Nursing Horo OF 28c, IN Y W   1	ne 5 Residence JURY AT ORK? YES 2 NO	28d. DE	er (Specify) SCRIBE HOW I		
EXAMMER?  1 YES 2 NO  27. MANNEB-OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be	28a. DATE OF INJU	JRY bar) JURY — At hom	DOA 4 28b. TIME C	THER:    Nursing Horo OF 28c, IN Y W   1	ne 5 Residence JURY AT ORK? YES 2 NO	28d. DES	er (Specify) SCRIBE HOW I	and Number or	Rural Route Number,
EXAMINER?  1 YES 2 NO  27. MANNEB-OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	26a. DATE OF INJU (Month, Day, Ye)  28a. PLACE OF INJ	JRY bar) JURY — At hom	DOA 4 28b. TIME C	THER:    Nursing Horo OF 28c, IN Y W   1	ne 5 Residence JURY AT ORK? YES 2 NO	28d. DES	SCRIBE HOW I	and Number or	
EXAMINER?  1 YES 2 NO  27. MANNES OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  CERTIFVING PHY	26a. DATE OF INJU (Month, Day, Ye)  28a. PLACE OF INJ	JRY bar) JURY — At home (Specify)	DOA 4 28b. TIME C INJUR a, farm, atre	THER:  Nursing Horor  Property 28e. IN  M 1   oet, factory, offi	JURY AT ORK? YES 2 NO	28d. DES	SCRIBE HOW I SCRIBE HOW I CATION (Street or Town, State)	and Number or	Rural Route Number,
EXAMINER?  1 YES 2 NO  27. MANNEB OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHY	28a. DATE OF INJU (Month, Dey, 16  28a. PLACE OF INJ building, etc. ( SICIAN: To the best of my k	JURY — At home (Specify)	DOA 4 28b. TIME C INJUR  a, farm, atre	PTHER:  Nursing Hos  North  Nursing Hos  Nur	The Saldence Survey of	28d. DE:	SCRIBE HOW I  CATION (Street or Town, State)  use(s) and mai	and Number or	Rural Route Number,
EXAMINER?  1 YES 2 NO  27. MANNES OF DEATH  1 Netural 5 Pending investigation  2 Accident investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHY	28a. DATE OF INJU (Month, Day, 16  28a. PLACE OF INJ building, etc. (  SICIAN: To the best of my k	JURY — At home (Specify)	DOA 4 28b. TIME C INJUR  a, farm, atre	PTHER:  Nursing Hos  North  Nursing Hos  Nur	The Saldence Survey of	28d. DES  28d. DES  28f. LOC  City  ue to the car  the time, date	SCRIBE HOW I  CATION (Street or Town, State)  use(s) and mai	and Number or	Rural Route Number,
EXAMINER?  1 YES 2 NO  27. MANNEB-OF DEATH  1 Netural 5 Pending investigation  2 Accident  3 Suicide 6 Could not be determined  296. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	28a. DATE OF INJU (Month, Day, 16  28a. PLACE OF INJ building, etc. (  SICIAN: To the best of my k	JURY — At home (Specify)	DOA 4 28b. TIME C INJUR  a, farm, atre	PTHER:  Nursing Hos  North  Nursing Hos  Nur	JURY AT ORK? YES 2 NO	28d. DES  28d. DES  28f. LOC  City  ue to the car  the time, date	SCRIBE HOW I  CATION (Street or Town, State)  use(s) and mai	and Number or	Rural Route Number, ause(s) and manner as stated

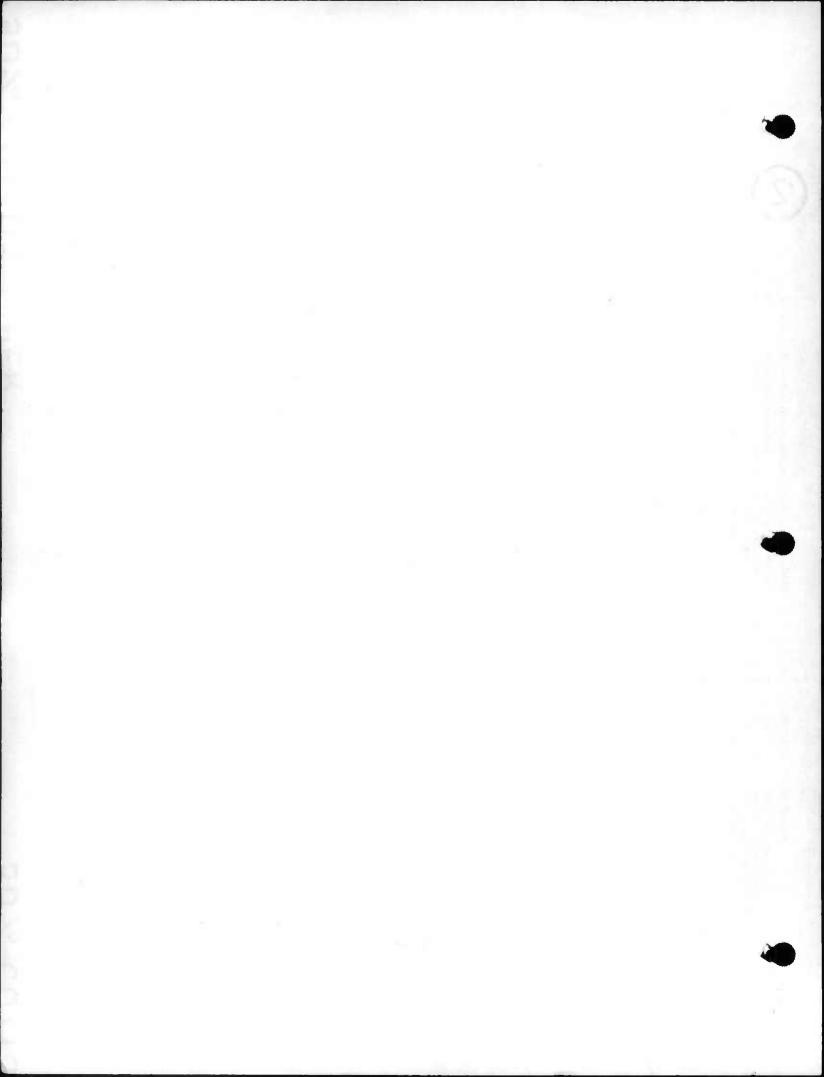
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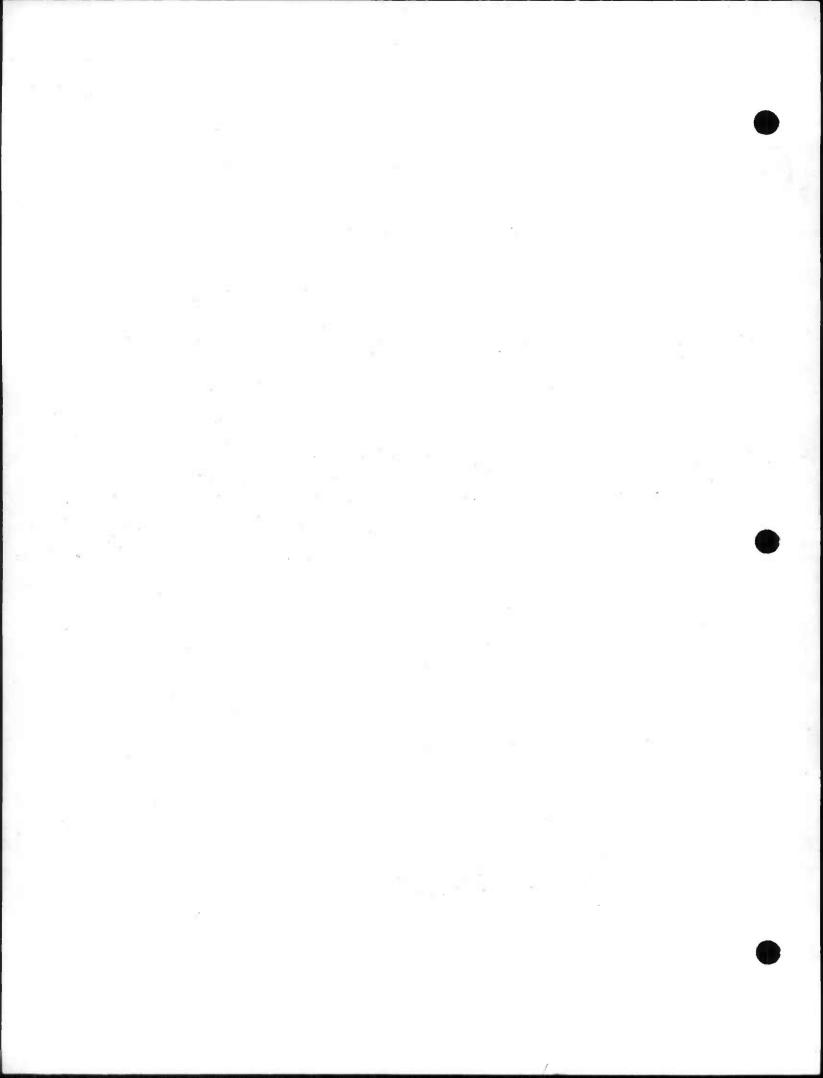
Frederick, Md.

9th St./



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SPI	NEF	ig.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner m
E H	E FU	W P	FITA
표	王	fee	00
2	2	8	=
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within — Yours after death. Page ITO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within — Yours after death. Page ITO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

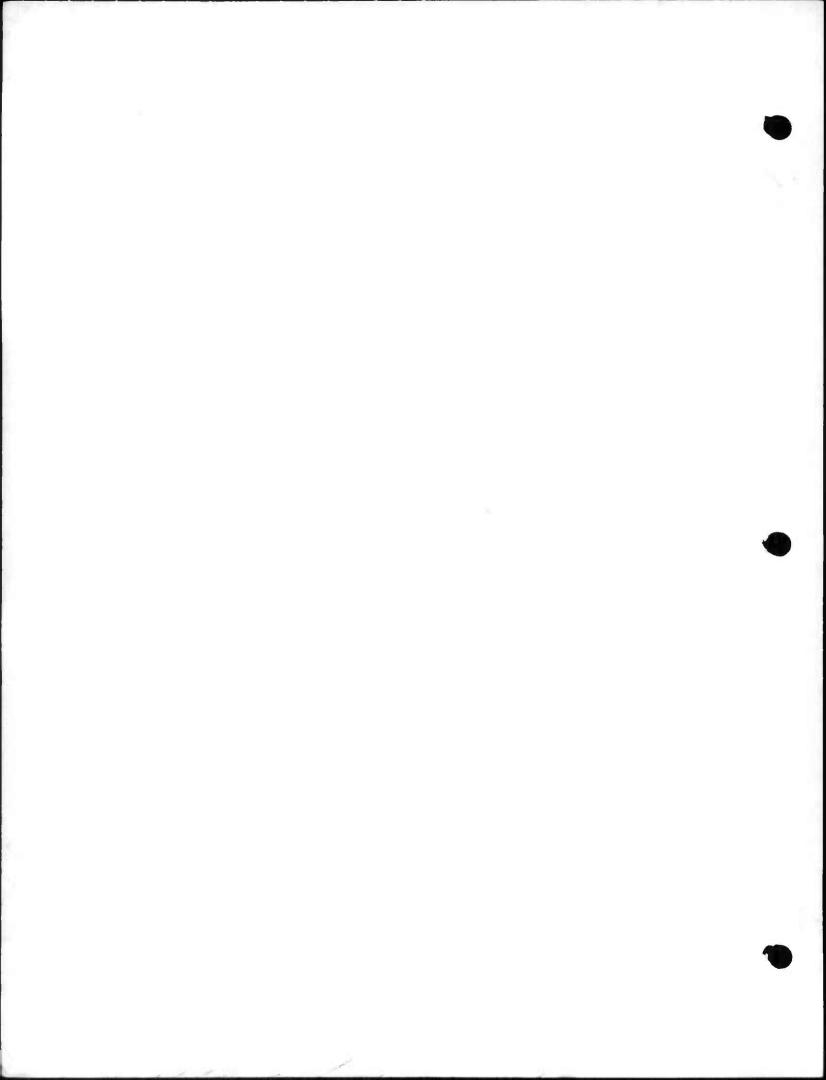
	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF H		MENTAL HYGIEN		14 04647
	1. DECEDENT'S NAME (First, Middle, Last)	Robert	Arthur	Atchison		2. DATE OF DEATH		3. TIME OF DEATH
	ROBERT	A F	ATCHI.	SON		MONTH S	1 9 G	VEAR 11 05 AM
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	16	BIRTHPLACE (State or Foreign Country)
	141-24-4597	1 2 M 2 🗆 F	65 YRS.	MONTHS DAYS	HOURIL MIN.	Jan. 22,	1929	Ohio
	9a. FACILITY NAME (If not institution, give :	street and number)		96. CITY, TOWN C	OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH
6	Suburban Hospita	1		Bethe	sda		Mont	gomery
EG	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ	10c, C/1	TY, TOWN OR LOCAT	ION			10d, INSIDE CITY
DIRECTOR	Maryland Mont	gomery		ockville				LIMITS?
	10e. STREET AND NUMBER	<u> </u>			. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	6301 Tuckerman	Lane			208	352	Unite	ed States
1 5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13, WAS DEC	ENDENT OF HISPANI	IC ORIGIN? (Specify Ye		I. RACE — American Indian,
BY F	1 Naver Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	DATES		ecity Cuban, Mexican 2 NO Specify:			Black, White, atc. Specify:
			1					White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)		Work done during mo		Flight		
12	Elementery/Secondary (0-12)	College (1-4 or 5+) 4		cal Engi	neer	Defense		30013
N O	17. FATHER'S NAME (First, Middle, Last)		Letecolt	car chigi		AE (First, Middle, Maider		
	Thomas C. Atch	ison					weathe	er
BE (	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a				
2	Ruth M. Atchis	on	4740	Connecti	cut Aveni	Je. NW. #3	L014. V	Vashington, DC
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 X Cremation 3 ☐ Ram	21				DATE 20c. LC	DCATION - CIT	y or Town, State
	4 Donation 5 Other (Specify)	Ce	Suburban	_Cremator	· y	2-3 Sil	ver Sp	ring, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	ADDRESS OF FAC	Services,	D A	
945	· Cleen	Kap	P					ng, MD 20910
	23. PART I. Enter the diseases, or	complications that cause	ed the death. Do					
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only ona csuse on	each lins.					Intarval Between Onset and Daath
	disease or condition resulting in death)	· ENCE	PUBL	APATH	11/			al NAVI
		DUE TO (OR AS	A CONSEQUENCE O	F):	-/			of DIX
Z	Sequentially list conditions,	a CIRR	HORIC					INDER
Ĕ	if any, lasding to immediata cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):				
임	CAUSE (Diseasa or injury that initisted events	c. DUE TO (OR AS	A CONSEQUENCE O	F):				
CERTIFICATION	resulting in dasth) LAST	4		,				j I
	DART II ON A THE WAY	0.						
¥	PART II. Other significant condition		but not reaulting	in the underlying	g cause given in F		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	ALCOHOLL	<i>\$171</i>				1 YES	2 NO	COMPLETION OF CAUSE OF DEATH?
M								1 TYES 2 NO
PHYSICIAN:	OF THE CASE DEFENDED TO MEDICAL							
D .	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	A178 FE 1	28. PL	ACE OF DEATH (Che	ck only one)		
1×S	1 ☑ YES 2 ☐ NO  27. MANNER OF DEATH	1 Proportion 2 ER/Ou 28s. DATE OF INJURY			e 5 🗆 Residence (			
	1 Netural 5 Pending	(Month, Day, Year)		JURY WO	RK?	28d. DESCRIBE HOW	INJUNY OCCUP	REU
B	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF INJUR	IY — At home, farm,			28I, LOCATION (Street	and Number or	Rural Bouta Number
	4 Homicide 8 Could not be determined	building, etc. (Sp	ecify)			City or Town, State		,
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kno	wiedge, death occur	ad at the time date	and place, and du-	to the councies and	Moor on state 4	
JMC								cause(e) end mannar as stated,
	29b. SIGNATURE AND TITLE OF CERTIFIE		- (		29c. LICENSE NUM		· · · · ·	NGNED (Month, Day, Year)
BE (	Amenn	11/1	1110	A	DOTAS	4	D 1/5	sku
0	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	(Errill)	10/	/	DA	177
	FRANCIS C MA	468 /0215	FERNJU)	000 /10	BETH	FSDA	MA	20812
	31. DATE FILED (Month, Day, Year)	32. AEGISTRARYS SIG	NATURE DANGE			J- 4/1		- 707-7-
	FEB 0 3 1994	Juna viena	101 A-1/AI PAGE					



		8	
BALTIMORE, MARYLAND 21215-0020	be executed within 2. Fours after death, Page 6 may be retained by the hospital or attending physician.	clan and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe for to burial, cremation, or removal,	
9	fing	華	
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATI	E OF DEATH	PEG NO

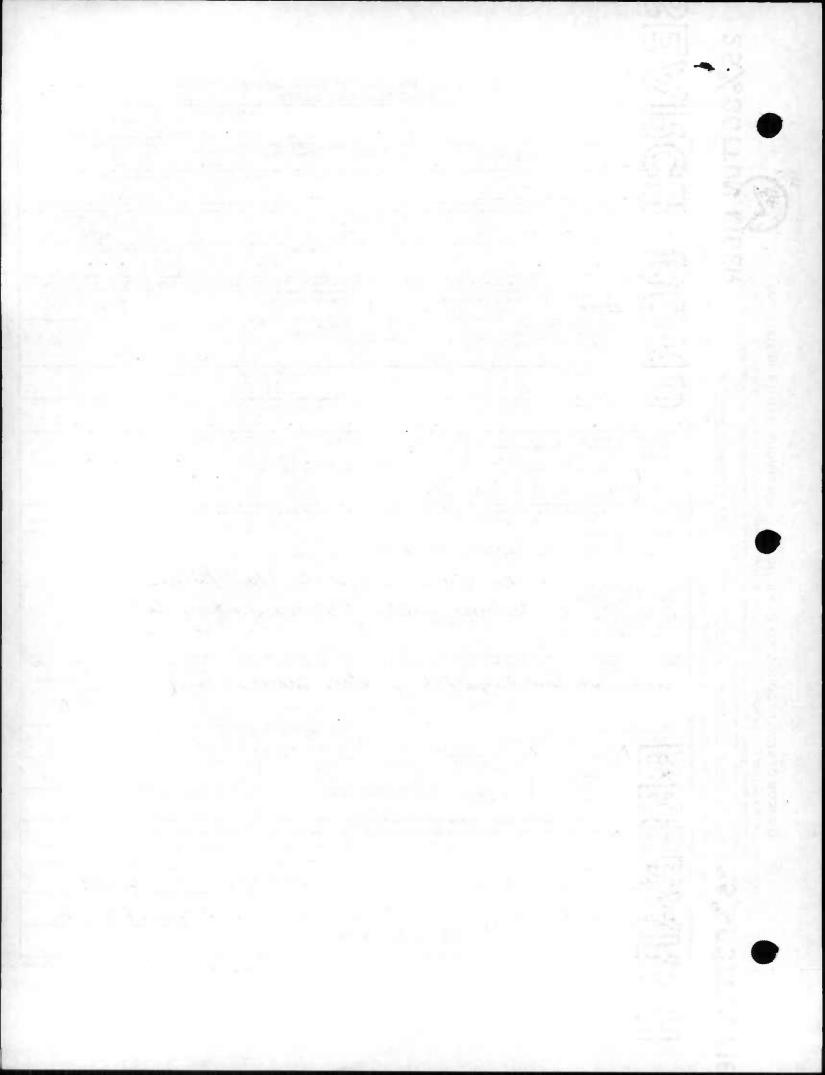
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN REG. NO	3 ~3	04648
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY 300 YEAR	3. TIME OF DEATN
i	Mary B Alder 4. social security number	5. SEX 8. AGE /	in yrs. lest birthday) II	F UNDER 1 YEAR	IF UNDER 24 HRS.	1 26		10:15a M
	220-44-2707  98. FACILITY NAME (If not institution, give s	1 □ M 2 🖾 F 9	6 YRS.	ONTHS DAYS	HOURS MM.	7. DATE OF BIRTIN (Month, Day, Year) 7/29/189	97 WAS	Ĥ.,DC
TOR	NATIONAL LUTH		9		KVILLE	EATN	MONTGO	
DIRECTOR	10e. STATE 10b. COUNT MD e	Y		OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL	100. STREET AND NUMBER	DADW.		10f.	ZIP CODE		CATAL STATE	WHAT COUNTRY?
NE I	LOCUST GROVE		III C ADMICO	1 42 1172 222	20630		U.S.	
B	1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		H was and	ENDENT OF NISPAI city Cuben, Mexica XXNO Specif	NC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	Blee	E — American Indian, sk, White, etc.
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mos		16b. KIND OF BUS	SINESS/INDUSTRY	
AP.	12	Conege (1-4 or 5+)	ACCOU	UNTANT		ACC	COUNTIN	G
COMPLET	17. FATHER'S NAME (First, Middle, Lest) HENRY BIEF	arp				ME (First, Middle, Meiden		
) BE	190. INFORMANT'S NAME (Type/Print)	EK	19b. MAILINO AC	ORESS (Street or		RIA I'I • D.		
5	VICTOR E. BIEF		Locus	r GROV	E FARM	, DRAYDEN		30
	20e. METHOD OF DISPOSITION  1 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE OF DESCRIPTION OF STREET	DISPOSITION (Nat DISCO) EK CEM	ETERY	2/1/94- V	CATION — City or T	own, State C
	21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	D ADDRESS OF FA	CILITY		
	W. M. k	tusono		1300	NG CO.	REET.N.W	, WASH.	, DC
	23. PART i. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one sause on ea	the death. Do not ach line.	enter the mod	te of dying, suc	h as cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death
NO	Sequentially list conditions,	. Are	CONSEQUENT OF	má	2/			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	. dr. ter	CONSEQUENCE OF CONSEQ	lero	Kie c	cardio	versen	len
ERTI	resulting in death) LAST	disco	ere					
A	PART II. Other aignificant condition			he underlying	cause given in	Part i. 24s. WAS AN PERFOR		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDIC	oup	y clook				1 □ YES 3	(XNO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ä								
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch			
Ĕ	27. MANNER OF DEATN	26s. DATE OF INJURY	28b. TIME O	F 28c, INJU	RY AT	6 Other (Specify)  28d. DESCRIBE NOW II	NJURY OCCURED	
BY	1 🔯 Natural 5 🗌 Pending 2 🔲 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆 Y	ES 2 NO			
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stree fy)	ot, factory, office		281. LOCATION (Street e City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 X CERTIFYING PHYSIC DESCRIPTION OF COMMENTS OF COMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS	CIAN: To the best of my knowle	edge, death occurred a	t the time, date on my opinion, de	ath occured at the	to the cause(s) end men	ner es stated.	s) end manner as stated.
BE C	284 STONATURE AND TITLE OF CERTIFIER		0		29c. LICENSE NUM			(Month, Pey, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	thur-	2	2170	26	1/2	6/94
	DR. CHARLES W				EET, M	r.AIRY,MI	. /	L
	JAN 3 1 1994	32. REGISTRAR'S SIGNA	TURE					



1. DECEDENT'S NAME (First, Michael WILBUR 4. SOCIAL SECURITY NUMBER 218-07-1081 9a. FACILITY NAME (If not instituted in the second instituted in t	STANLEY  5. SEX  1 MAID F  Hon, give street and number)  DRIAL HOSPIT  ENT  CARROLL	6. AGE (In yrs. let	YRS. MONTH	RET 1 YEAR SF UNDER 24 MRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF SEDERICK	7. DATE OF BIRTH (Month, Day, Year) Sep 23,	1994	3. TIME OF DEATH 11:20 AM BIRTINPLACE (State or Foreign Country) RYLAND	
4. SOCIAL SECURITY NUMBER 218-07-1081  9a. FACILITY NAME (If not instituted in the second instit	5. SEX  1 MATE F  DRIAL HOSPIT  ENT  CARROLL	6. AGE (In yrs. let	SI birthday)  YRS.  9b. CI  FR	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sep 23,	1.	BIRTNPLACE (State or Foreign Country)	
Sa. FACILITY NAME (If not institute FREDERICK MEMORES OF DECEDIO). STATE 100. STREET AND NUMBER 309 BUCHER JOH	Ion, give street and number)  ORIAL HOSPIT  ENT  COUNTY  CARROLL	83	YRS. MONTH	DAYS HOURS MIN.	Sep 23,	1910 MA	Country)	
FREDERICK MEMO  RESIDENCE OF DECED  10a. STATE  10d. STREET AND NUMBER  309 BUCHER JOH  11. MARITAL STATUS  1 Never Married 2 Mar	DRIAL HOSPIT  DRIAL HOSPIT  DRIAL COUNTY  CARROLL	'AL	FR		DEATN			
MD  10e. STREET AND NUMBER 309 BUCHER JOH  11. MARITAL STATUS 1 Never Married 2 Mar	CARROLL					FREDE	Y OF DEATH CRICK	
309 BUCHER JOI  11. MARITAL STATUS  1 Never Married 2 Mar	IN RD.		UNION B	OR LOCATION BRIDGE			10d. INSIDE CITY  AMOUTS?  1 YES 2 NO	
1 Never Married 2 Mar				101. ZIP CODE 2179	91	10g. CITIZE	N OF WHAT COUNTRY? U.S.A.	
THE TOUR	FORCES?	ENT EVER IN U.S. AF 1 YES 2 TO WAR OR DATES			NISPANIC ORIGIN? (Specify Yes or No— Maxican, Puerto Rican, stc.)  Specify:  Specify:			
15. DECEDE (Specify only hig Elementary/Secondary (0-12)	NT'S EDUCATION heat grade completed)  College (1-4 or 1	5 +) (G	ECEDENT'S USUAL Sive kind of work don Do NOT use retired	e during most of working		ENT CO.		
17. FATNER'S NAME (First, Middle ROLAND BUTLER	, Last)				A DYSON	en Sumame)		
19a. INFORMANT'S NAME (Type) CATHERINE B. I				SS (Street and Number or Rura P. JOHN RD. UN			MD 21791	
20a. METNOD OF DISPOSITION 1 Burial 2 Cremation 4 Donation 8 Other (Spe	3 Ramoval from Stata		AND DATE OF DISPONDING PROPERTY OF OTHER PROPERTY OF OTHER PROPERTY OF THE PRO	OSITION (Name of EMORIAL GARD)		OCATION — CIT	OERICK, MD	
21. SIGNATURAL OF FUNERAL SE	RVICE LICENSEE	'andle		2. NAME AND ADDRESS OF		HARTZI		
23. PART I. Enter the disease or condition resulting in death)	a. Alex	hat caused the de euse on each line al	lure			rdiac or respiratory arrest, Approximate Interval Betwee Onest and Das		
Sequentially list conditions If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	. dial	TO (OR AS A CONSE	QUENCE OF):	ystur k / Corona	yarten	de de		
PART II. Other algnificant of				underlying couse given i	nene.	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MI EXAMINER? 1 YES 2 N NO	HOSPITAL:	ER/Outpetient 3	OTHI	26. PLACE OF DEATH (6				
27. MANNER OF DEATH  1 Natural 5 Pen	26a. DATE (		28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	20d. DESCRIBE HOV	V INJURY OCCUP	RED	
3 Suicide 6 Cou	28a. PLACE	OF INJURY — Al hog, etc. (Specify)	ome, farm, street, fa	actory, office	281. LOCATION (Stree City or Town, Sta	et and Number or te)	Rural Route Number,	
anal .				e time, data and place, and do			cause(a) and manner as stated.	

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
KLEY, MD 915 Tollhouse Ave Scuto 203 Frederick MD 21701 SUSAN B. BRINKLEY

PEB 8



O, BALLIMORE, MARTLAND	withing yours after death. Page 6 may be retained by the hosp	npletely filled in by the funeral director, page 5 should be detache cremation, or removal.	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13140,	TO THE HOSPIDL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a wars after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

January Williams (1 Hot	t, Middle, Last)	DOROTHY M	AE BIDD	INGE	2				2. DATE OF MONTH	5,	1994	YEAR	3. TIME OF DEATH 6:40PM
4. SOCIAL SECURITY NUMBER 214-10-3731		5. SEX 1  M 2  F	6. AGE (In yrs. In	nt birthday) YRS.	IF UNDER 1 Y	_	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D JAN.	BIRTH (ay, 16ar)	916	Country	PLACE (State or Foreign) ARYLAND
9a. FACILITY NAME (If not in 9830 WOODS	BORO I				<b>9</b> ь. СІТУ, ТО		ERIC		ATH			NTY OF DI	eath ERICK
RESIDENCE OF DEC	10b. COUNT	EDERICK	-	10c. CIT	r, TOWN OR								10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 9830 WOODS		RD.			-	10f.	ZIP CODE	1701	701 U.S.A.				
11. MARITAL STATUS 1 Never Merried 2 2 3 Wildowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	if y	es, spe	NDENT O	, Mexica	IIC ORIGIN? ( n, Puerto Ric	Specify Yea an, atc.)	or No-	14. RACE Black Speci	— American Indian x, White, atc.
	CEDENT'S EDU ly highest gradi 0-12)			Sive kind of v a. Do NOT us		ing mos	l of worldn	9	16b. K	IND OF BUS			1075
7 17. FATHER'S NAME (First, A SILAS KLIN				SE	AMSTR	ESS	18. MOTH		ME (First, Mid FOGI	die, Maiden		FACTO	DRY
190. INFORMANT'S NAME ( ANN E. LON	**		16						Route Number, FREDE				01
20s, METHOD OF DISPOSIT 1	on 3 🗆 Ran r (Specify)		other p	ilace)	LL CEN	METI			CILITY D.	NR.	WOO		RO, MD  SONS
23. PART I. Enter the c			caused the d	eeth Do		_	DSBC			c or resoi	ireton, e		
IMMEDIATE CAUSE (Fi disease or condition reaulting in death)		Metasta	se on each lin	noca				ne C			matory an	reat,	Approximat interval Bet Onset and I
IMMEDIATE CAUSE (Fi	tions, addete	B. Metasta DUE TO	tic Ade	e. POCAI	F):			ne C				rest,	interval Bet Onset and
IMMEDIATE CAUSE (FI disease or condition reaulting in death)  Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj) that initiated events	nai	B. Metasta DUE TO  b. DUE TO  c. DUE TO	tic Ade (OR AS A CONSE (OR AS A CONSE	ENOCAL EQUENCE O	F): F):	na c	of th		olon	4e. WAS AN PERFOI I   YES 2	AUTOPSY		interval Bet Onset and
IMMEDIATE CAUSE (FI disease or condition reaulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj) that initiated events reaulting in death) LAS	tions, addete ling ury	B. Metasta DUE TO  b. DUE TO  c. DUE TO	Se on eech lin  TIC Ade  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  deeth but not	e. PROCATEOUENCE OF	F):  In the under	a.a. C	of th	given in	olon	4e. WAS AN PERFOI	AUTOPSY		interval Bet Onset and I 10 yes
IMMEDIATE CAUSE (Fi disease or condition reaulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or inj that initiated events reaulting in death) LAS  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 2 Accident	tions, addete ling ury	Metasta  DUE TO  b. DUE TO  c. DUE TO  d	Se on eech lin  LLIC Ade  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  death but not	ENOCAL EQUENCE O  COUENCE O  COUENCE O  TRESUlting  3 □ DOA  28b. Tile	F):  F):  OTHER: 4 □ Nursin	28. PL 28. INIT WOI 1   Y	ACE OF D  ACE OF D  B  RE  URY AT  RK?	given in	Part I. 2  neck only one) 6  Other ( 28d. DESC	Specify)	I AUTOPSY RMED? 2 NO INJURY Of and Number	24b	interval Bet Onset and I 10 yes

501 W. Seventh St., Frederick, MD 21701

Flandell.

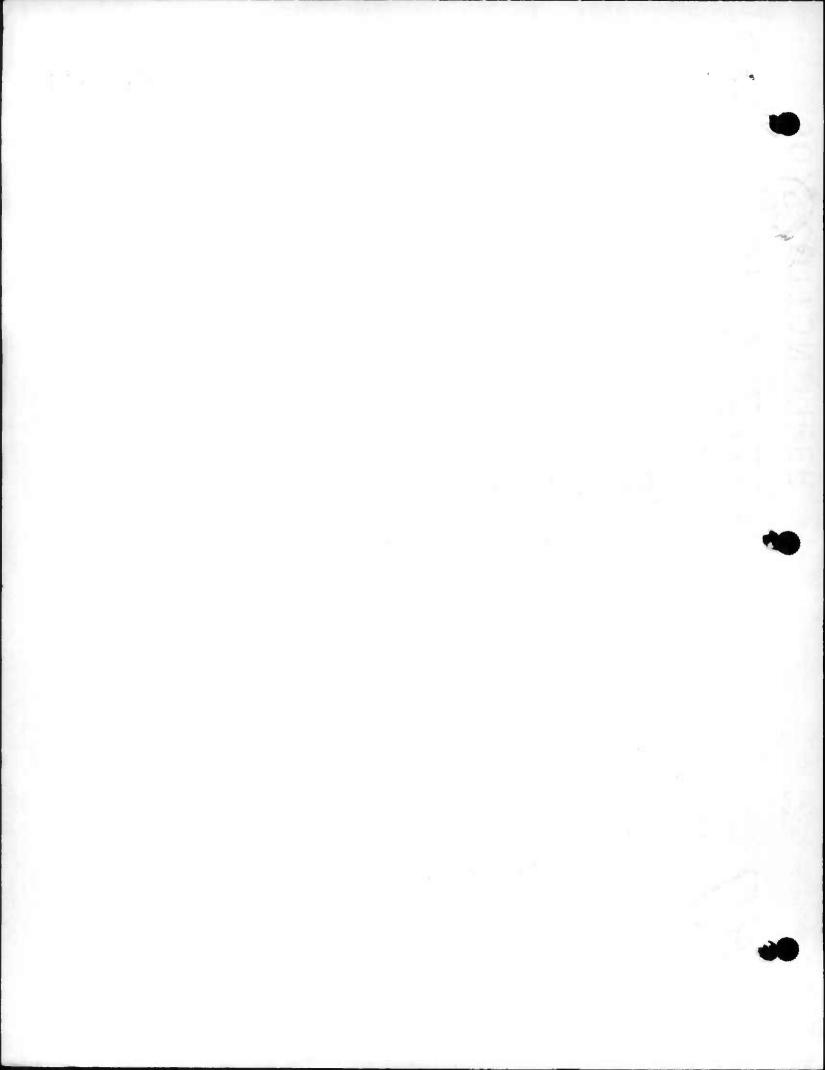
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

8 32. REGISTRAR'S SIGNATURE FAIRLY STANDARD

Brian M. O'Connor, MD

FEB

31. DATE FILED (Month, Day, Year)



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
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1. DECEDENT'S NAME (FI	rst, Middle, Last)			ERTIF	ICATE	OF	DEA	TH	2. DATE	REG. NO		14	TIME OF DEATH
CHARLES	BROW	N BR	OWNE						MONTE	H D	//94	YEAR	10:33P
4. SOCIAL SECURITY NU		5. SEX	8. AGE (In yrs. I	ast birthday)	IF UNDER			R 24 HRS.	7. DATE	OF BIRTH			ACE (State or Foreign
136-22-04		1 XM 2   F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	4	16/1	927	Per	nsylvan
90. FACILITY NAME (# not FALLSTON	GENE		SPITA	L			TON	ION OF D	EATN			IARFO	TH
RESIDENCE OF DI	10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION					1	Od. INSIDE CITY
Maryland	l j	Harford				Ja	rre	tts	vil	le			LIMITS?
10e. STREET AND NUMBE	R					Y	ZIP COD				10g. CITI		AT COUNTRY?
	2 Skyl	ine Cou						2108				U.S.	A.
11. MARITAL STATUS  1 Never Merried 2 [ 3 Widowed 4 Di	_	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W WORLD	YES 2 AR OR DATES	NO T		f yes, sp	city Cubi		n, Puerto I	I? (Specify Yee Ricen, atc.)	or No—	Specify:	
	ECEDENT'S EDUC	ATION	16a, C	ECEDENT'S	USUAL O	CUPATIO	N .		16b	KIND OF BU	SINESS/IND		casian
Elementary/Secondary	only highest grade (	College (1-4 or 5 +	,	(Give kind of te. Do NOT u					1		St	ate	of
12		10	E	merg	eney	Pr	epa	red	ness	3	Ma	ryla	nd
17. FATNER'S NAME (First,	100						18. MOT	HER'S NA		Aiddle, Meiden			
19e. INFORMANT'S NAME		known	1.	IOP WAILING	ADDRESS	(Penned o	and Absorber	o Duml		1know		0.41	
Scott A.		ev Sr.			ame		44		HOURS NUM	ser, City or low	n, Stare, Zip	Code)	
20a METHOD OF DISPOS 1 Burlel 2 Creme 4 Donation 5 Oth	ITION tion 3 - Remo		cemetery, c	rematory or o	OF DISPOS	ITION/Na	me of		2/C		CATION —	•	, State
21. SIGNATURE OF PUNE	History Land	POD RUN	J. III			NAME AN Kui	t Z	ss of fa Fun	era]	Hom Ma:	е		TTG. MA
Sequentially list condition is any, leading to immosure. Enter UNDERL CAUSE (Disease or intel initiated eventa resulting in death) LA	filtions, nedlate		OR AS A CONS	EOUENCE O	F):	na	yc	ritt	ry c	lisea	ee		
PART II. Other significant Bladd	or tum				in the un	derlying	Ceuse	given in	Part i.	24e. WAS AN PERFOR	MED?	C	FERE AUTOPSY FINDING WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 \( \text{NO} \) NO
Bulak	uern	0											
25. WAS CASE REFERRED		0				28. PL	ACE OF D	EATN (Ch	eck only on	e)			
		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	1:			eck only on				-
25. WAS CASE REFERRED EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN	TO MEDICAL	HOSPITAL:	INJURY	28b. TIM	4 🗆 Nun	t: ling Nom 28c. INJ WO	S R	eeldence	8 🗆 Othe		NJURY OCC	URED	
25. WAS CASE REFERRED EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATN  1 Natural 5 2 Accident 3 Suicide 8	Pending investigation  Could not be	HOSPITAL: 1 Inpetter 2 12 28e. DATE OF (Month, Da	INJURY	28b. TIM	4 🗆 Nun	28c, INJ WO	JRY AT RK?	eeldence	8  Othe	(Specify)			rle Number,
25. WAS CASE REFERRED EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATN  1 Natural S C Accident  3 Sulcide 8 MONICIDE	Pending investigation Could not be determined	HOSPITAL: 1 Inpetent 2 S  28e. DATE OF (Month, De	INJURY y, Year) FINJURY — At I inc. (Specify)	28b. TIM	4 Nurse Nurse Nurse Nurse M	8: sing Nom 28c. INJ WO 1 1 1	S R	NO NO	8 Other	CRIBE HOW I	and Number	or Rural Rou	ite Number,
25. WAS CASE REFERRED EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATN  1 Natural S 2 Accident 3 Suicide 8 4 Nomicide  29e. CERTIFIER (Check only)	Pending investigation Could not be determined	HOSPITAL:    Inpetient 2 Sylvanian   28e. DATE OF (Month, De 28e. PLACE Of building, CAN: To the best of the control of the co	NJURY y, Year)  NJURY — At Intc. (Specify)  Try knowledge, o	28b. TIM INJ	4 Number of State of	28c. INJ WO 1 1 1	S RUJRY AT RK?	NO NO	8 Other	CRIBE HOW I	and Number	or Rural Rou	ite Number,
25. WAS CASE REFERRED EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATN  1 X Netural S 2 Accident 3 Suicide 8 4 Nomicide  29e. CERTIFIER (Check only one) 2 ME	Pending investigation Could not be determined  RTIFYING PNYSIC EDICAL EXAMINER	HOSPITAL: 1 Inpetent 2 State of the best o	NJURY y, Year)  INJURY — At h  INC. (Specify)  my knowledge, c  amination and/o	28b. TIM INJ nome, farm,	4 Num E OF IURY M street, fectored at the ti	28c. INJ WO 1 1 1	o 5 Ry AT RK? ES 2 [ ond place path occu	NO NO	8 Othe 28d. DES 28f. LOC City to the cautime, date	r (Specify) CRIBE HOW II ATION (Street a or Town, State) se(e) end mer end place, an	and Number  where ee state d due to the	or Rural Rou ed.	
25. WAS CASE REFERRED EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATN  1 Natural S 2 Accident 3 Suicide 8 4 Nomicide  29e. CERTIFIER (Check only one) 2 ME  28B. SIGNATURE AND TITE  30. NAME AND ADDRESS	Pending investigation Could not be determined  RTIFYING PNYSIC EDICAL EXAMINEF LE OF CETTFIER OF PERSON WHO	HOSPITAL: 1 Inpetent 2 See. DATE OF (Month, De 28e. PLACE Of building, CIAN: To the best of the complete of th	NJURY y, Year)  INJURY — At refte. (Specify)  my knowledge, camination and/o	28b. TIMINIONOMO, farm, some, farm, some, farm, some, farm, some f	4 Num E OF UNY M attreet, fect	it: sing Nom 28c. INJ WO 1 1 1 Pory, office	s S R	NO N	8 Othe 28d. DES 28f. LOC Chy to the cautime, date	ATION (Street a property of the control of the cont	and Number  There e state d due to the	or Rural Round.  d. ceuse(e) a SIGNED (N	nd manner ee stated,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Deat. of Health and Mental Hybiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
SICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	IMPORTANT: It Item 28 is marked

	1 - STATE REGISTRAR		STATE OF N			TMENT				MENTA	L HYGIEN	- ( )	L	04652
	1. DECEDENT'S NAME (First		as BRUCH	EY. SR.						2. DATE	uary 2,		YEAR	3. TIME OF DEATH 7:05 AM
	4. SOCIAL SECURITY NUME 214-10-2114		5. SEX 1 XM 2 F	6. AGE (In yrs. In 82	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	of BIRTN	1	BIRTHI Couptry	PLACE (State or Foreign
OR	90. FACILITY NAME (If not in Frederick	Memori		tal				eric		EATH		9c. COUNT	of DE	
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY				Y, TOWN O		ION						10d. INSIDE CITY LIMITS?
	Maryland  100. STREET AND NUMBER	Fred	erick		Fre	deri		. ZIP COD	F			100 CITIZE	N OF W	1 X YES 2 NO
FUNERAL	474 West	South	Street					2170					S.A	
ВУ	11. MARITAL STATUS 1 Never Married 2 X 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO	- 11	yes, spe		m, Maxic	an, Puarto	N? (Specify Yes Rican, etc.)	or No- 1	Black,	- American Indian, , White, atc.
COMPLETED		EDENT'S EDUC y highest grade 1-12)		(C)	Give kind of Do NOT u	usual oc work done d se retired.)	luring mos	st of worki	ng	161	Federa			ment
OMP	17. FATNER'S NAME (First, M	liddle, Last)		710		· OCAL	Luk		HER'S N	AME (First,	Middle, Maiden		CLIE	BACITO
BE C	David		UCHEY								th HAN			
2	Mrs. Elsie		uchey								nber, City or Tow rederic			and 21701
	20s METHOD OF DISPOSIT A X Burlei 2 Crematic 4 Donation 5 Other		oval from State	20b. PLACE consetery, cri					wary	5, <b>1</b>		cation – ci lerick		wn, State aryland
	21. SIGNATURE OF FUNERA	M E	Traf	MO	0255	K	eene		nd B	asfo	rd P.A.			Home Md. 21701
	23. PART i. Enter the d													
	ehock, or h	aart fallure.	complications the List only one cau	t caused the de se on each line	eath. Do i e.	not enter	the mod	de of dy	ing, aud	ch aa cer	diac or respi	ratory arres	n1,	Approximate interval Between
	ehock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart fallure.	complications the	se on each line	stew	01		de of dy	. 1		diac or reapi	ratory arres	n1,	
N	ehock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart failure.	a. DUE TO	se on each line	QUENCE O	01			. 1		diac or respi	ratory arred	nt,	interval Between
CATION	ehock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY.	dona, diate	a. DUE TO	se on each line	e.  New  QUENCE O	01			. 1		diac or respi	ratory arre	n1,	interval Between
TIFICATION	ehock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme	iona, diate	a. Due to	turk	QUENCE O	n Or entre			. 1		diac or reapi	ratory arre	nt,	interval Between
L CERTIFICATION	ehock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated evente resulting in death) LAS	lona, diate	DUE TO	(OR AS A CONSE	OUENCE O	n Or Pi: extra Pi:	cul	fa	ili	url				interval Between Onset and Daath I wash
A.	ehock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or inju that initiated evente	lona, diate	DUE TO	(OR AS A CONSE	OUENCE O	n Or Pi: extra Pi:	cul	fa	ili	url	24a. WAS AN PERFOR	AUTOPSY IMED?		interval Between
MEDICAL	ehock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated evente resulting in death) LAS	lona, diate	DUE TO	(OR AS A CONSE	OUENCE O	n Or Pi: extra Pi:	cul	fa	ili	url	24a. WAS AN PERFOR	AUTOPSY IMED?	24b.	interval Between Onset and Daath  I WALK  I WALK  WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	ehock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or Inju that initiated evente resulting in deeth) LAS  PART II. Other eignifice	iona, diate NG ry	DUE TO	(OR AS A CONSE	OUENCE O	P:	derlying 28. PL	fa lum	given in	url	24e. WAS AN PERFOR	AUTOPSY IMED?	24b.	were autopsy findings and the completion of cause of death?
MEDICAL	ehock, or h IMMEDIATE CAUSE (Fili disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated evente resulting in deeth) LAS  PART II. Other eignifice	iona, diate NG ry	B. DUE TO	(OR AS A CONSE	QUENCE O	F):  OTHER  4   Nurse  RE OF	derlying 28. PL 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	g ceuse g	given in	Part I.	24e. WAS AN PERFOR	AUTOPSY BMED?	24b.	were autopsy findings and the completion of cause of death?
PHYSICIAN: MEDICAL	ehock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or Inju that infiltated evente resulting in deeth) LAS  PART II. Other eignifice  25. WAS CASE REFERRED T EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5	iona, diate NG ry	B. DUE TO	(OR AS A CONSE  (OR AS A CONSE	QUENCE O  OUENCE O  Teeuiting  DOA  28b. Tin	OTHER  OT	28. PL 1: ing Homo 26c. [NJ] 1   Y	ACE OF D  ACE OF D  TRK?  TRK?	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY BMED?	24b.	were autopsy findings and the completion of cause of death?
BY PHYSICIAN: MEDICAL	ehock, or h IMMEDIATE CAUSE (Fili disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated evente resulting in deeth) LAS  PART II. Other eignifice  25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6	iona, diate NG Iry T Condition	a. DUE TO	(OR AS A CONSE	QUENCE O  OUENCE O  Teeuiting  DOA  28b. Tin	OTHER  OT	28. PL 1: ing Homo 26c. [NJ] 1   Y	ACE OF D  ACE OF D  TRK?  TRK?	given in	Part I.  heck only of 6 Other 28d. DE	24a. WAS AN PERFOR	AUTOPSY IMED? NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	ehock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or inju that initiated evente resulting in deeth) LAS  PART II. Other eignifice  25. WAS CASE REFERRED T EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5   2 Accident 3 Suicide 6   4 Homicide  29e. CERTIFIER (Check only) 1 CERTI	on a, dilate NG III Condition  MEDICAL  Pending Investigation Could not be determined	a. DUE TO	(OR AS A CONSE  (INJURY ay, Year)  FINJURY — At heetc. (Specify)	QUENCE O  OUENCE O  OUENCE O  Teeuiting  B DOA  28b. Till IN.  Dome, farm,	OTHER 4 Nurse OF JURY M	28. PL: ing Home 28c. INJ 1	ace of D  ace of D	given in	Part I.  6 Oth 28d. DE 28f. LOI City	24a. WAS AN PERFOR 1 YES 2  The results of the resu	AUTOPSY IMED? NO  NJURY OCCU	24b.	were autopsy findings available Prior to Completion or cause of Death
PHYSICIAN: MEDICAL	ehock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or inju that initiated evente resulting in deeth) LAS  PART II. Other eignifice  25. WAS CASE REFERRED T EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5   2 Accident 3 Suicide 6   4 Homicide  29e. CERTIFIER (Check only) 1 CERTI	D MEDICAL  Pending Investigation  Could not be determined  FIFYING PNYSICAL EXAMINE	B. DUE TO	(OR AS A CONSE  (INJURY ay, Year)  FINJURY — At heetc. (Specify)	QUENCE O  OUENCE O  OUENCE O  Teeuiting  B DOA  28b. Till IN.  Dome, farm,	OTHER 4 Nurse OF JURY M	28. PL: ing Home 28c. INJ 1	ACE OF D  ACE OF D  TRK?  TRK?  and place eath occur  29c. LICl	given in seldence NO	Part I.  Peck only o  G Oth  28d. DE	24a. WAS AN PERFOR 1 YES 2  or (Specify)  SCRIBE HOW II  CATION (Street a or Town, State)  HUSe(a) and mer	AUTOPSY IMED?  NO  NJURY OCCU and Number of	24b.  RED  Rural R.  J.  cause(a)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) 2-4-

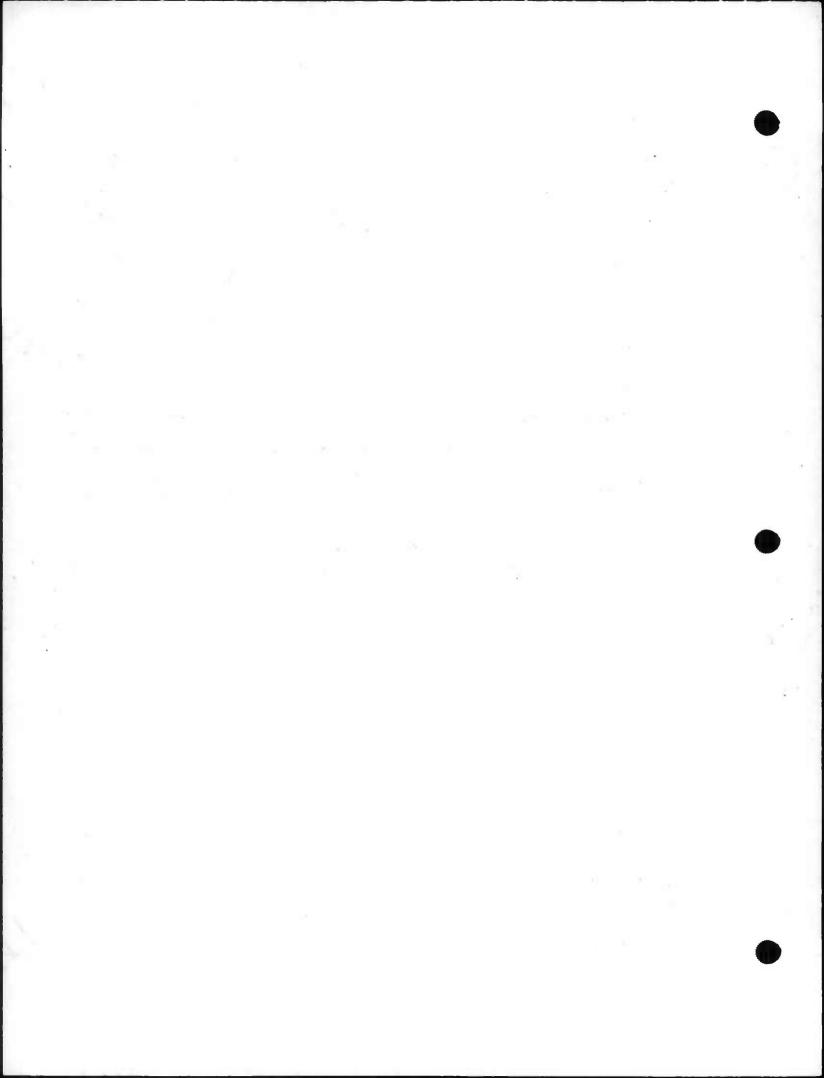
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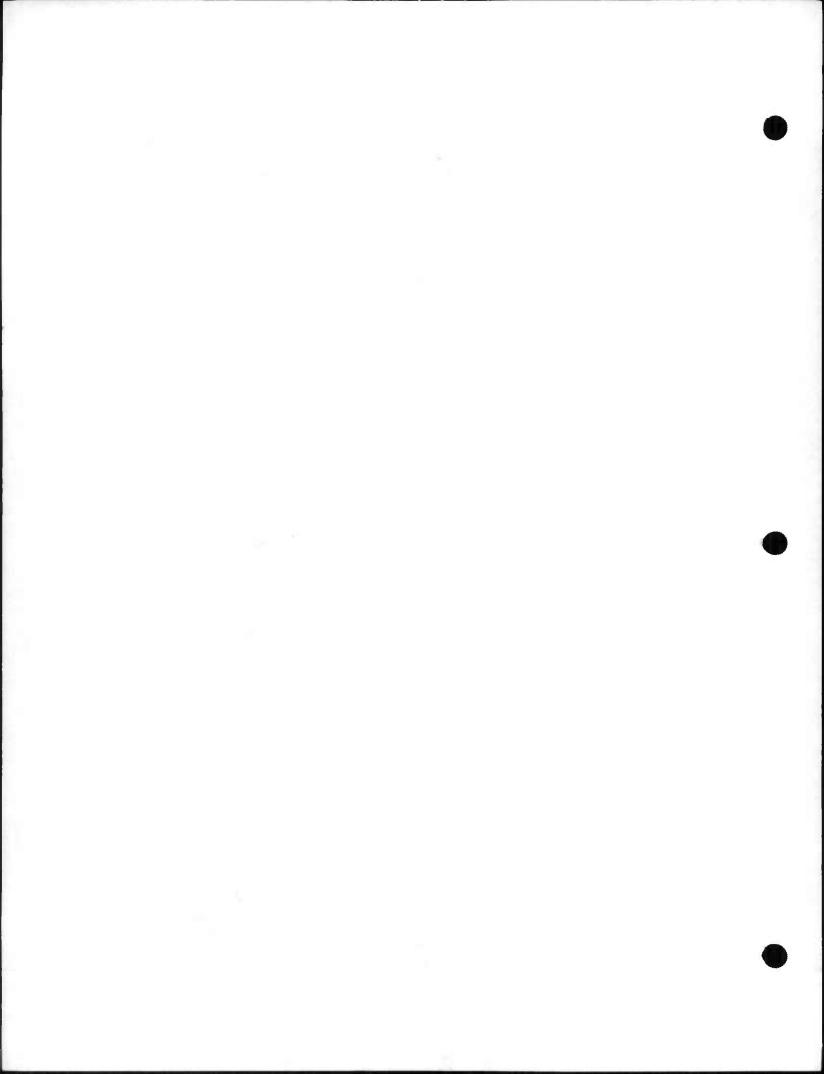
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FRED



		FOR 1 - STATE REGISTRAR	STATE OF MAR			TMENT OF H		ND MENTAL HYGIE	IVE	04653
		1. DECEDENT'S NAME (First, Middle Last)	Lent	Wild	on	Bo	aller	2. DATE OF DEATH		EAR 10:48 G.
0		4. SOCIAL SECURITY NUMBER 214-48-2764	1 🖟 🕯 2 🗆 F	GE (In yrs. las		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	HRS. 7. DATE OF BIRTH (Month, Day Year)	1921 N	BIRTHPLACE (State or Foreign Country) Laryland
L	стоя	9a. FACILITY NAME (If not institution, give since Washington Count RESIDENCE OF DECEDENT				Hagers		OF DEATH		of DEATH Lington
ft. Pages 1	DIREC	10a. STATE 10b. COUNTY	ngton			gerstown				10d. INSIDE CITY V.LIMITS? 1 YES 2 NO
n. ansit permi	FUNERAL	1380 Marshall St	reet			101	2174	0	U.S.	N OF WHAT COUNTRY?
21215-0020 al or attending physician. for use as the burial-transit	ВҰ	11. MARITAL STATUS  1. Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X	MED	If yes, sp	cify Cuben, I	HISPANIC ORIGIN? (Specify Mexican, Puerto Rican, etc.) Specify:	Yes or No- 14	RACE — American Indien, Black, White, etc. SpecifyWhite
21 al or for u	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Gi				Washin	gton Co tarded	unty Associat Citizens
	BE CON	17. FATHER'S NAME (First, Middle, Lest) Wilson BAKER					16. MOTHER Rut	h RIDGLEY	en Sumame)	
E, MAR be retained to the 5 should be notified	10	Sarah P. Miller						Aural Aoute Number, City or 1 Hagerstown		
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		20m METHOD OF DISPOSITION 142 Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE					Februa	ry 4, 1994 Fr		, Maryland
BALTIN after death. Pag by the funeral di moval.		▶ Richard E.	Graf	M002		106	East C		Frederi	ck, Md. 21701
in 24 hours ely filled in thation, or res the media		23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	. A CUE	n each line				ntayet Ntayet Wessel a		interval Betwee
P.O. BOX 687( certificate be executed nding physician and con Hygiene prior to buriat, or other traumatte or	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEC	IUENCE OF	): 	man /	Wend a	luone	15 you
OF VITAL RECORDS, F PHYSICIAN: The law requires that the death this certificate has been signed by the atte with the State Dept. of Heatth and Mental tked, or Nem 23 shows any Injury, or	MEDICAL	PART II. Other significant condition	s contributing to deat	h but not r	esulting in	the underlying	j cause glw	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
VITA CIAN: The I srtificate ha the State Do or Item 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 S	HOSPITAL:	Outpatient 3	□ DOA	OTHER:		M (Check only one) ence 8 Officer (Specify)	Place	of with
	BY	27. MANNER OF CEATH  1 Heatural 5 Pending 2 Accident Investigation	28s. DATE OF INJUI (Month, Day, Yes 28s. PLACE OF INJU	nr)	28b. TIME	M 1 1	RK? 'ES 2 N	7/		
8 8 8 B	LETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	Specify)				281. LOCATION (Stree City or Town, Sta	ite)	nurei Houre Murroer,
TO THE HOSPITAL ( TO THE FUNERAL DE filed within 72 ha	COMPLET	one) 2 MEDICAL EXAMINE						d due to the cause(s) and n		ause(s) and manner as stated.
TO THE DE FILE OF THE INPORT	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES  30. NAME, AND, ADDRESS OF PERSON WHO	MD.	Cuna	P	hyxan	29c, LICENS	14359 14359	≥ 2 DATE S	GNE (Month, Day, Year)
		ROBERT BUCK 31. DATE FILED (Morith, Day, 16at)	IMD. 1	1459	Po	toma	AL	De. Ka	gensi	town
		2-4-94	32. REGISTRAR'S S	4doon-1	fande				A	



page 5 should be detached for use as the burial-transit

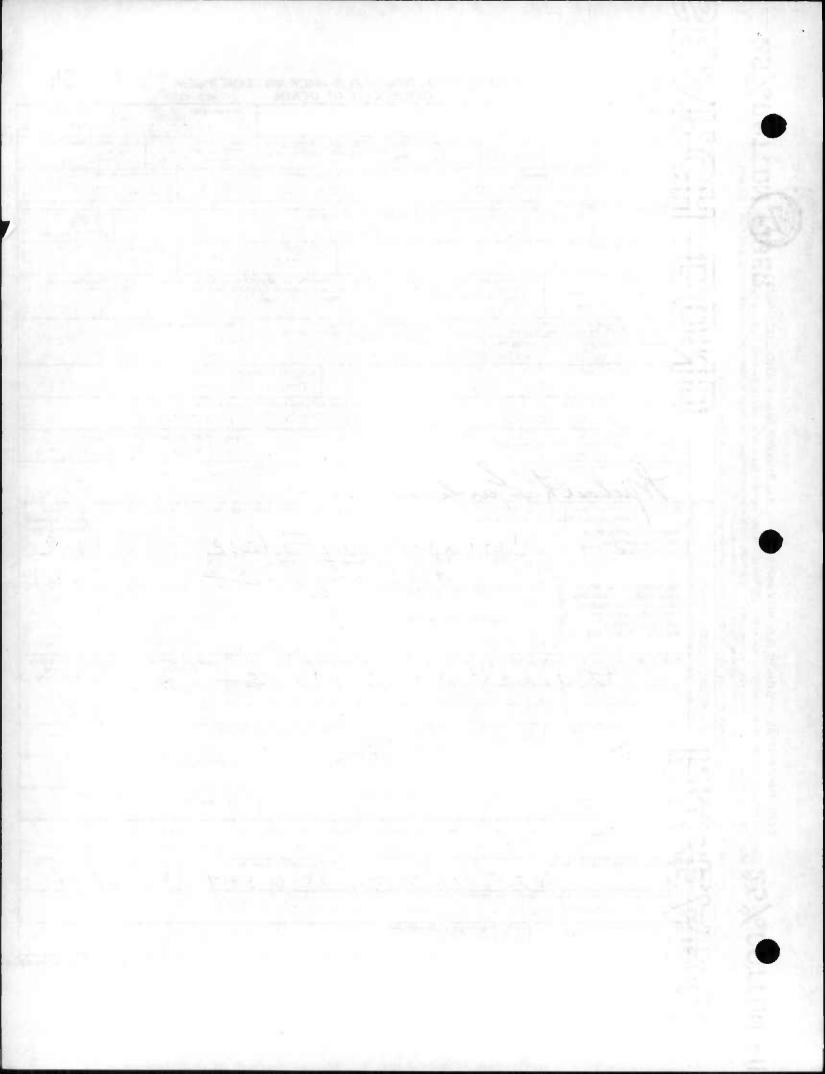
Patrick

Ì	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	RTMENT OF H	EALTH AND DEATH	MENTAL HYGIEN REG. NO	E 94	04654
	1. DECEDENT'S NAME (First, Middle, Last) Hilda	Veronica		nagan		January 2	6, 199	
	4. SOCIAL SECURITY NUMBER  220-50-6709  9a. FACILITY NAME (If not institution, give a	1 🗆 M 2 🔼 F	AGE (In yrs. leet birthday)  90 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) January 4		
TOR	St. Mary's Nursin			Leonar		EATH		Mary's
DIRECTOR	Maryland 106. COUNTY	St. Mary		Colton'				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Brown Road				20626		US	OF WHAT COUNTRY?
37	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	If yes, sp		NIC ORIGIN? (Specify Yes an, Puarto Rican, etc.) y:	or No 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 12th GRade	Cation completed) College (1-4 or 8+)	(Give kind of the Do NOT us	USUAL OCCUPATION Work done during mose retired.)	st of working	166. KIND OF BUI	C Scho	
BE COM	17. FATHER'S NAME (First, Middle, Last) Andrew Jacks		orris	OI Teach		ME (First, Middle, Melden Cathe	Sumame)	Hill
TO B	19a. INFORMANT'S NAME (Type/Print)  James Marshall Bo	anagan				Acute Number, City or Tow Dell, Maryl		0606
	20e. METHOD OF DISPOSITION 1 Separation 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE of comelery, crematory or of Sacred He	eart Cem.	1/2	29/94 Bus	. boowd:	or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Lar	diner	Matti	ngley-Ga	rdiner Fun	eral H	ome, P.A. ryland 20650
	23. PART/I. Enter the diseases, or cahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Card	aused the death. Do on each line.	not enter the mo	fact	h as cardiec or reep	ratory arrest	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	6	AS A CONSEQUENCE OF	1		28		yss
PHYSICIAN: MEDICAL CER	PART II. Other algorificant condition	ne contributing to dec		In the underlying	g cause given in	e PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL:	R/Outpetlant 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch	6 Other (Specify)		N.H
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Dey, )	Year) INJ	M 1 1	PRK?	28d. DESCRIBE HOW I		
ETED.	3 Suicide a Could not be determined	building, etc.				281. LOCATION (Street City or Town, State)		Rural Route Number,
COMPLETED	(Check only 1 CERTIFYING PHYSI		knowledge, death occurring					nuse(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIED		1	11	29c. LICENSE NU	MBER	29d. DATE SI	GNEO (Month, Day, Year)

Janoce, M.D. Leonardtown, Maryland

20650

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	e law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
AL RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed within 24 hour	has been signed by the attending physician and completely filled in by the f Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

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After death

DIRECTOR: /

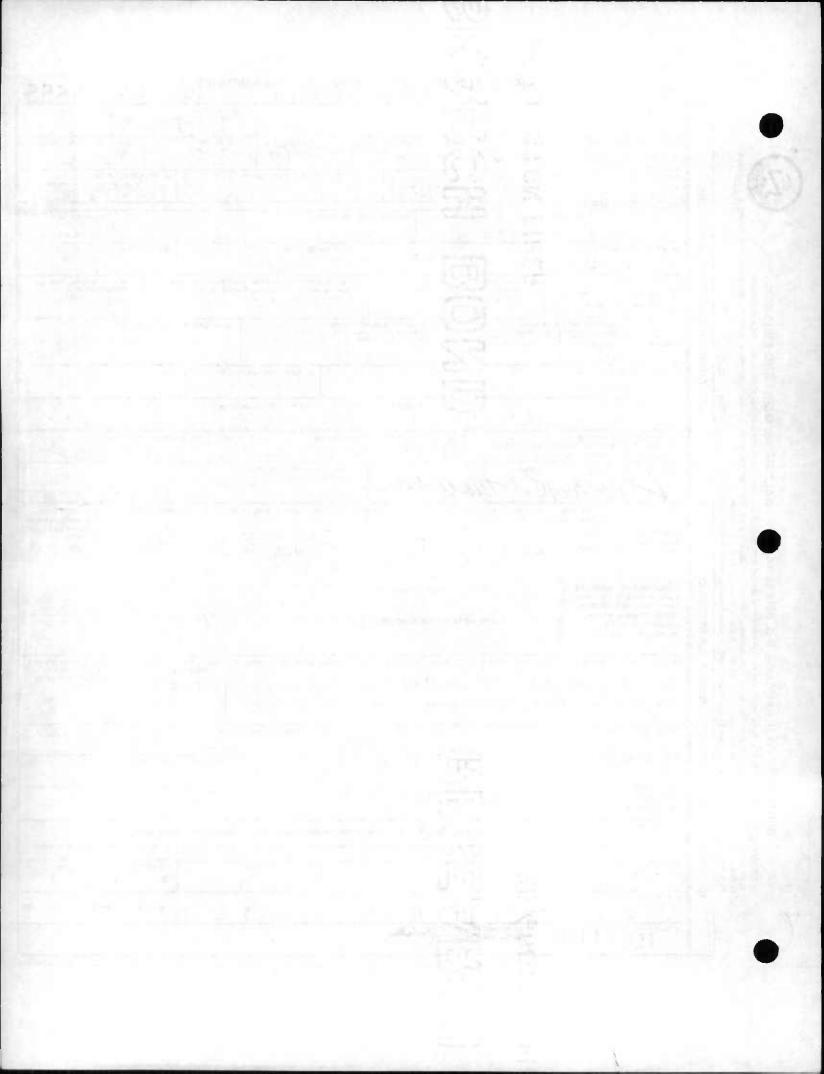
FUNERAL WITHIN 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

OR ATTENDING PHYSICIAN:

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middlen Last) 2. DATE OF DEATH BAKER 01-4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 02-11-1916 DAYS Maryland 1 M 2 X 213-16-2682 9c. COUNTY OF DEATN SHIRLY Grove and nymbers to the street and n 96. CITY, TOWN OR LOCATION OF DEATH ROCK VILLE DIRECTOR 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery 1 N YES 2 NO Rockville 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2013 Martins Lane 20850 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. Married 2 Married 3 1 YES 2 NO Specify: Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) 12th Domestic 17, FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Robert Baker Virgie Mahoney 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Kevin Mudgett (Friend) 650 Golden Gate Point, Sarasota, FL 34236 20s. METHOD OF DISPOSITION
2CPBurisi 2 Cremation 3 Removal from State
4 Donation 5 Differ (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Lincoln Park Cemetery 2/5 Rockville. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Oatcell Carcinoma of Left Lung, Extensive Stage ATGELL CARCINOMA OF LEFT LUNG, EXTENSIVE STAGE 6 MOS **IMMEDIATE CAUSE (Final Onset and Death** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL HEONIC OBSTRUCTIVE PULMONARY DISCOUT 1 TES 2 NO DF DEATH? ARTERIOSCUROTIC CARDIOVASCULAR DURASE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural м 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Nomicide 29e. CERTIFIER

(Chack and CERTIFVING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner as stated. MINISTURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE STORUL 0 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

14808 PHYSICIANS



#10e., 2/3/94, G.F. Montgomery Co.

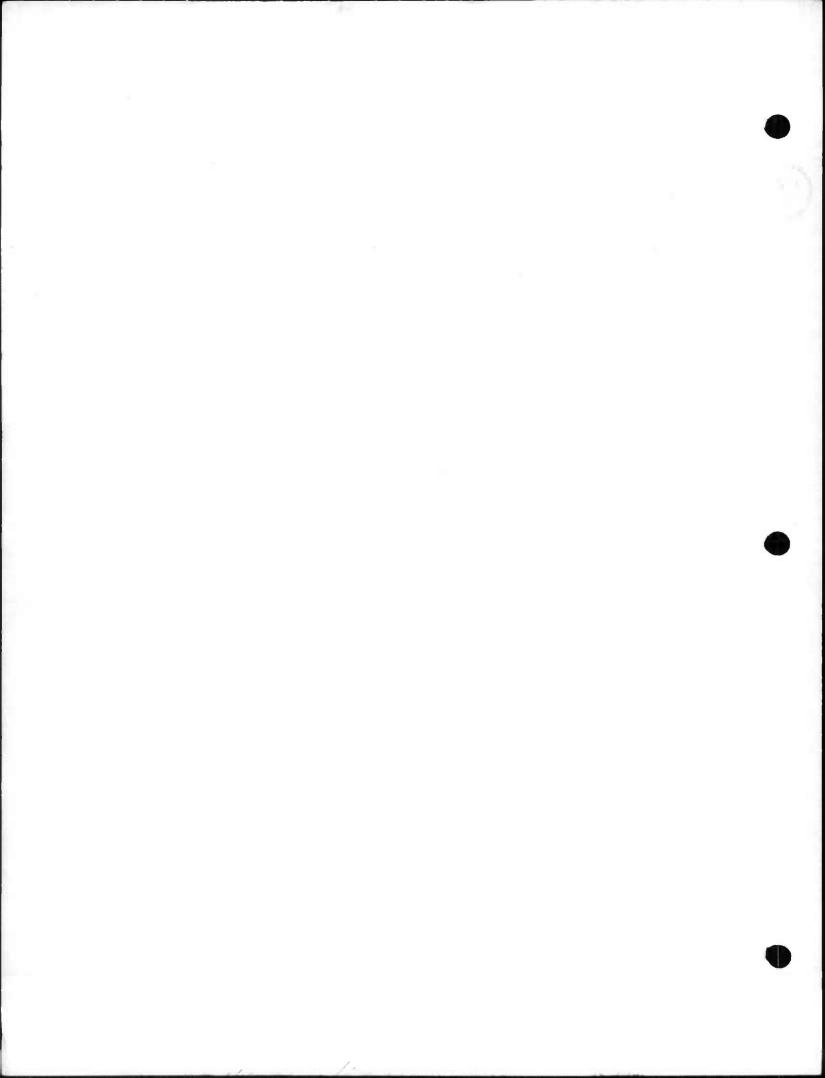
	REGISTRAR		CER	TIFICATE	OF	EALTH AND DEATH	MENTA	REG. NO		94	04656
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	MY		3. TIME OF DEATH
		J. Burger					_	iary 2		994	5;30 A
	4. SOCIAL SECURITY NUMBER		In yrs. last birti	MONTHE	1 YEAR DAYS	IF UNDER 24 HRS.	7. DATE	OF BIRTH		Countr	PLACE (State or Foreign
	175-18-2279	1 K M 2 - F	73 v	RS.				th. Day. Year)	1920	Penr	ísylvania
r	9a. FACILITY NAME (If not institution, give 1270 Springtree	Dr. 12710 Spr	ringtr	9b. CITY		OR LOCATION OF D	HTA			INTY OF D	
5	RESIDENCE OF DECEDENT	Dr.	ingui	211	ver	Spring			Mont	tgome	ery
DIRECTOR	10a. STATE 10b. COUNT	TY	10	c. CITY, TOWN C	R LOCAT	TION					10d. INSIDE CITY
	Maryland Mont	gomery		Silver	Spr	ino				ı	LIMITS?
FUNERAL	100. STREET AND NUMBER  12710 Springtre		rinat	ree Dr.	101	ZE CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?
N I						209					tates
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES	2 NO		yes, sp	ENDENT OF HISPA ecify Cuban, Maxic	an, Puarto	Y? (Specify Yes Rican, etc.)	a or No—	14. RACE Black	— American Indian, , White, atc.
5	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	Ti	1	☐ YES	2 NO Speci	lty:			Specif	White
3	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDE	NT'S USUAL O	CUPATIO	OH .	16	. KIND OF BU	SINESS/IN		
4	Elementary/Secondary (0-12)	College (1-4 or 5 +)	III DO N	nd of work done of IOT use retired.)	luring mo	st of working					
Louis		4	Manag	ger			1	lanufa	cturi	ng	
3	17. FATHER'S NAME (First, Middle, Last) Nicholas Burge:					18. MOTHER'S N			Surname)		
N N	19a. INFORMANT'S NAME (Type/Print)					France	_				
2	Dorothy Burger					nd Number or Rural					
	20s. METHOD OF DISPOSITION	T <sub>en</sub>				ree Dr.					
	1 Buriel 2 Cremation 3 Rem		etery, cremetor	ATE OF DISPOS y or other place)		1	30-94	1	CATION —		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSINE /	t. Lin	coln C	CEMA	ID AODRESS OF F	ACILITY		entwo	οα,	Md.
	+ deniis	M. A	_	H	TNES	S-RINALD	I FUI				
-	23. PART I. Enter the diseeses, or	complications that severe	l the death	1	1800	New Ha	mpsh:	ire Av	e Si	1ver	Spring, MI
	enock, or neart failure.	List only one ceuse on ea	ech line.	O not enter	the mo	ae or aying, suc	on as car	dec or resp	iratory an	rest,	Approximats Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	$C^{2}$	0.	( 4	. /	1					Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUEN		V 4	/					I V is a
	A			CE OF):	يون	/					g mo,
	Commenced in the control of the	b	1111111	CE OF):	يون.						8 ms.
= I	Sequentially list conditions, if any, leading to immediate	b DUE TO (OR AS A	NEW CO.		يون_						8 mu,
Z		с	CONSEQUEN	CE OF):							8 mos
TIFICAL	If any, lesding to immediate cause. Enter UNDERLYING	b DUE TO (OR AS A c DUE TO (OR AS A	CONSEQUEN	CE OF):							8 mos
CERTIFICAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	с	CONSEQUEN	CE OF):							8 mo,
اي	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	c DUE TO (OR AS A	CONSEQUEN	CE OF):	deriying	, ceuse given in	Part I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
اليد	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	c DUE TO (OR AS A	CONSEQUEN	CE OF):	deriying	J ceuse given in	Part I.	24. WAT AN PERFOR	IMED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE
اليد	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	c DUE TO (OR AS A	CONSEQUEN	CE OF):	deriying	g ceuse given in	Part I.	PERFOR	IMED?	24b.	AMAILABLE PRIOR TO
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	c DUE TO (OR AS A	CONSEQUEN	CE OF):	deriying	) ceuse given in	Part I.	PERFOR	IMED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	cDUE TO (OR AS A d	CONSEQUEN	CE OF): CE OF):	28. PL	J couse given in		1   YES 4	IMED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH
SICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO (OR AS A  d.  ns contributing to death be  HOSPITAL: 1   topatient   2   ER/Output	CONSEQUENT	CE OF): CE OF): Ing in the un	28. PL:	ACE OF DEATH (CI	neck only o	PERFOR	IMED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH
THI SICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  10	d	CONSEQUENT CONSEQUENT ut not result	CE OF): CE OF): Ing in the un	28. PL: ing Home 28c. INJI WO	ACE OF DEATH (C/	neck only o	PERFOR	NO NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH
PRISICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 100  27. MANNER OF DEATH  1 Vetural 5 Pending Investigation	DUE TO (OR AS A  d.  ns contributing to death be  HOSPITAL: 1   tripatient 2   ER/Outpi  28a. DATE OF BAJURY (Month, Day, Year)	CONSEQUENT CONSEQUENT ut not result	CE OF):  CE OF):  CING in the un  OA THER A Num  NUMPY M	28. PL: : ling Home 28c. INJI WOI	ACE OF DEATH (C/	8 Othe	YES (NO)	NO NURY OCC	CUREO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!
בי ב	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Netural 5  Pending	DUE TO (OR AS A  d.  ns contributing to death by  HOSPITAL: 1   topatient 2   ER/Output	CONSEQUENT CONSEQUENT ut not result attent 3 Do	CE OF):  CE OF):  CING in the un  OA THER A Num  NUMPY M	28. PL: : ling Home 28c. INJI WOI	ACE OF DEATH (C/	8 Other	PERFOR	NJURY OC	CUREO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!
TIED DI TITI SICIPIN. MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined	DUE TO (OR AS A  d.  ns contributing to death be  HOSPITAL: 1   tripatient 2   ER/Outpi  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, stc. (Speci	CONSEQUENT CONSEQUENT ut not result attent 3 Do 28b At home, to	OTHER OA 4 Nurs NUMBER	28. PL: : ling Home 28c. INJI WO 1 Yery, office	ACE OF DEATH (C)  5 Missidence  15 Affisidence  16 ATT  16 ATT	8 Other	YES (Specify)  (Specify)  (SCRIBE HOW (Street or Yown, State)	NJURY OCC	CUREO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!
LIED DI FILISICIAIN. MEDICAL	If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2	DUE TO (OR AS A  d.  ns contributing to death be  HOSPITAL: 1   tnpatient 2   ER/Outpi  28a. DATE OF tNJURY (Month, Day, Year)  28a. PLACE OF INJURY building, stc. (Speci	CONSEQUENT CONSEQUENT ut not result attent 3 December 286 At home, to	OTHER OA 4 Nurs N. TIME OF INJURY M Intro, street, tacto	28. PL: :ing Home 28c. INJI WOI 1 Yery, office	ACE OF DEATH (C/	8 Other	TON (Street or Town, State)	NJURY OCA	CUREO or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH  1 YES 2 NO  Oute Number,
LIED DI FILISICIAIN. MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Vistural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only One)  2 MEDICAL EXAMINE	DUE TO (OR AS A  d.  The contributing to death be  The contributin	CONSEQUENT CONSEQUENT ut not result attent 3 December 286 At home, to	OTHER OA 4 Nurs N. TIME OF INJURY M Intro, street, tacto	28. PL: :ing Home 28c. INJI WOI 1 Yery, office	ACE OF DEATH (C/	8 Other	TON (Street or Town, State)	NJURY OCA	CUREO or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH  1 YES 2 NO  Oute Number,
ביות ברובה בו רווי פוסוסות: שבסוסקר	If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2	DUE TO (OR AS A  d.  The contributing to death be  The contributin	CONSEQUENT CONSEQUENT ut not result attent 3 December 286 At home, to	OTHER OA 4 Nurs N. TIME OF INJURY M Intro, street, tacto	28. PL: :ing Home 28c. INJI WOI 1 Yery, office	ACE OF DEATH (C/	8 Other	TON (Street or Town, State)	NJURY OCC	CUREO  or Rural Ri  ted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH  1 YES 2 NO  Oute Number,
BE COMPLETED BY PRISICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A  d.  ns contributing to death be  HOSPITAL: 1   Inpetient 2   ER/Outpi  28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY building, stc. (Speci	CONSEQUENT CONSEQUENT ut not result attent 3 December 28b  At home, to	CE OF):  CE	28. PL: :ing Home 28c. INJI WOI 1 Yery, office	ACE OF DEATH (CF)  5 Missidence URP AT RK7  FES 2 NO  and place, and duse eath occured at the	8 Other	TON (Street or Town, State)	NJURY OCC	CUREO  or Rural Ri  ted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH)  1 YES TO NO DOUBLE Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 100  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29a. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WH	DUE TO (OR AS A  d.  Ins contributing to death be  BY CONTRIBUTION  BY CONTRIBUTION  BY CONTRIBUTION  BY CONTRIBUTION  CONTRIBUT	CONSEQUENT CONSEQUENT Ut not result ut not r	OTHER OA 4 Nurs  N. TIME OF INJURY M  Interm, street, tactor  Citype, Print)	28. PL : ing Home 28c. INJI WOO 1 Y  ry, office	ACE OF DEATH (C/	8 Other 28d, OE: 28t, LOC City a to the car of time, data	(Specify) SCRIBE HOW to Town, State) Jacqua and mar and place, an	NJURY Occurrence as stated due to the	CUREO  or Rural Ru  ted.  ted.  se cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO DUITE Number,
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A  d.  Ins contributing to death be  BY CONTRIBUTION  BY CONTRIBUTION  BY CONTRIBUTION  BY CONTRIBUTION  CONTRIBUT	consequent consequent ut not result ut not result attent 3 De 28b	OTHER OA 4 Nure  NTIME OF INJURY M  Norm, street, factor Curred at the the dispation, in my of	28. PL : ing Home 28c. INJI WOO 1 Y  ry, office	ACE OF DEATH (C/	8 Other 28d, OE: 28t, LOC City a to the car of time, data	TON (Street or Town, State)	NJURY Occurrence as stated due to the	CUREO  or Rural Ru  ted.  ted.  se cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO DUITE Number,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

20

DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
AN: The law requires that the death certif	ifficate has been signed by the attending its State Dept. of Health and Mental Hygien	r item 23 shows any injury, or oth	
TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or	

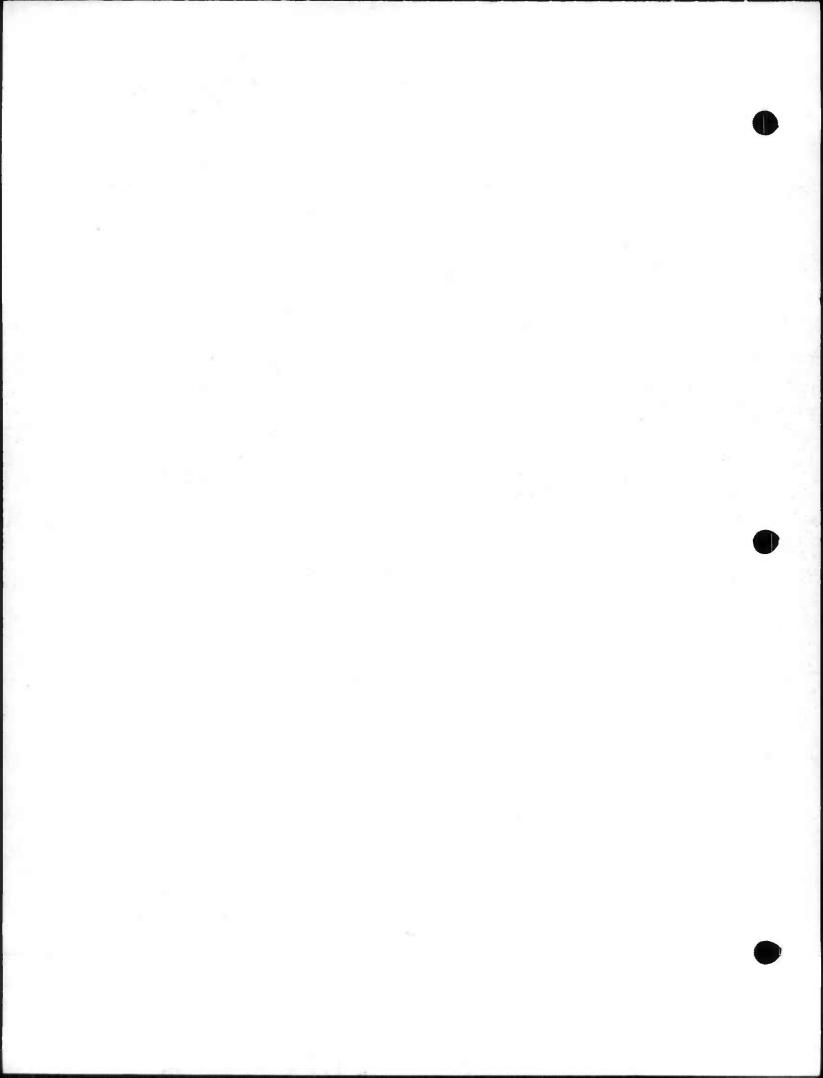
	STATE OF M		TMENT OF		MENTAL HYGIENE REG. NO.	
Lest)	BLAND				2. DATE OF DEATH DAY JAN 24	- 1
	E DEV	B ADE II I ALAL II A		- Albert 46, 71 - 51 A		

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIENI REG. NO.	-	04 04657
	1. DECEDENT'S NAME (First, Middle, Last)	BLAND.				2. DATE OF DEATH MONTH DA	4 199	3. TIME OF DEATH 23.59 P M
	4. SOCIAL SECURITY NUMBER  578 - 54-1623  98. FACILITY NAME (If not institution, give stre	1 🗆 M 2 💢 F	88 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		906 cc	ONNECTICUT
STOR	SUBURBAN HOSPITAL	est aird number)			THESDA	ATH	MONTGO	
DIRECTOR	MARYLAND MONTG	OMERY	140	YY CHAS				10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL	10e. STREET AND NUMBER  4601 N. PARK AVENU  11. MARITAL STATUS				20815		UNITED	OF WHAT COUNTRY?  O STATES
B	1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DEC	city Cuban, Maxican	C ORIGIN? (Specify Yea , Puarto Rican, atc.)	18	ACE — American Indian, ilack, White, atc. pecify: WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	k done during mos etired.)		16b. KIND OF BUS		Y
ğ	AT PATHEBUS MARRY (FL.) AND ALL I AND	4	SECRETA	ARY		GOVERN		
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden :		
BE	ISRAEL WEXLER  19a. INFORMANT'S NAME (Type/Print)				LILLIAN			
٩	IRVING C. BLAND (H	USBAND)		PARK	AVE., #12	219 CHEVY		MD 20815
	20a METHOD OF DISPOSITION 1 X Burlel 2 Cremeflon 3 X Remov 4 Donation 5 Other (Specify)	]	BETH OLAM	CEMETE!		1/30 NEW		
	Chank o	a 14	ne	DANZAN	SKY-GOLDI	BERG MEMOR PIKE, ROC		APELS, INC. MD 20852
CERTIFICATION		MYDC ARD  DUE TO (OR AS A  DUE TO (OR AS A  ATTRIBLE)	ALLURE	ARCTIC	N	a cerdiec or respir		Approximate Interval Between Onset and Death ACUTE  i LUK  ND6F
MEDICAL	PART II. Other eignificent conditions  FIS ERFT HUMER  FIS LEFT FI	US	out not resulting in	the underlying	ceuse given in F	Pert I. 24a. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:		HOSFITAL:		THER:	ACE OF DEATN (Chec			
ED BY	27. MANNER OF DEATH  1   Mertoral   5   Pending   2   Accident   Investigation   3   Suicide   8   Could not be   4   Nomicida   datarmined	28a. DATE OF INJURY (Morith, Day, Year)  1 5 9  28a. PLACE OF INJURY building, etc. (Spe	28b. TIME C INJUR 5 P 7 — At homa, farm, stre	PF 28c, INJU WOI M 1 Y	URY AT RK? ES 2 □ 440	28d. DESCRIBE HOW IN  1-52 ON 281. LOCATION (Street as City or Town, Stree)  4601 NI PARK	DOCK	
COMPLET		AN: To the best of my know	viedga, death occurred a	at the time, data	and place, and due f	to the cause(s) and man	ner sa stated.	se(a) and manner as stated.
TO BE C	AND ADDRESS OF DESCRIPTION	Muye	(D)		29c, LICENSE NUM	9 4	29d. DATE SIGN	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO  FRANCIS  31. DATE FILED (MONTH, Day, Year)  JAN 3 1 1994	BZ, REGISTRATIS SIGN	215 Ken	vwoo,	s Ps	BETHES	SA M.	B2681Z

N. Statesto

DISION OF VITAL RECORDS, T.O. BOX 80160	DALIIMORE, MARTLAND ZIZIS-0020	d
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rouns after death. Page 6 may be retained by the hospital or attending physician.	s after death. Page 6 may be retained by the hospital or attending physician.	1
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	by the funeral director, page 5 should be detached for use as the burial-transit permit	PE
be filed within 72 hours after deam with the blate Dept. or relating and Menta Hydere prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.	J.

	1 - STATE REGISTRAR	STATE 0		CERTIF					WEIGH	REG. NO.	<u> </u>	1. 1	01.658
	1. DECEDENT'S NAME (First, MI	iddle, Last)		OLITIN	IOAT		DEA		2 04	TE OF DEATH		6.5	3. TIME OF DEATH
	Marion Long								MO	NTH DA		YEAR	2:00 P.M
	4. SOCIAL SECURITY NUMBER		A ACE (In	s. (ast birthday)	(ast birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				-	January 27, 1994			
		1 M 2 D	The state of		MONTHS	DAYS	HOURS	MIN.	(Mo	onth, Day, Year)		Country	
	213 11 02/0			3 TH3.					_	. 21, 1			Maryland
-	99. FACILITY NAME (If not institu		•		9b. CITY		OR LOCATIO				9c. COU	INTY OF DE	EATH
5	Potomac Vall		Home				Rock	VILL	.e			Monto	gomery
DIRECTOR	RESIDENCE OF DECE	DENT 0b. COUNTY		10c CIT	Y, TOWN	OR LOCAT	TION .						10d. INSIDE CITY
트	Maryland	Montgo	morre	100.011	, , ,		Beth						LIMITS?
	104. STREET AND NUMBER	Monego	шегу				. ZIP CODE		ι				1 TYES 2 X NO
R	4977 Battery	Lane #302				101		: 2081	1		1255		THAT COUNTRY?
FUNERAL	11. MARITAL STATUS												States
5	1 Never Merried 2 Me	FORCES?	EDENT EVER IN U.S 1 YES 2	NO						GIN? (Specify Yes to Rican, etc.)	or No-	14. RACE Black	- American Indian, , White, etc.
B≺	3 🔀 Widowed 4 🗌 Divorce	IF YES, G	IVE WAR OR DATES			1 TYES	2 NO	Specify	y:			Specif	y: White
	15. DECEDI	ENT'S EQUICATION	16.0	DECEOENT'S	I I I I I	CCUBATIO	201			16b. KIND OF BUS	WESS IN	DUCTOV	W112 CC
	(Specify only his	ghest grade completed)		(Give kind of a	work done	during me	st of workin	g	- 1	IND OF BUS	HIVESS/INI	DUSTRI	
12	Elementary/Secondary (0-12)	) College (1-4	or 5 +)		reta	~				U.S. G			. 1
COMPLETED	17. FATHER'S NAME (First, Middl			Dec	reca	<u> </u>	10 10075	AEDIO MAI	AAE (Class	at, Middle, Melden		mien	
BE	Chauncey Doug									uckingh	_		
임	Elizabeth Lou			111.37						umber, City or Town Massac			12642
	20a. METHOD OF DISPOSITION		201 011										
	1 Burlei 2 Cremetion	3 - Ramoval from Stat	<ul> <li>cemetery</li> </ul>	ce and date	ther place)		. 1	/29/		RO+1		City or Tow	ryland
	4 Donetion 6 Other (Sp		Mont	gomery	Cre	emate	orium	l, ir	nc.	Debert	7 D	a, Ma	Tyranu Buranal
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  WINDER OF FUNERAL SERVICE LICENSEE  122. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501												
3	well	Cora.	n MOI	0672	¾	501	nsin	Ave	enue	, Bethe	sua,	mary	yland 208147
	23. PART i. Enter the dise	eses, or complications	that coused the	deeth. Do r	not enter	the mo	de of dyl	ng, sucl	h as c	ardlec or respi	ratory ar	rest,	Approximate
1 1	IMMEDIATE CAUSE (Final	rt railure. List only one	cause on eecn	line.									Interval Between Onset and Death
	disease or condition Septicemia										2 Days		
1 1	resulting in death)		E TO (OR AS A CO	SEQUENCE O	ENCE OF):						1 -		
z	Pneumonia 1 Week												
101	Sequentially list conditions, DUS TO (OR AS A CONSCIUENCE OF)											1 Week	
		ia, Dil		SEQUENCE O	F):								l Week
CATI	If any, leading to immedie cause. Enter UNDERLYING	a, strol	e to (or as a con ke (Cere	bral V	ascu	lar	Acci	dent	:)				1 Week 6 Months
<b>FIFICATI</b>	if any, leading to immedie cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a, strol	E TO (OR AS A CON	bral V	ascu	lar	Acci	dent	:)				-
ERTIFICATI	if any, leading to immedie cause. Enter UNDERLYING CAUSE (Disease or injury	strol	e to (or as a con ke (Cere	bral V	ascu F):		Acci	dent	:)				-
L CERTIFICATION	If any, leading to immedie cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	c. Strol	E TO (OR AS A CON Ke (Cere E TO (OR AS A CON Oral Ath	bral V	ascu f): eros	is				24a WAS AN	YPROTILE	246	6 Months
CAL CERTIFICATI	If any, leading to immedie cause. Enter UNDERLYING CAUSE (Otseese or injury that initieted events resulting in death) LAST  PART II. Other aignificant	conditions contribution	Ke (Cere) E TO (OR AS A COM E TO (OR AS A COM Oral Atho g to deeth but n	bral V useouence of eroscl of resulting	ascu F): eros	i s				24s. WAS AN PERFOR		24b.	6 Months 20 Years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DICAL	If any, leading to immedie cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	conditions contribution	Ke (Cere) E TO (OR AS A COM E TO (OR AS A COM Oral Atho g to deeth but n	bral V useouence of eroscl of resulting	ascu F): eros	i s					MED?	24b.	6 Months 20 Years
CAL	If any, leading to immedie cause. Enter UNDERLYING CAUSE (Otseese or injury that initieted events resulting in death) LAST  PART II. Other aignificant	conditions contribution	Ke (Cere) E TO (OR AS A COM E TO (OR AS A COM Oral Atho g to deeth but n	bral V useouence of eroscl of resulting	ascu F): eros	i s				PERFOR	MED?		6 Months 20 Years  WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
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: MEDICAL	If any, leading to immedie cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant Decubitus U	c. Strol ou d. Cerel conditions contributing	E TO (OR AS A COM KE (Cere E TO (OR AS A COM O' CALL A COM O'	bral V NSEOUENCE OF ETOSCI of resulting	ascu F): eros	is on		ilven in	Part I.	PERFOR	MED?		6 Months 20 Years  WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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D BY PHYSICIAN: MEDICAL	If any, leading to immedie cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant Decubitus U  25. WAS CASE REFERRED TO M EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH  1 Netural 5 Per 2 Accident Inversion Suicide 6 Cou	c. Strol  c. Strol  d. Cere  d	E TO (OR AS A COM  Ke (Cere  E TO (OR AS A COM  Oral Athe  g to deeth but n  nary Trae	bral V NSEOUENCE OF ETOSCI  ot resulting Ct Inf	ascu F): eros in the ur ecti oTHE 4 X Nur E OF JURY M	26. PI	G Couse of C	EATH (Che	Part I.	PERFOR  1 VES 2	MED?	CUREO	6 Months 20 Years  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant Decubitus Under the cause of the cau	c. Strol  c. Strol  d. Cerel  d. Cer	ETO (OR AS A CON- KE (Cere) ETO (OR AS A CON- DE TO (OR AS A CON-	bral V essequence of eroscl of resulting ct Inf  286. Tim in. s, dasth occurr for investigation  Georg	OTHE OTHE OF JURY M street, fac	26. Pt  26. Pt  36. Pt  28c. INJ  WC  1   tory, office	ACE OF O	EATH (Che eldenca end due ed at the	Part i.  28d. C  28f. L  C	PERFOR  1 VES 2  ther (Specify)  DESCRIBE HOW II  OCATION (Street elly or Town, Stete)  ceuse(e) end men	MED?  NO  NJURY OC  and Number  ner es sta d due to ti  29d. DAT	r or Rural Ri	6 Months 20 Years  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO  Oute Number,  and menner ee stated.  (Month, Day, Year)  Y 28, 1994



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1 - FOR STATE REGISTRAR

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CERTIFICATION

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1. DECEDENT'S NAME (First, Middle, Last)

signed by the attending physician and completely filled in by the funeral director, page 5 should be detached Heath and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68 HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be execu has been s Dept. of H this certificate has with the State D After t TO THE HOSPITAL DR ATTENDIN
TO THE FUNERAL DIRECTOR: Afr
be filed within 72 hours after de
IMPORTANT: II Item 28 is 1

February Carlota Beteta 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 X F None 66 YRS. June 21 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Montgomery General Hospital Olney RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Montgomery Silver Spring 10e STREET AND NUMBER 101. ZIP CODE 14212 Peartree Lane, #21 20906 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS If yes, specify Cuben, Maxican, Puerto Ri 1 X YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4)(X) Divorced Nicaraguan 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ntery/Secondary (0-12) College (1-4 or 5+) 3 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname Eracli Beteta Isabel Monge 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sergio Reves Same as 10 20s. METHOD OF DISPOSITION
1X Buriel 2 Cremetion 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION -- City or Town, Steta DATE Cemeterio General de Managua 2-11 Managua, Nicaragua 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Massive Subarachnoid Hemorrhage DUE TO (OR AS A CONSEQUENCE OF): Ruptured Berry Aneurysm Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.

Hours 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 TYNO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1A Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 26d. OESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined 4 🔲 Homicide 29a. CERTIFIER 1 No. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day Year) D 38457 February 3, 1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Nakul Goyal, 18111 Prince Philip Drive, #T-13, M. D. Olney, MD 20832 31. DATE FILEO (Month, Day, Year) 22. REGISTRAR'S SIGNATURE FEB 0 4 1994 whie Devidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

1994

9c. COUNTY OF DEATH

Nicaragua

Montgomery

10g. CITIZEN OF WHAT COUNTRY?

1:35

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

White

1 TYES 2 X NO

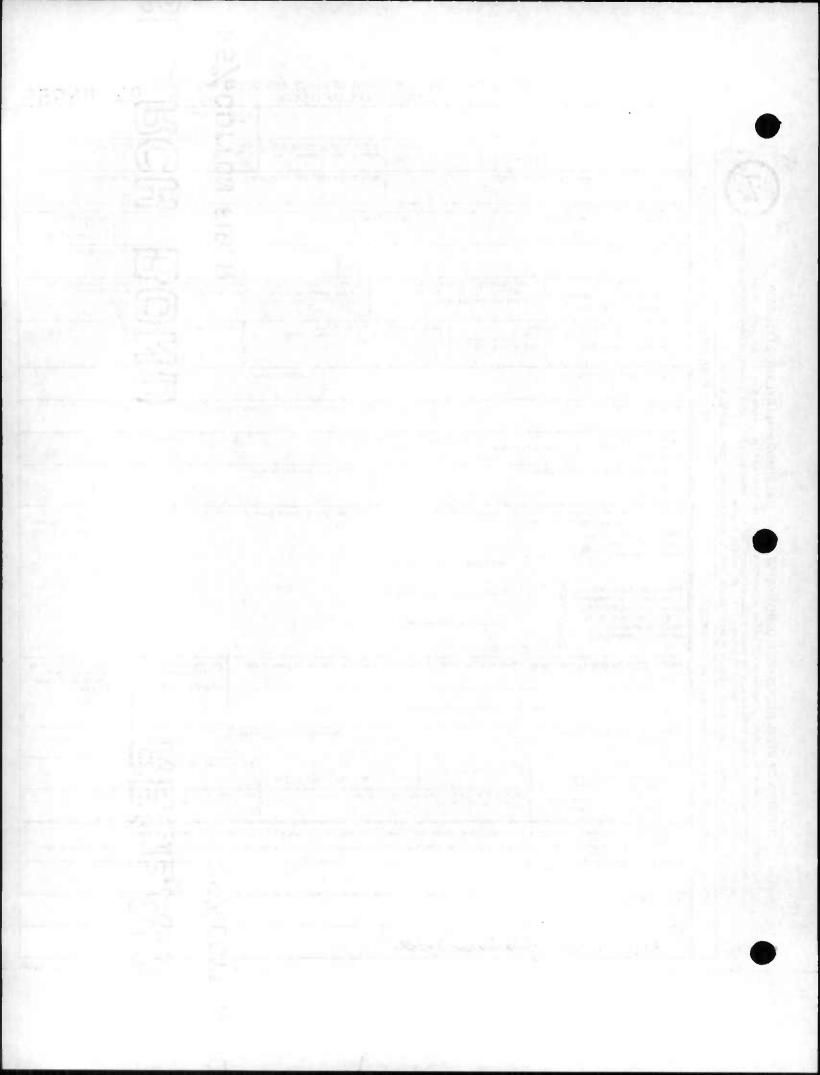
interval Between Onset and Death

Hours

Nicaragua

2. DATE OF DEATH





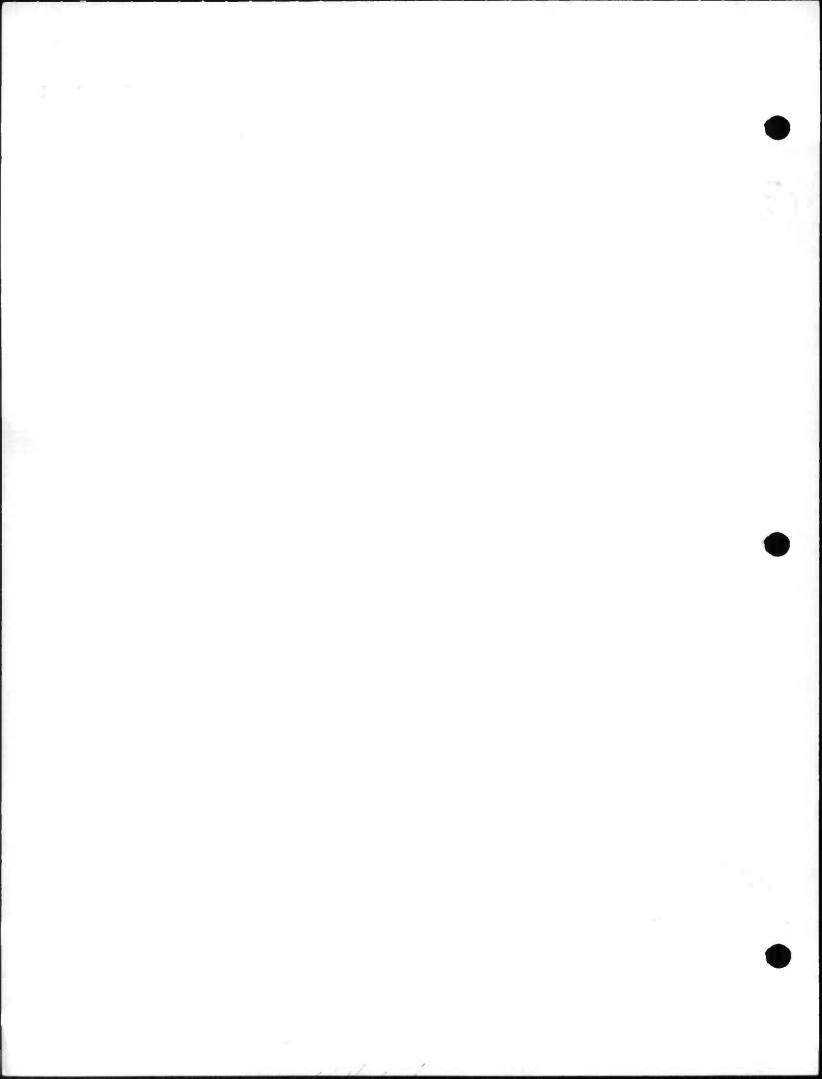
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	after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)
FFR () 1 1994

	1 - FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / CE	DEPAR RTIF	TMEN	T OF H	EALTH AND DEATH	MENTA	NL HYGIEN		94	046	560
	1. DECEDENT'S NAME (First, Middle, Lest) Hilda Borzage							2. DATE OF DEATH SOME OF O			3. TIME OF OE 11:55		
	4. SOCIAL SECURITY NUMBER 213-56-7484	1 □ M 2 🛣 F	1 M 2 X F 78 YRS.		IF UNDE	DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) Aug. 23,		1915	a. BIRTHI Country Per	PLACE (Stote or ansy 1 va	Foreign
TOR	99. FACILITY NAME (If not institution, give street end number) 1925 Luzerne Avenue RESIDENCE OF DECEDENT						Spring	EATH		9c. COUN Mont			
DIRECTOR		gomery				on Locat	on pring					10d. INSIDE CIT	TY
FUNERAL	1925 Luzerne Ave	enue				10f.	20910			1 "		States	
BE COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	MED O	13.	If yee, spe	ENDENT OF HISPAI ecify Cuben, Mexica 2 NO Specif	nn, Puerto	N? (Specify Yes Rican, etc.)	or No—	14. RACE Black, Specify	- American Inc. White, atc.	
	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Gh	EDENT'S TO KIND OF W DO NOT US HOME	vork done se retired.;	)	IN st of working	166	House		ISTRY		
	17. FATNER'S NAME (First, Middle, Last) Anthony Kriesl Rose Darrazo												
10	199. INFORMANT'S NAME (Type/Print) Richard Borzage  1925 Luzerne Avenue, Silver Spring, MD 20910												
	20e. METHOD OF OISPOSITION  1 El Burlei 2   Cremetton 3   Ramoval from State  4   Donation 5   Other (Specify)   Care of Heaven   DATE    20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Gate of Heaven   2/2/94   Silver Spring, MD												
	21. SIGNATURE OF FUNERAL SERVICE LIPENDEE  22. NAME AND ADDRESS OF FACILITY  Hines-Rinaldi Funeral Home  11800 New Hampshire Ave., Silver Spring MD												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between												
NO	DUE TO (OR AS A CONSECUENCE OF):  Sequentially list conditions  b. generalized arteriosclerosis  5473									rio			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST								-				
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO								CAUSE				
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DEATH (Ch	eck only o	ne)				
	1  YES 2 D NO  27. MANNER OF DEATH  1 Partural 5 Pending	1 Inpatient 2 EF  28a. DATE OF INJ (Month, Day, 1)	URY	28b. TIME	E OF	28c. INJU WOR			er (Specify) SCRIBE NOW II	JURY OCCU	IRED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	IJURY — At hom (Specify)	ia, farm, s			ES 2 NO	28f. LOC City	CATION (Street e or Town, State)	nd Number o	r Rural Ro	ute Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHOCAL EXAMINER	IAN: To the best of my	knowledge, deat	th occurre	d at the	time, date o	and piece, and due	to the ca	use(e) end men	ner as stated	s. cause(e)	end manner ae	stated.
TO BE C	299 SIGNAPURE AND TITLE OF CERTIFIER	1 Son	ge	lec	EX!	Ind.	29c. LICENSE NUM	IZ	/	29d. DATE	SIGNED	Month, Day, Year 1-94	1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Dr. George Sengstack, 3929 Ferrara Dr.,

DNMH-16 Rev 1/89



8760, BALTIMORE, MARYLANI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physiclan and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	N: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Nem 23 shows any injury, or other traun
DIVISION OF V	TO THE HOSPITAL OR ATTENDING PHYSICIAL	TO THE FUNERAL DIRECTOR: After this certif be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, or

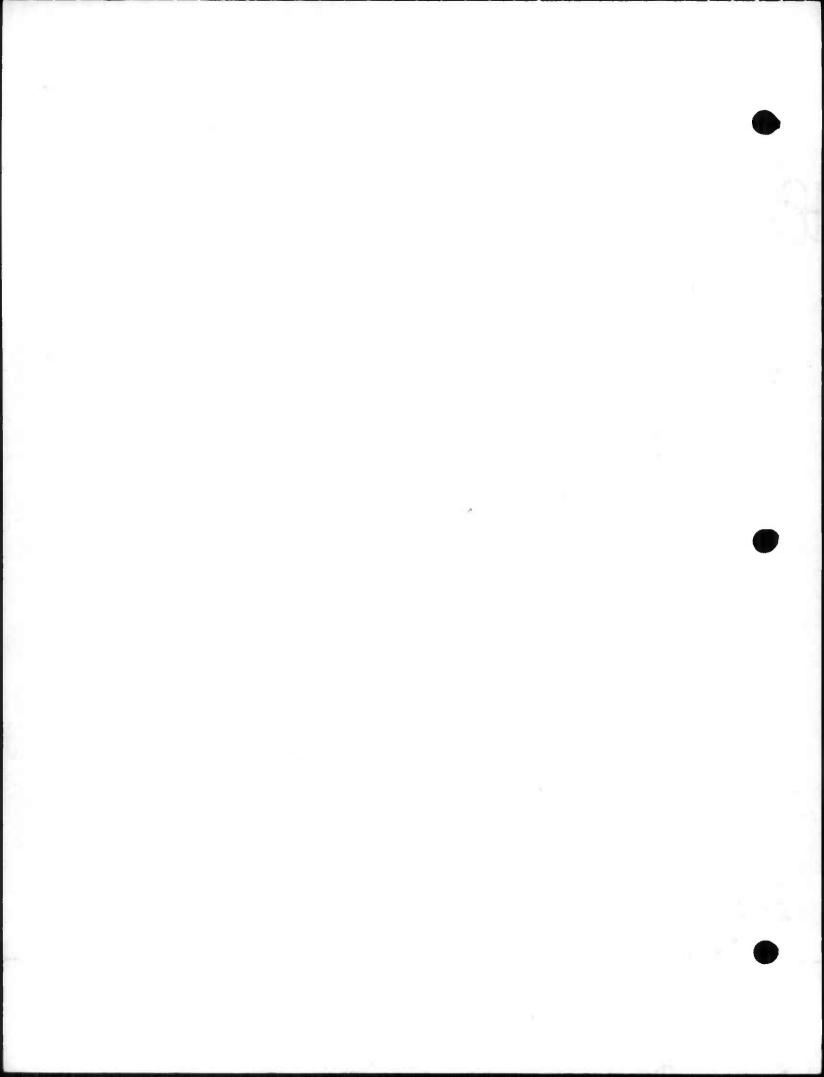
	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	ENT OF H	EALTH AND DEATH	MENTAL HYGIE	-	4 04661		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	1/30/	94 3. TIME OF DEATH 7:45		
	CICAGO		TANO T.	BRUNO		01 3	YEAR 7:45 am			
		5. SEX 6. AGE (In yrs.	MON	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	1	B. BIRTHPLACE (State or Foreign Country)		
	1 3/7 44-3334	1 K M 2 □ F 9	4 YRS.	. 111	30.00	Nov 5, 18	399	Italy		
<u>ac</u>	9a. FACILITY NAME (If not institution, give stre	et and number)	9b.	CITY, TOWN O	R LOCATION OF D	EATH	9c. COUNT	TY OF DEATH		
DIRECTOR	Suburban Hospital			Betheso	la		Mont	tgomery		
1 2	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY		
	Maryland Montgo	omery	Rocky	7111e				LIMITS?		
¥	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?		
FUNERAL	11832 Rocking Hors	se_Road		20	852		USA			
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2	ARMED NO	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Years, Puerto Ricer, etc.)	e or No- 1	4. RACE — American Indian, Black, White, atc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1,110		2 XNO Specif			Specify:		
	15. DECEDENT'S EDUCA	TION 16a	DECEDENT'S USU	AL OCCUPATIO	N	THE VIND OF B		White		
	(Specify only highest grade co	ompleted)	(Give kind of work life. Do NOT use ret	done during mor	t of working	16b, KIND OF BI	JSINESS/INDU	STRY		
필	4		radesmar	,		constr	notion			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		eades Hai		18. MOTNER'S NA	ME (First, Middle, Maide		1		
BE (	Joseph Bruno				Rose B	runo				
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING ADD	RESS (Street ar		Route Number, City or To	wn, State, Zip C	Code)		
-	Joseph Bruno	5	5110 41s	t Stre	et N.W.	Washing	ton, D	.c. 20016		
	20a, METNOD OF DISPOSITION  1 Parties 2 Cremetion 3 Remove	of from Ctota	EAND DATE OF DI			DATE 20c. L	DCATION - CI	ty or Town, Stata		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN	Gate	of Hea	ven Ce	metery :	2/2/94 Sil	ver Sp	oring, MD		
1 8	21. SIGNATURE OF FUNERAL SERVICE LIGEN	ISEE //		22. NAME AN	D ADDRESS OF FA	i Funeral				
	Orws 1 - U	brant		11800	New Har	nnshire Av	e Cil	ver Spring, MD		
		mplications that caused the st only one ceuse on each ile	death. Do not e ne.	nter the mod	le of dying, suc	h as cardiac or reap	iratory arres	nt, Approximata interval Between		
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Ä	If any, leading to immediate cause. Enter UNDERLYING	(01.70	es server or y.					i 1		
E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	EOUENCE OF):							
ᇤ	resulting in death) LAST									
	PART II. Other aignificent conditions	contributing to death but no	neoultine to th	a samulantula n		I				
CAL	Tar	nc Sleums	resulting in th	e underlying	ceuse given in	Part i. 24a, WAS AF		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
						1 TYES	S U NO	OF DEATH?		
Σ	-							1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26 PI	CE OF DEATH (Ch	nok only one)				
PHYSICIAN: MEDIC		IQSPITAL:		HER:						
Ŧ	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME OF	28c. INJU		6 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCU	RED		
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOF	IK? ES 2 NO					
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At I	home, farm, street	, fectory, offica		28f. LOCATION (Street and Number or Bural Route Number,				
里	4 Nomicide determined	building, atc. (Specify)				City or Town, State	)			
ا ٿا ا	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAL	AN: To the best of my knowledge,	death occurred at	the time, data	and place, and due	to the cause(a) and ma	nner se steted			
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of examination and/o	r investigation, in	my opinion, de	ath occured at the	time, data and place, a	nd due to the	cause(s) and manner as stated.		
	296. SIGNATURE AND TITUE OF CERTIFIER		-		29c LICENSE NU	4860	L sed DATE 6	SIGNED At		
BE	/ South	Dr. Raymo	nd Bass		D 2/3	40	D 1-	- 30,94		
2	30. NAME AND ADDRÉSS OF PERSON WHO O RAYMUNO A ST. DATE FILED (Morith, Day, Year)  FEB 0 3 1994	OMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print	A se	Who	40 arm, Mc	200	0.6		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		~~~	00 109	411 /10	2071	0		
	FER 0 3 1994 S	Julia Davidson Pank	Lette							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the Case have of heart with the Case have of heart have a few more of hours after death with the Case have not been afternooned.	be med which it industries does with the case copy, or resolve any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	TMENT OF H			GIENE G. NO.	91.	01.66	2
	t. DECEDENT'S NAME (First, Middle, Last)	Last)				2. DATE OF DE	ATN DAY	3.	TIME OF DEATN	=
	Kathryn	Jane	cd_		January 29, 1994 5:00					
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	ITN	8. BIRTNPL	ACE (State or Foreign	7
	283-18-6095  9e. FACILITY NAME (If not institution, give st	1 M 2 F freet and number)	77 YRS.		R LOCATION OF DE	AUG.16	,1916	OHIO	rn .	$\dashv$
DIRECTOR	427 ST. LAWRENCE	DRIVE		SILVER	SPRING		М	ONTGO	MERY	_
R	10a. STATE 10b. COUNTY		10c, CITY	Y, TOWN OR LOCAT	ION			10	d. INSIDE CITY LIMITS?	
	MARYLAND MONT	<u> CGOMERY</u>		SILVER	SPRING ZIP CODE		10g, CITIZ		YES 2 NO	$\dashv$
FUNERAL	427 ST. LAWRENCE	DRIVE			20901			USA		
S	11. MARITAL STATUS	12. WAS DECEDENT EX			ENDENT OF NISPAN		city Yes or No-	14. RACE -	American Indian,	$\dashv$
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR			ZY NO Specify.		etc.)	Specify:	/hite, etc. HITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		vork done during mo	DN st of working	16b, KIND	OF BUSINESS/INDU		******	$\neg$
	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEM							
S S	17. FATHER'S NAME (First, Middle, Last)		HOMEN	AKEK	18. MOTNER'S NAM	ME (First, Middle,	Maiden Surname)			$\dashv$
BEC	DEWEY A. BLANCHA	RD			KATHRY	IN I	NEVIN			
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural R	loute Number, City	or Town, State, Zip	Code)		
-	JOHN J. BLANCHARD		17501	IRA COU	RT DERWO	OD MARY	YLAND	20855		
	20a. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	oval from State	20b. PLACE AND DATE Cometery, cremetory or of	ther place)		1	20c. LOCATION — C			
- 1	4 Donestion 5 Other (Specify) GATE OF HEAVEN CEMETERY 2/2 SILVER SPRING, MARYLAND  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.								<u>"</u> -	
	Jinothu s	y Com	shell		S J. COL VIVERSITY					
TION	23. PART I. Enter the diseases, or c shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate	a. DUE TO (OR	AS A CONSEQUENCE OF	7:	de of dying, such	1 all Cerdiec of	reapiratory arre		Approximate interval Batwe Queet and De	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significent condition	s contributing to de	nth but not reculting i	n the underlyin	g cause given in t		MAS AN AUTOPSY PERFORMED? YES 2 00	AM CC OF	ERE AUTOPSY FINDIN ALLABLE PRIOR TO DMPLETION OF CAUSE DEATH?	
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. Pt	ACE OF DEATN (Che	ick only one)				$\dashv$
SIC	1 TES 2 NO	HOSPITAL: 1   Inpatient 2   EF	t/Outpetlent 3 🗆 DOA	OTHER: 4 - Nursing Norm	e 5 Residence	8 Other (Spec	iffy)			
É	27. MANNER OF DEATN	28a. DATE OF INJ (Month, Day, )			URY AT RK?	28d. DESCRIBE	NOW INJURY OCC	URED		
BY	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	ES 2 NO					
	3 Suicide 8 Could not be 4 Nomicide dstermined	26e. PLACE OF IN building, etc.	IJURY — Al home, ferm, a (Specify)	street, factory, offic		28f. LOCATION City or Town	(Street and Number on, State)	or Rural Rout	e Number,	$\neg$
COMPLETED	29a. CERTIFIER 1 CERTIFYING PNYSH								nd manner as steted	d.
BE C	296. SIGNATURE AND TITLE OF CERTIFIEF	MA	2		29c. LICENSE NUM	IBER	29d. DATE	SIGNED (M	onth, Day, Year)	$\neg$
10	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE (	OF DEATH (ITEM 27) (Type,	Print)	11470	14	1000	21/1	15/3	$\dashv$
	31. DATE FILED (Month, Day, Year)	32. FEGISTRABIS	SIGNATURE	Ce Th	Up VI.	1/1	A Ash	)	10 X 2a	
	FEB 0 3 1994	Julia Dai	SIGNATURE ANDRESS				9			



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BALTIMORE, MARYLA	ours after death. Page 6 may be retained by the
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DIVISION OF VITAL

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29b. SIGNATURE AND TITLE OF CERTIFIER

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

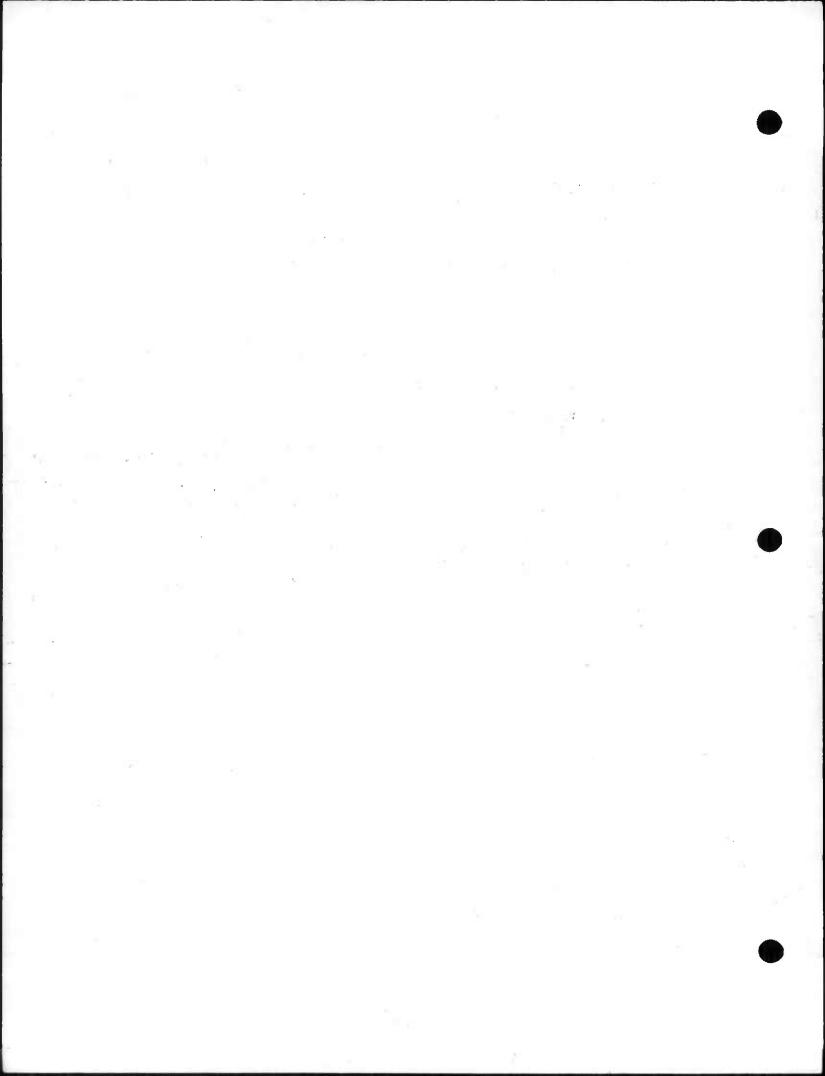
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit be filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL OR ATTENDING PHYSIC	INERAL DIRECTOR: After this ce thin 72 hours after death with the	NT: If item 28 is marked,
TO THE HO	TO THE FUI	IMPORTA

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Q NI A Brandt 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH MONTH Shirley 5:03 DI 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE DE BIRTH MAY 4 1999 6. AGE (In yrs. last birthday)
42 YRS. 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR 58 9893 MD" DAYS HOURS 1 - M 2 -X 9a, FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION DF DEATH 9c. COUNTY DF DEATH SUBURBAN HOSPITAL DIRECTOR BETHESDA MONTGOMERY RESIDENCE OF DECEDENT 10a, STATE 10b. COUNT 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY MD MONTGOMERY ROCKVILLE FUNERAL 10e. STREET AND NUMBER 101, ZIP CDDE 10g, CITIZEN OF WHAT COUNTRY? 12909 20851 TWINBROOK PKWY LISA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT DF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 ВУ 1 TYES 2 ND Specify Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) NURSES AIDE NURSING HOME 17. FATHER C NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **GEORGE** Α. STEWART EULA MAE MARSH BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street 2 JAMES A. KER BRANDT SAME AS LUE 20a. METHOD OF DISPOSITION
1 D Burlal 2 Cremation 3 D Re 1/25/94 ALEXANDRIA VA. 20b. PLACE AND DATE OF DISPOSITION (Name of METROPOLITAN CREMATORY 4 ☐ Donatton 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SANVICE LICENSES 22. NAME AND ADDRESS OF FACILITY TAKOMA FUNERAL HOME WASHINGTON, DC 20012 254 CARROLL ST WASHINGTON 23. PART I. Enter the diseases, or complications that several the death. Do not enter the mode of dying, such se cardiac Approximate ahock, or heart fellura. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (DR AS A CONSEDUENCE OF) la State 00 CERTIFICATION Sequentially list conditions, if any, lasding to immediate DUE TO (OR AS A CONSEDUENCE OF) cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24h. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 ☐ YES 2 ☐ NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL OTHER: t TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Realdence 8 Other (Specify) 27, MANNER DE DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Netural: 5 Pending 1 YES 2 ND BY 2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — Al home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 4 Homicide detarmined 29s. CERTIFIER (Check only 1 are CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated

29c. LICENSE NUMBER

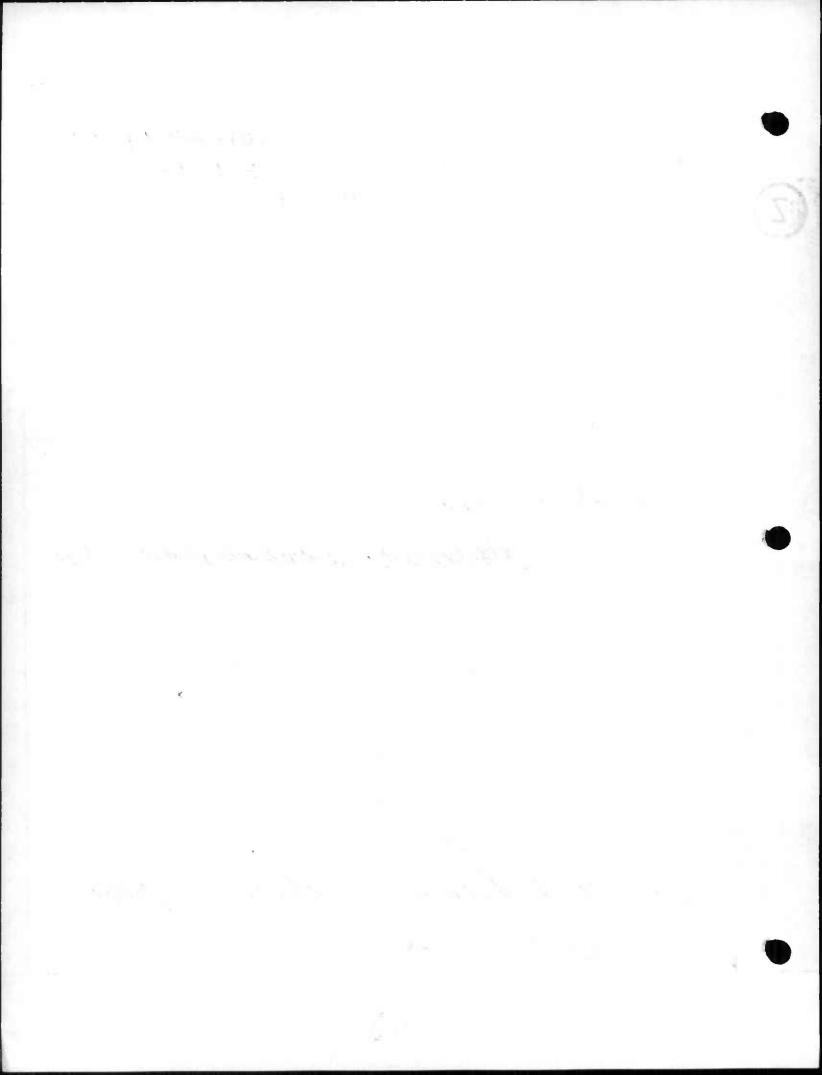
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29d. DATE SIGNED (Month Day Year)



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hospital or after death. Page 6 may be retained by the hospital or attention physician.
TO THE FUNERAL. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND	) / DEPARTMENT OF CERTIFICATE O			IYGIENE REG. NO.	94	04664
	1. DECEOENT'S NAME (First, Middle, Last,	SIELLA LABUNSK	H-BUGAYA		2. DATE OF MONTH	DAY 9-9	YEAR 3.	8 45 PM
	4. SOCIAL SECURITY NUMBER 153516964  9a. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F  6. AGE (in yrs.	79 YRS. MONTHS DAY	HOURS MIN.	7. DATE OF E (Month, Da	11914	Country)	ENTON M
DIRECTOR	Pa. FACILITY NAME (If not institution, give street and number)  Pa. COLA NUMBERY  PESIDENCE OF DECEDENT  96. CITY, TOWN OR LOCATION OF DEATH  WONTGOMERY							
		ONTGOMERY	10c. CITY, TOWN OR LO					d. INSIDE CITY LIMITS?  YES 2 NO
RAI	100. STREET AND NUMBER 609 LAMBERTON DR	THE		101. ZIP CODE		10g. CITIZE	EN OF WHA	T COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S.	NO If yea,	209 ECENDENT OF HISP/ specify Cuban, Mexic ES 2 NO Speci	ANIC ORIGIN? (Se	pecify Yea or No- 1	Specify:	American Indian, filte, etc.
LED	15. DECEDENT'S EDI (Specify only highest grad		DECEDENT'S USUAL OCCUPA	TION	16b. KIN	D OF BUSINESS/INDU:		HITE
LETI	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done during life. Do NOT use retired.)	most or working				
COMPL	1.2 17. FATHER'S NAME (First, Middle, Lest)		INSPECTOR	18 MOTHER'S N		NEMANN ELI	ECTRI	C CO.
ш	MACIEJ LABON	SKI		ROZAT		SAFFLASI	V A	
0 8	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Stre					
-	LORRAINE PRIESTL		609 LAMBERTO		SILVER	SPRING, N	MARYL	AND 20902
	1 N Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State cemetary.	CEAND DATE OF DISPOSITION crematory or other place)	Name of	DATE	20c. LOCATION — CH		1.00
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	OF HEAVEN	AND ADDRESS OF F	2/1 ACILITY	SILVER SPE	RING.	MARYLAND
	► d()arrich	H 8-00	FRAN	CIS J. CC	LLINS 1	FUNERAL HO	OME,	INC.
CERTIFICATION	23. PART I. Enter the diseases, or shock, or has t failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO (OR AS A CONS  DUE TO (OR AS A CONS  OUE TO (OR AS A CONS  OUE TO (OR AS A CONS	SEQUENCE OF):			Disan		Approximate interval Between Onset, and Death
MEDICAL	PART it. Other significent condition	dna contributing to deeth but no	ot resulting in the underly	ing ceuse given in		WAS AN AUTOPSY PERFORMED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26.	PLACE OF OEATH (C	heck only one)			
PHYSICIAN:	1 YES 2 DNO 27. MANNER OF DEATH	1   Inpatient 2   ER/Outpetient		oma 5 🗆 Residence				
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	NJURY AT YORK? YES 2 NO	28d. OESCRIB	E HOW INJURY OCCUI	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)			281. LOCATION City or Tox	N (Street and Number or vn, State)	Rural Route	Number,
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	IICIAN: To the best of my knowledge, ER: On the bests of examination and	deth occurred at the time, do	te and place, and du	to the cause(a)	and manner as stated.	Ceuse(s) an	d manner as stated
TO BE C	296. SIGNATURE AND TILE OF CERTIFIE	Leun	~	29c. LICENSE NU				non. Day. Year)
-		KINMD 23	309 Shore	field	Rel	Whatn	mo	20902
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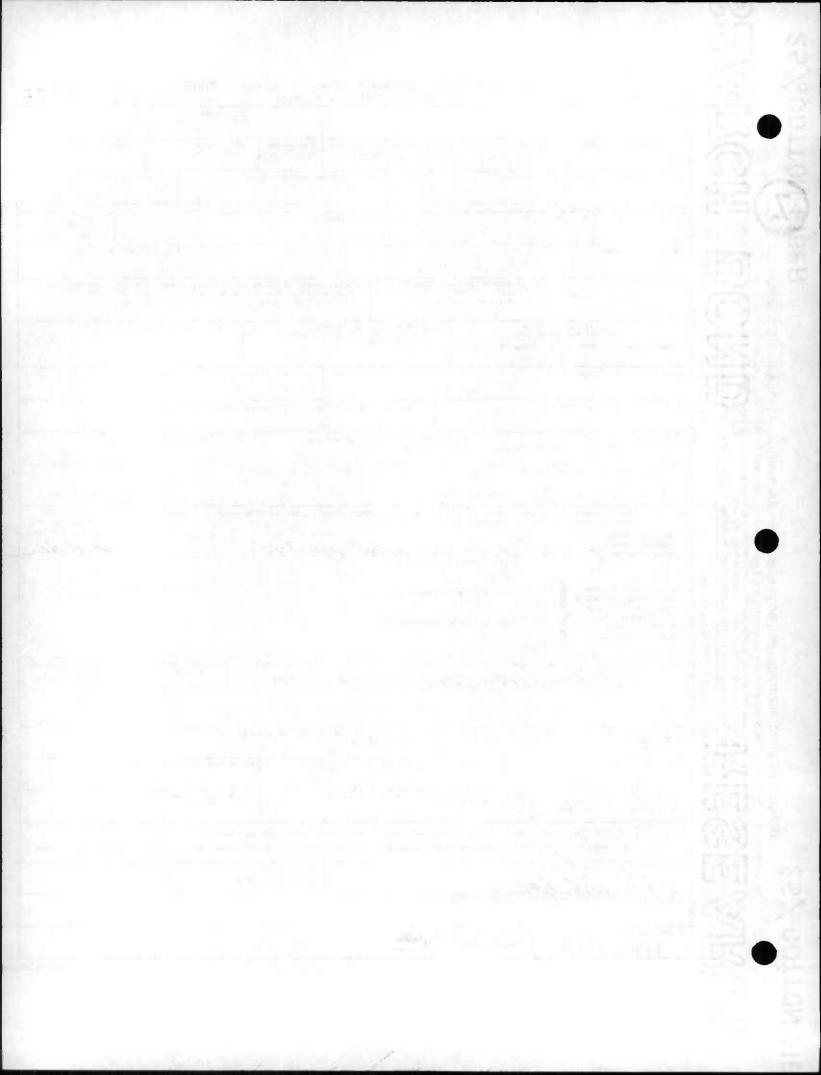
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FUNERAL the hospital or attending physician. BY the use as COMPLETED for detached notified at burs after death. Page 6 may be retained by BE be must filled in by the funeral director, medical examiner 6 executed within cremation, the completely traumatic event, burial, and CERTIFICATION prior to attending physician certificate be other Hygiene J 6 Mental Injury, the a MEDICAL TO THE HOSPITAL OR ATTENDING PHYSICIAN: The taw requires used to THE FUNERAL DIRECTOR: After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Health and IMPORTANT: If Hem 28 is marked, or Item 23 shows any In PHYSICIAN: BY COMPLETED BE 0

4 1994

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Ernests Broze February 1994 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH

9:20 8. BIRTHPLACE (State or Foreign 1 M 2 | F YRS. 365-32-5176 95 Nov. 9. Latvia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Silver Spring Sylvan Manor Health Care Center Montgomery 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Silver Spring 1 - YES 2 NO 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 2700 Barker Street Latvia 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 V NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, atc. FORCES? 1 YES 2 NO If yea, specify Cuban, Maxican, Pu 1 YES 2 X NO Specify: 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced white 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ry/Secondary (0-12) College (1-4 or 5+) 12 3 Pharmaceutical Firm Executive Director 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Toms Broze Anna Sternmanis 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Andrejs Broze 4029 Normanwood, West Bloomfield, MI 48323 20a. METHOD OF DISPOSITION
1/A Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata OATE Riverside Cemetery 2-9 Kalamazoo, MIchigan 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Rapp Funeral Services, P. A. 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 933 Gist Avenue, Silver Spring, MD 20910 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cerdisc or respiratory errest, Approximete Interval Between shock, or heart failure. List only one cause on each line. Onset end Death IMMEDIATE CAUSE (Finel disease or condition My consel yarefrey rulde resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other alguificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS esta Carlovanda AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 \( \) Nursing Home 5 \( \) Residence 6 \( \) Other (Specify) 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1XX Natural 5 Pending 1 YES 2 NO 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, fectory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 1X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF PERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0066 February 2, 1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2309 Shorefield Road Myron L. Lenkin, M. D. Silver Spring, MD 20906 32, REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)



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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	OB ATTENDING BUNCKINAN. The law requires that the death certificate he securited within hours offer facility Date & retained by the bosonites or otherwise

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a frour steer death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

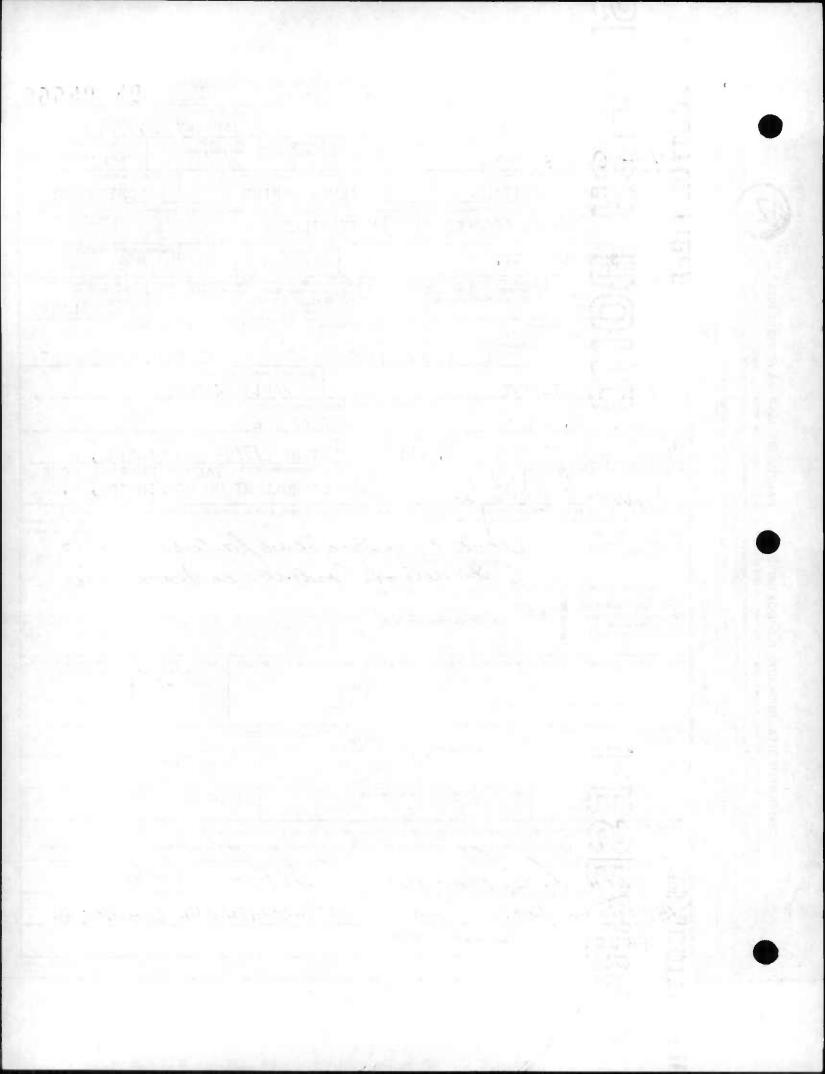
REGISTRAR  1. DECEDENT'S NAME/(First)	, Middle, Last)	0	С	ERTIFICA	ATE OF D	PEATH		REG. NO.	-	3. TIME OF DEATH
Marie	S,	Brou						NUARY	29,	19148:390
4. SOCIAL SECURITY NUME  5 # Security NAME (If not in	-3297	1 🗆 M 2 💢 F	6. AGE (In yrs. II	YRS. MON	THE DAYS	F UNDER 24 HRS IOURS MIN.	(Month	3/18	1	BIRTHPLACE (State or Foreign Country) MASHINGTONE
	DSS HO	SPITAL		90.	SILVER				9c. COUNTY	ONTGOMERY
10a. STATE MD	CE GEOR	GES	10c, CITY, TO	ATTSV	LLE				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER	RIDAN	ST.			101. Z	2078	2		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Divo	Section 1971	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2	RMED NO	13. WAS DECEN If yes, speci	fy Cuban, Max	ican, Puerto F		or No.— 14.	RACE — American Indian, Black, White, etc. Specify: BLACK
	EDENT'S EDUC y highest grade 3-12)			ECRETA	done during most red.)	of working	16b.	FEDE		GOVERNMENT
17. FATHER'S NAME (First, M JOSEPH	STE	WART						JACKS		
190. INFORMANT'S NAME (1		ROWN	1	9b. MAILING ADD	SAME		Tel Route Numb	per, City or Town,	, State, Zip Co	de)
20g. METHOD OF DISPOSIT  1 X Buriel 2 Cremetic  4 A Donation 5 Other	ION on 3 🗆 Ramo	oval from State		E AND DATE OF DIS	SPOSITION /Name	of	DATI	20c. LOC	ATION - City	or Town, State
4 Donation 5 Other	(Specify)		cemetery, c	OLI VET		TERY !	2/7/9	4 WA	SHIN	STON DC
21. SIGNATURE OF FUNERA	SERVING LIC	AB.	le	ÖLİVET	254 C/	ARROLI	2/7/9 FACILITY L ST	TAKOM NW WA	A FUI SHING	STON, DC NERAL HOME STON, D.C
23. PART . Enter the d shock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if any, isading to imme	isessea, or cent failure. I	omplications that List only one crus	caused the caused life	BUFFER	254 C/	ADDRESS OF ARROLL of dying, s	FACILITY L ST uch as card	TAKOM NW WA	A FUI SHING	NERAL HOME GTON, D.C
23. PART ( Enter the d shock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death)	isessea, or cert failure. I	omplications that List only one cause Due to (	caused the ce on each lir	death. Do not a no.	22. NAME AND 254 CA	ADDRESS OF ARROLL of dying, s	FACILITY L ST uch as card	TAKOM NW WA	A FUI SHING	NERAL HOME GTON, D.C
23. PART . Enter the d shock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY, CAUSE (Disease or injuthat initisted events	isesses, or deart failure. I	DUE TO (d.	Caused the ce on each life on as a consider AS A CONSIDER AS A CONSIDER AS A CONSI	death. Do not a to.	Jacob CEMET 22. NAME AND 254 CA	ARROLI of dying, a	2/7/9 FACILITY L ST such as card	TAKOM NW WA	SHIN( atory arrest	NERAL HOME GTON, D.C
23. PART ( Enter the d shock, or h iMMEDIATE CAUSE (Fid disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initisted events resulting in death) LAS  PART II. Other aignifications of the cause	isesses, or cert failure. In ail	DUE TO (	Caused the ce on each life on as a consider the considered the con	EQUENCE OF):	a underlying of	ARROLI of dying, a	PACILITY L ST uch as card	TAKOM WA NW WA Hac or respira	SHIN( atory arrest	Approximate interval Between Onset and Dark Onset a
23. PART ( Enter the d shock, or h iMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initisted events resulting in death) LAS  PART II. Other aignifications of the cause of the caus	isesses, or cert failure. In ail	DUE TO (d.	Caused the ce on aach life on a consideration of the consideration of the caused on a consideration of the caused	EOUENCE OF):  EOUENCE OF):  Fesuiting in th	a underlying of the large Here:  26. PLAC. Hyuring Home  26. PLAC. INJUR. WORK	ADDRESS OF AROL.  of dying, a course given	In Part I.	TAKOM NW WA  NW WA  NIsc or respiration  24a, WAS AN A  PERFORM  1 USS 2	SHIN( atory arrest	Approximate interval Betwee Onset and Daw On

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
MYRON L. LENKIN MD

31. DATE FILED (Month, FEB 0 4 1994

2

32. REGISTRAR'S SIGNATURE



STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle,

A SOCIAL SECURITY HUMBE

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detached for Page 6 may be retained by the 2 funeral director, page 5 should after death. executed withi death certificate be OR ATTENDING PHYSICIAN: The HOSPITAL

7. DATE OF BIRTH (Mooth, Day, Year -3135 1 M 2 F YRS. Maryland 9a. FACILITY HAME (If not in 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore City RESIDENCE OF 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Parkton Maryland Baltimore 1 YES 2 10 HO FUNERAL 100. STREET AND HUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 17014 Yeoho Road 21120 USA hospital or attending physician. 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 HO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIHD OF BUSINESS/INDUSTRY Baltimore County entary/Secondary (0-12) ege (1-4 or 5 +) 12 6 School Teacher 5th District 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname) Ħ Wilson Kearney Cox Hester May Thompson BE notified 19a. INFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard K. Cox 1609 Walker Road, Freeland, Md. 21053 e 20s. METHOD OF DISPOSITION

1 X Burtal 2 Cremation 3 Removal from State 20b. PLACE AHD DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must ematory or other pla 2/8 4 Donation 5 Qther (Specify). Cemetery Parkton, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. HAME AND ADDRESS OF FACILITY Eline Funeral Home 934 S. Main Street, Hampstead, Md. 21074 and completely filled in by the burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition 0 1 12 event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): herosc traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 Injury, PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the any 1 YES 2 NO OF DEATH? 1 ☐ YES 2 ☐ HO has been s Dept. of H New Onse PHYSICIAN: ION 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h the State EXAMINER? HOSPITAL: OTHER:
4 ☐ Hursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 YES 2 HO tient 2 - ER/Outpatient 3 - DOA 27. MANNEB OF DEATH 28a. DATE OF IHJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, DIRECTOR: After this c hours after death with 1 Natural 5 Pending 1 YES 2 HO BY 2 Accident 28e. PLACE OF IHJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 09 6 Could not be COMPLETED 4 Homicide 28 FUNERAL DIRECT
within 72 hours a 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FAIRMOUNT 31. DATE FILED (Month, Day, Year) 32. REGISTRARY SIGNATURE. '94 FEB 8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

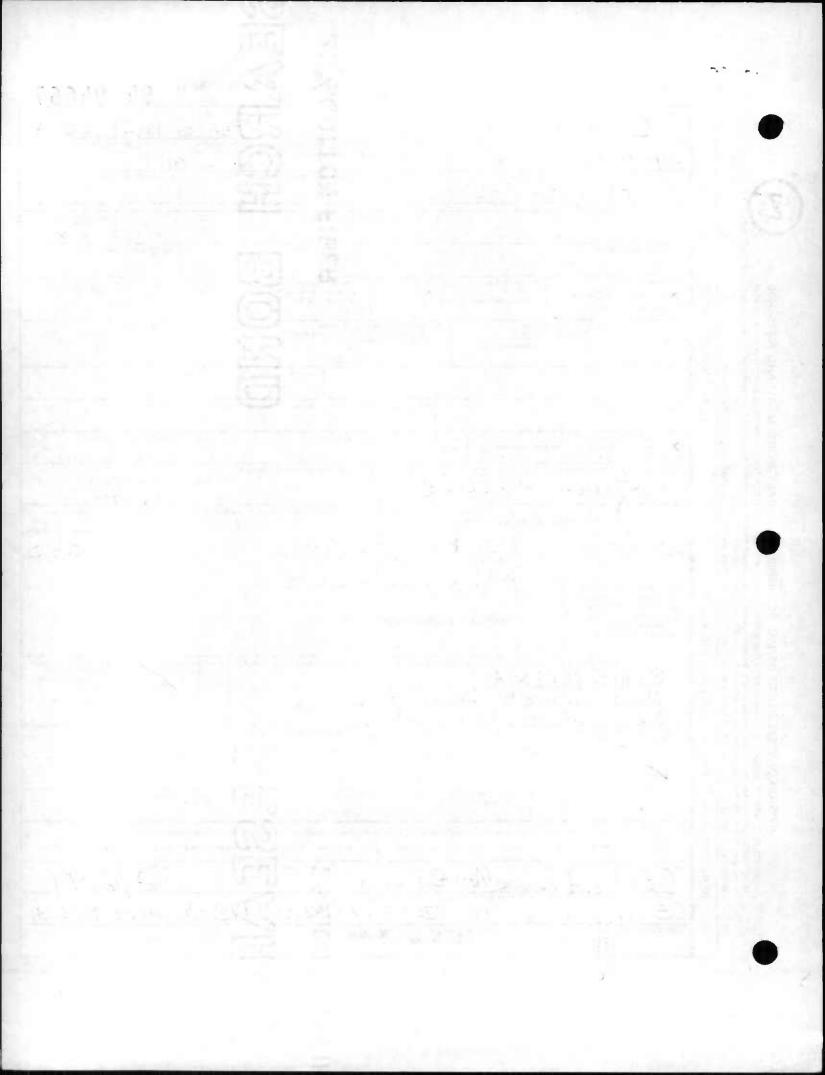
IF UNDER 24 HRS.

8. AGE (In yrs. last birthday)

REG. NO.

B. BIRTHPLACE (State or Foreign

2. DATE OF DEATH FER



BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	on, or femoral.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

9	4	0	4	6	6	8
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100	1. DECEDENT'S NAME (First, Middle, Lest) HELEN TU	y Carte	r			2. DATE OF DEATH MONTH	- 94	ar 1308 p
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE			DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.1	BIRTHPLACE (State or Foreign
1	216-40-6234	1 M 2 M F	82 YRS.	ONTHS DAYS HOURS	B MIN.	3 23 1		Vash. D.C.
-	Se. FACILITY NAME (If not institution, give s	treet and number)	Alaca "	b. CITY, TOWN OR LOCA		EATH	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	eavenus?	407	Rockv	ттте		Mont	gomery
	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY
	Md Mont	tgomery	Da	rnestown				1 YES 2 NO
FUNERAL	13735 Darnesto	own Rd.		10f. ZIP CC		878		J.S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT If yes, specify Cu 1 YES 2 N	ban, Maxica	IIC ORIGIN? (Specify Yon, Puerte Rican, stc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
3	15. DECEDENT'S EDU		18a. DECEDENT'S US	SUAL OCCUPATION		16b. KIND OF BU	JSINESS/INDUST	RY
COMPLE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		k done during most of word etired.) emaker	rking			
5	17. FATHER'S NAME (First, Middle, Lest)			18. MG	OTHER'S NA	ME (First, Middle, Maide	n Surname)	
u I	Henry C. Parl	KS			-	nce Bren		
ן מ	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Numi	ber or Rural i	Route Number, City or To	wn, State, Zip Cod	<sub>M</sub> 208
2	Loretta L. Cı	regger	13735	Darnest	own	Rd.,Gait	hersbu	irg, Md.
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem		b. PLACE AND DATE OF metery, crematory or othe			OATE 20c. L	OCATION — City	or Town, State
	4 Donation 5 Other (Specify)			Wn Cemet	ery		rnesto	wn, Md.
	bullena (	2 KA			on F	uneral H		P.O.B. 86
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (DISEASE (D							
CENTILL	that initiated events resulting in death) LAST	d	A CONSEQUENCE OF):					
: MEDICAL	Organi Congustion		but not resulting in Typed rom		e given in	Part I. 24a. WAS A PERFC 1 YES	RMED?	24b. WERE AUTOPSY FINDIF AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
				26. PLACE OF	DEATH (Ch	eck only one)		
3	25. WAS CASE REFERRED TO MEDICAL							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 MO	HOSPITAL:		THER:  Nursing Home 5	Residence	8 Other (Specify)		
TOIS III.	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH			OF 28c. INJURY AT WORK?		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	<b>ED</b>
	EXAMINER?  1 YES 2 PNO	1 Manual 2 □ ER/Out  28e. DATE OF INJURY (Month, Day, Year)  2 - 6 - 9 L	patient 3 DOA 4	OF 28c. INJURY AT WORK?  M 1 YES 2		28d. DESCRIBE HOW	V/A	
10 01	EXAMINER?  1  YES 2  MO  27. MANNER OF DEATH  1 Notural 5  Pending	1 Manual 2 □ ER/Out  28e. DATE OF INJURY (Month, Day, Year)  2 - 6 - 9 L	patient 3 DOA 4  28b. TIME INJUF  Y — At home, term, str.	OF 28c. INJURY AT WORK?  M 1 YES 2			N/A. and Number or R	lural Route Number,
OMPLETED BY PRISICIAN:	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFYING PHYSI	1 Propertient 2 ER/Out 28e. DATE OF INJURY (Month, Dey, Year) 2 - 6 - 9 L 28e. PLACE OF INJURY	patient 3 DOA 4 28b. TIME. INJUF Y— At home, farm, strictly)	Nursing Home 5 DF 28c. INJURY AT WORK? 1 YES 2 set, factory, office at the time, data and pla	NO	28d. DESCRIBE HOW  281. LOCATION (Street City or Yown, Stell to the cause(s) and me	and Number or R	J.A.
COMPLETED BY	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFYING PHYSI	28e. DATE OF INJURY (Month, Day, Year) 2 - 6 - 7 28e. PLACE OF INJURY building, stc. (Spe	patient 3 DOA 4 28b. TIME INJUE Y—At home, farm, strictly) viedge, death occurred on and/or investigation,	Nursing Home 5 S  DF 28c. INJURY AT WORK?  M 1 YES 2  set, factory, office  at the time, data and pla  In my opinion, death oc	ica, and due	28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State to the cause(s) and metime, data and place, a	and Number or R	use(a) and manner as state
10 01	EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one)  2 MEGICAL EXAMINE	28e. DATE OF INJURY (Month, Day, Year) 2 - 6 - 7 28e. PLACE OF INJURY building, stc. (Spe	patient 3 DOA 4 28b. TIME INJUE Y—At home, farm, strictly) viedge, death occurred on and/or investigation,	Nursing Home 5 S  DF 28c. INJURY AT WORK?  M 1 YES 2  set, factory, office  at the time, data and pla  In my opinion, death oc	ica, and due	28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State to the cause(s) and metime, data and place, a	and Number or R	use(a) and manner as state.

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Shou	стоя	9e. FACILITY NAME (If not institution, give street and number)  RESIDENCE OF DECEMENT	tal	96. CITY, TOWN OR LOCATIO
4)	DIRECTOR	Maryland St. Mary's		Y, TOWN OR LOCATION VENUE
sit pe	FUNERAL	100. STREET AND NUMBER P.O. BOX 87		101. ZIP CODE 2060
21215-0020 al or attending physician. for use as the bunal-transit	BY FUNE	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVEN FORCES? 1 FYES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF If yes, specify Cuban. 1  YES 2 X NO
3	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of v	USUAL OCCUPATION work done during most of working
O E B	COMPLE	Elementary/Secondary (0-12) College (1-4 or 5+)  11th Grade	House	41-20-0-1
MARYLAND retained by the hospits 5 should be detached notified at once.	BE CON	17. FATHER'S NAME (First, Middle, Lest) John Thomas	Arms	strong Ann
MAR retained to 5 should notified	TO B	190. INFORMANT'S NAME (Type/Print)  John Francis Carter		ADDRESS (Street and Number of Box 87, Avenu
		20a. METHOD OF DISPOSITION 1   X   Burlel 2   Cremation 3   Removel from State 4   Donation 5   Other (Specify)	20b. PLACE AND DATE C	OF DISPOSITION (Name of their place)
BALTIMORE, MARYLAN er death. Page 6 may be retained by the hot the funeral director, page 5 should be detach val.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Michael	Liner	22. NAME AND ADDRESS Mattingley P.O. Box 2
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after 6 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1966 within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical expenses.	or other traumatic event, the ERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE OF	not enter the mode of dying the state of the
	TO BE COMPLETED BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination of examination of the basis of examination of the basis of examination of the basis of examination of examinatio	JURY — At home, farm, s (Specify) knowledge, death occurre nation and/or investigation	URY M 1 YES 2 ::  threet, factory, offica  and at the time, data and place, and in my opinion, death occursed  29c. LICEN
	- 1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type,	Print)

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER

577-36-9409

31. DATE FILED (Month, Day, Year)

1 '94

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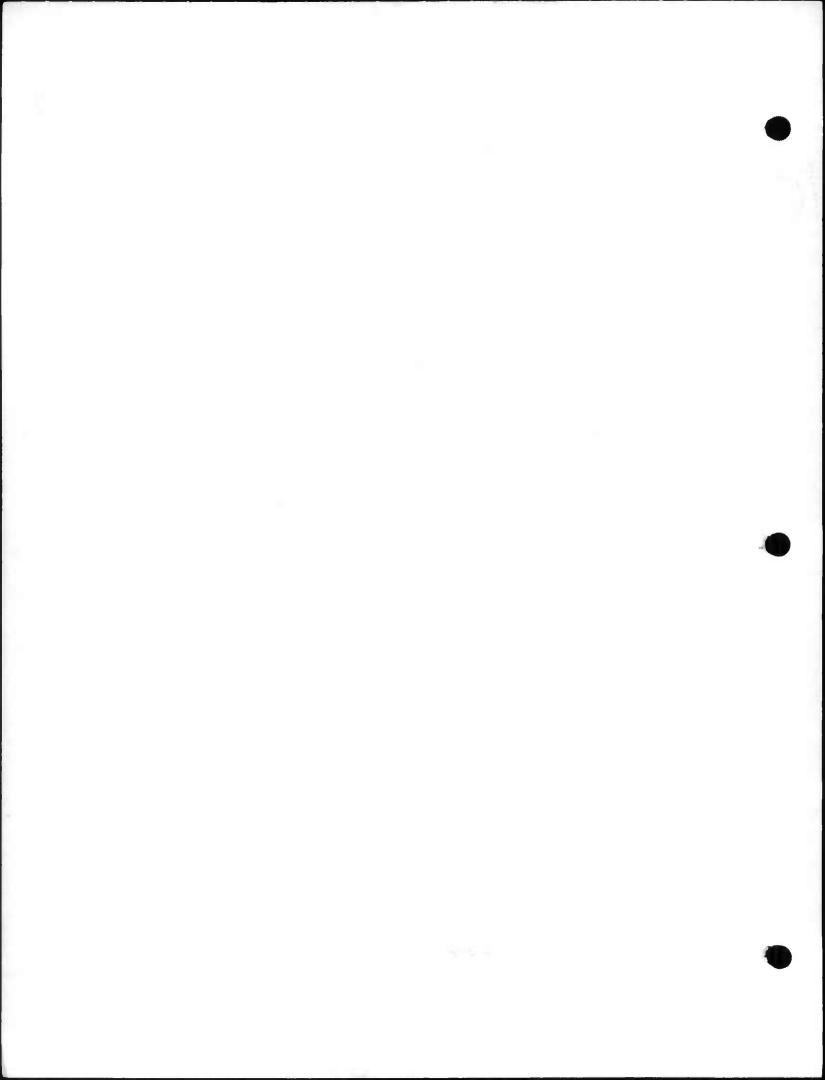
5. SEX

STATE OF MARYL	AND / DEPA CERTI	RTMENT	OF I	HEALTH DEAT	AND I	MEN	TAL HYGIEN REG. NO.		9	4 041	56
IRENE		CAI	RI	EK	7		ATE OF DEATH	<b>"-9</b>	YEAR	3. TIME OF DEATH	20"
	In yrs. last birthday	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. 0 Dec	ATE OF BIRTH Worlth, Day, Year) C. 18, 1	928	8. BIRTHI Country Mai	yland	gn
NOSPI+	Al	9b. CITY,	TOWN	OR LOCATION	ON OF PI	ATH ) / J	00	Sc. cou	NTY OF DE	MARY:	5
ary's	Avenue						10d. INSIDE CITY LIMITS? 1 YES 2X N	10			
101. ZIP COD								-	ZEN OF W	HAT COUNTRY?	
2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	yes, sp	CENDENT O	n, Mexica	n, Pue	NGIN? (Specify Yea orto Rican, etc.)		14. RACE Black, Specifi	- American Indian White, etc.	l <sub>e</sub>		
rion mpleted) College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working  16b. KIND OF BUSINESS/INDUSTRY										
nomas		stron	~	Anr	na		Marie		Curt	is	
er							Number, City or Town	, State, Zip 20609			
I from State cem	PLACE AND DATE etery, cremetory or acred H	other place)			7 1	-1	17	shwoc		m, State	
Lard	(iner)	Ma <sup>-</sup>	tti	Box 2	7-Ga:	rdi Le	ner Func	eral wn. N	Home Marvl		550
notications that caused to only one cause on a	ich line.	not enter t	he mo	de of dyi	ng, suci	h as	cardiac or raspir	ratory arr	est,	Approximatinterval Bet Onset and I	a ween Death
DUE TO (OR AS A	CONSEQUENCE	OF):									
DUE TO (OR AS A	CONSEQUENCE	OF):									
contributing to death b	ut not resulting	In the und	erlying	g cauae g	iven in	Part i	24a. WAS AN / PERFORI	MED?		WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	USE
OSPITAL: Inpetient 2 - ER/Outp	itlent 3 🗆 DOA	OTHER:		ACE OF O			y one) Other (Specify)				
28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF 2	WO	URY AT	NO	28d.	OEȘCRIBE HOW IN	JURY OCC	WRED		
28a. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, factor	y, offic	0			LOCATION (Street ar City or Town, State)	nd Number	or Rural Ro	ute Number,	
N: To the best of my knowled on the basis of axamination										and manner as stat	ed.
- tam				29c. LICE	NSE NUM	BER				Month, Day, Year)	
OMPLETED CAUSE OF DEA	TH (ITEM 27) (Typ	e Print)	06	300	H	5 3	0	m	1/3	1194	

DHMH-18 Ray 1/89

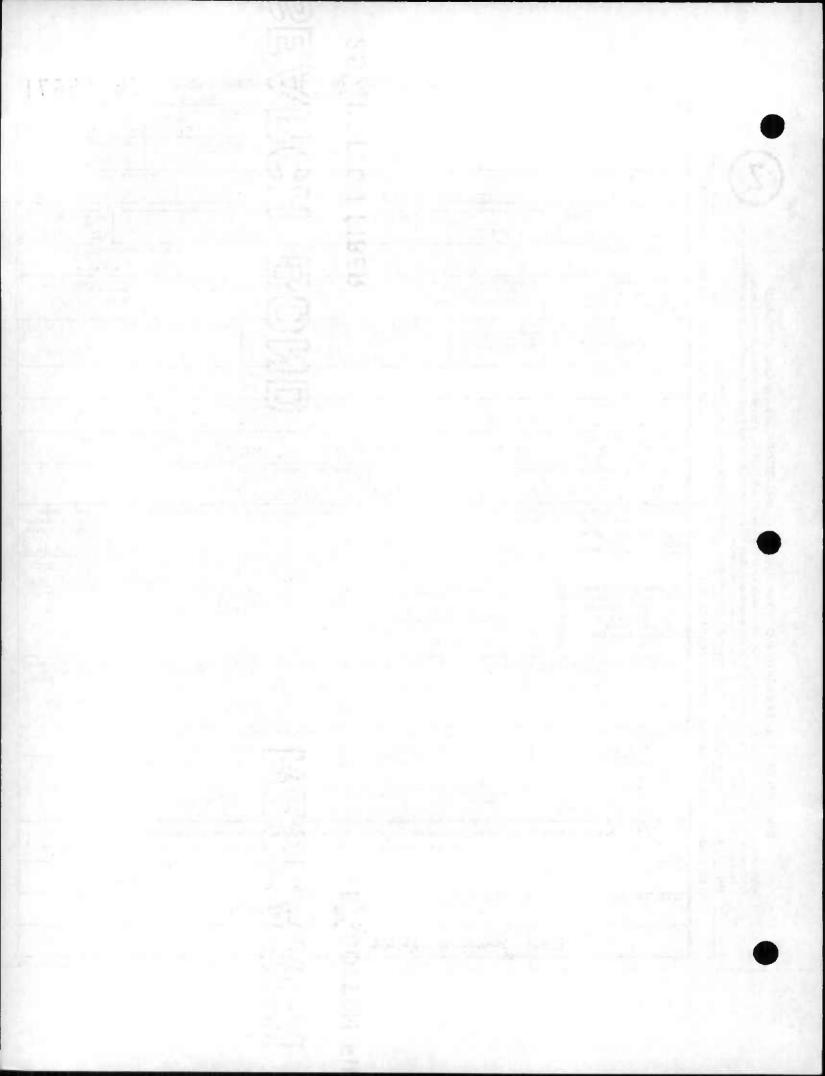
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
SICIAN: The law requir	certificate has been si the State Dept. of He	, or item 23 show	
OR ATTENDING PHYS	DIRECTOR: After this i	tem 28 is marked	
TO THE HOSPITAL	TO THE FUNERAL I	IMPORTANT: If I	

	FOR STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAI CERTIF					MENT	AL HYGIEN	_	91	04670
1	1. DECEDENT'S NAME (First	, Middle, Last)									E OF DEATH			3. TIME OF DEATH
	ERIKA	HELEN	E	CHAP	MAN					) ON		5 -	94	3:30 A 11
	4. SOCIAL SECURITY NUMBER		5. SEX		s. last birthday)		R 1 YEAR	1	R 24 HRS.	7. DAT	E OF BIRTH		8. BIRTH Count	IPLACE (State or Foreign
1	315-36-678		1 [] M 2 [A] F		58 YRS.	MONTHS	DAYS	HOURS	MIN.	jan	. 22,	1925	Count	"Germany
_	9a. FACILITY NAME (if not institution, give street and number)					9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE							
5	415 Silver	SPring	AVe. #2	04		Sil	ver	Spri	ing			Mon	ıtgoπ	nery
EC	10e. STATE	10b. COUNTY	Y		10c. CI	TY, TOWN	OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	Maryland	Montg	omery		Si1	ver	Spri	ng						LIMITS?
	10e. STREET AND NUMBER							. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	415 Silver	Spring	Ave. #2	04				209	910				USA	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13.	WAS DEC	ENDENT (	OF HISPAI	NIC ORIG	IN? (Specify Yes	or No-	14. RACE	E — American Indian,
BY F	1 Never Married 2 A		IF YES, GIVE Y					2 NO			Rican, atc.)			k, white, alc.  White
		EDENT'S EDU	0471011											white
H	(Specify onl	y highest grade	completed)		(Give kind of life, Do NOT u	work done	during mo	ON st of worki	ng	16	b. KIND OF BU	SINESS/INE	DUSTRY	
PLE	Elementary/Secondary (0	3-12)	College (1-4 or 5	+)	Clerk			)enar	rtmer	nt	Groce	2 17 37		
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)			OTOTIC	/ 110					Middle, Maiden			
ш	Wilhelm Na	der Ch	apman								nown)			
8 (	19a, INFORMANT'S NAME (7				19b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural	Route Nur	nber, City or Tow	n, State, Zip	Code)	
10	Wilmer Ray	Chapma	.n		415 Si	.lver	Spr	ing	Ave.	#20	04 Silv	er S	prin	g, MD 20910
	20g, METHOD OF DISPOSIT 1 🖰 Burlel 2 □ Cremetic	ION	oval Irom, State	20b. PL/	CE AND DATE	OF DISPO	SITION (Ne	me of			TE 20c. LO			
	4 Donation 6 Other	(Specify)	1	Ced	ar Hil	1 Ce	mete	ry		1/2	28 Suit	land	, Ma	ryland
	21. SIGHATURE OF FURERA			22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 20904							uneral Home			
	- Muly	101	renal ch				1800 i Ive:	New Spi	Ham	pshi Ma	re Ave	nue 2090	)4	
CERTIFICATION	23. PART i. Entar thy diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arreat, abock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):													
CERTII	that initiated events resulting in death) LAS		d								T			
PHYSICIAN: MEDICAL				000110011			ilderlyin,	Ceuse	given in		PERFOR	IMED?	246.	WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO	O MEDICAL					26 DI	ACE OF D	EATH (C)	ack net-	(none)			
Sic	EXAMINER?  YES 2 NO		HOSPITAL:	FR/Outpatier	w 3 □ DOA	OTHE	R:							
H	27. MANNER OF DEATH		26a. DATE OF	INJURY	26b. TIA	E OF	28c. INJ	URY AT	sidence		er (Specify) SCRIBE HOW I	NJURY OC	CURED	
		Pending Investigation	(Month, D	lay, Year)	IN	JURY M	WO	RK?	NO					
TED BY	3 Suicide 6	Could not be detarmined	28e. PLACE O building,	F INJURY — A atc. (Specify)	it home, farm,	street, lac	tory, offic			281. LO City	CATION (Street a y or Town, State)	and Number	or Rural F	loute Number,
COMPLET			CIAN: To the best of R: On the beele of a											) and manner ee stated.
w II	296. SIGNATURE AND TITLE								ENSE NUI					(Month, Day, Year)
ω	ach	Sai	Luc	~~				Do	8	54	4	•	Jan	27-94
10	30. NAME AND ADDRESS OF	PERSON WHO	Completed CAU	SE OF DEATH	(ITEM 27) (Type		لعا	· S	ion	5 (1	u F	lue		1 Setter d
	JAN 3 1	1994	Fisher De	A'S SIGNATUR	ander									



	1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (First,	Middle, Last)	₽OBI	ESS A	ERTIF	RUMP	DEAT	H	MENTAL HYGIE REG. N 2. DATE OF DEATH	Ю.		0467 [ 3. TIME OF DEATH	
	000	ven	CA CH	WA J	A. CKOM					JOHN 1-304 199 (EAR) 7% 55 00			
	The second second second second	4. SOCIAL SECURITY NUMBER 5. SEX 216-12-4649 1 □ M 2X		6. AGE (In yrs. lest birthday) 72 YRS.		IF UNDER 1 YEAR MONTHS DAYS			7. DATE OF BIRTH (Month, Day, Year) 08-28-1921		8. BIRTHPLACE (State or Foreign Country) Wash DC		
	Sa. FACILITY NAME (If not int	etitution, give s	itreet end number)			9b. CITY, TOWN (	OR LOCATIO				NTY OF DE		
OR	Greater La	aurel	/Beltsv	ille H	osp	Laur	el			PRI	INCE	GEORGES	
5	RESIDENCE OF DEC	EDENT		1110	,					1			
DIRECTOR	Maryland		ce Geor	ges	10c. C11	y, town or locat Bel	tsvi	lle				10d. INSIDE CITY LIMITS?  1 X YES 2 NO	
	10e. STREET AND NUMBER			J		10	. ZIP CODE			10g, CIT		HAT COUNTRY?	
FUNERAL	7604 Old N	Muirk	irk Roa	ď		170	20	705				5.A.	
S	11. MARITAL STATUS	HULLIN	12 WAS DECEDEN	T EVED IN HE AD	MED		ENDENT OF	HISPAN	IIC ORIGIN? (Specify	Yee or No-	14. RACE	- American Indian,	
ВУ	1 Never Merried 2 1		FORCES? 1	YES 1/34	40		ecify Cuben. 2 🔀 NO		n, Puerto Rican, etc.)			White, etc. Black	
ED		EDENT'S EDU				USUAL OCCUPATION			16b, KIND OF I	USINESS/INI	DUSTRY		
COMPLETED	Elementary/Secondary (0-		College (1-4 or 5	·) Iffe.	. Do NOT u	se retired.)			Damt		7 ~~~	:1	
MP	12th			- 1-	ab '	rechnic		Sec	-		Agr.	iculture	
	17. FATHER'S NAME (First, Mil.		ion						ME (First, Middle, Maid Lra Duck				
BE	190. INFORMANT'S NAME (7)		.611	100	h MAII INC	ADDRESS (Charles			Route Number, City or 1		. 0-4-1		
10	Ronald H.		p (Son)						Rd., Cli			20735	
	20e. METHOD OF DISPOSITION  1 Donation 6 Other	n 3 🗆 Rem	ioval from State			of disposition (No.		. P		Location -			
	22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A.												
	200	rga	16.0	Tuou	ide		$\mathtt{KVIL}$			OME, 850	P.A	•	
	23. PART I. Enter the dis	seales, or	complications the List only one cau	t caused the de	ath. Do					piratory ar	rest,	Approximate	
	IMMEDIATE CAUSE (Find disease or condition		Frest				Interval Between Onset and Death 10 min						
	reaulting in death)		PUN	ion AS A CONSE	onary Hypertension							1 year	
N	Sequentially list condition	one.	, QUU	mynail	" N	MADONIE	Mora					1 year	
AŢ	if any, leading to immed cause. Enter UNDERLYII		01	MANA CONSE	Dari	rudtive	Lun	8 D	isease	0		10 yr	
음	CAUSE (Disease or injurthat initiated events		C. DUE TO	(OR AS A CONSEC	QUENCE O	Di I	1	144.0	1 over an	UL.		10000	
CERTIFICATION	resulting in death) LAST	г	Cox	onary-	Arte	ry Dis	ease	0	1				
	PART II. Other algolificer	nt condition	as contributing to	death but not r	- multima	in the underbile	a aguar al	luna in	Best i Loss uno	AN AUTOPSY	1 045	WEST AUTODOX STILLINGS	
N S			in contributing to	Odatii but not i	esuiting	m the dispersym	g causa gi	14611 111	PERF	ORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED									1 TYES	2 XNO		OF DEATH?	
Σ.												1 VES 2 NO	
~	25. WAS CASE REFERRED TO	MEOICAL				26. PI	ACE OF DE	ATH (Ch	eck only one)				
X	EXAMINER?		HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER: 4 Nursing Horn	ne 5 🗆 Rea	idence	8 Other (Specify)				
SICIA			26e. DATE OF	INJURY ay,, Year)	28b. TIR		URY AT DRK?	(Pr	28d. DESCRIBE HO	V INJURY OC	CURED		
PHYSICIA	27. MANNER OF DEATH												
BY PHYSICIAN: MEDICAL	1 Netural 5 🗆 f	Pending investigation	1	NO	111								
BY	1 Netural 5   1 2 Accident 3 Suicide 6		28e. PLACE O	-/1-	me, ferm,	street, factory, offic	•	-1	28t. LOCATION (Streetly) City or Town, Ste	et end Numbe ite)	r or Rural A	oute Number,	
BY	Netural 5   1   2   Accident   3   Suicide   6   0   0   0	could not be determined	28e. PLACE O building,	F INJURY — At ho	B				Chylar Town, Ste	ite)		oute Number,	
BY	Netural 5   0   2   Accident   3   Suicide   6   0   0   0   0   0   0   0   0   0	Could not be determined	28e. PLACE O building.	F INJURY — At ho atc. (Specify)  my knowledge, de	ath occur	ed at the time, date	and place,		to the cause(s) and s	nenner ee ata	ted.		
COMPLETED BY	1 Netural 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Could not be determined  FYING PHYSICAL EXAMINE	28e. PLACE O building.	F INJURY — At ho atc. (Specify)  my knowledge, de	ath occur	ed at the time, date	and place, leath occure	d at the	to the cause(s) and r	nenner se ata	ited. he cause(e)	end menner as stated.	
BY	Netural 5   0   2   Accident   3   Suicide   6   0   0   0   0   0   0   0   0   0	Could not be determined  FYING PHYSICAL EXAMINE	28e. PLACE O building.	F INJURY — At ho atc. (Specify)  my knowledge, de	ath occur	ed at the time, date	and place,	d at the	to the cause(s) and r	nenner se ata	ited. he cause(e)		

SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print Seath Eaton M. D. 7120 Contoc MD 20707 31. DATE FILED (Month, Day, Year) FEB 0 2 1994



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH YEAR Kyu YON Chang 01 31 94 10:37PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 219-80-887 D1 [X M 2 □ F 219 -80 YRS. 62 3, 1931 Dec South Korea 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Montgomery General Hospital Olney, 20832 Montgomery Md. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 NO permit. BY FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? bunial-transit 404 Carona Place 20905 Perm. Resident rurs after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, stc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cubsn, Mexican, Puerto Rican, etc.)

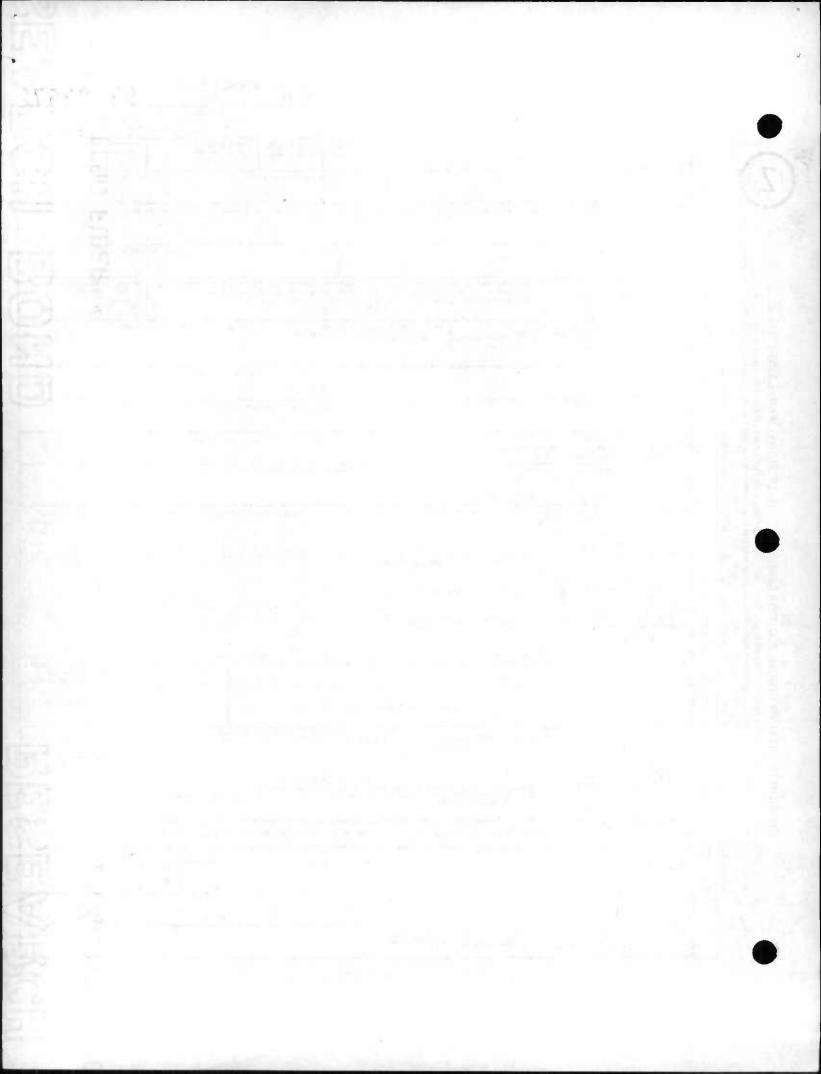
1 YES 2 NO Specify: 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES Specify 3 Widowed 4 Divorced use as the Korean COMPLETED 16e. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EOUCATION (Specify only highest grade comple 16b. KING OF BUSINESS/INDUSTRY for Elementary/Secondary (0-12) College (1-4 or 5+) detached 10 0 self-employed retail 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 2 notified at Jung Cho Chang BE unobtainable page 5 should 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Janice Chang 404 Carona Place Silver Spring, MD 20905 pe 20e. METHOD OF OISPOSITION
1 M Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE ANO OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must funeral director, George Washington Cemetery 2/4 Adelphi Maryland medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Ave signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to bunial, cremation, or removal. ran Silver Spring, 28. PART / Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final Onset and Death 94 assive disease or condition resulting in death) n hol event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disesse or Injury or other OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST injury, PARTyli. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 0 6 shows any 1 YES 2 NO monay 1 YES 2 NO has been s Dept. of H 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) this certificate his with the State C inked, or Item Item HOSPITAL:
1 I inpatient 2 ER/Outpatient 3 DOA EXAMINER? OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 27. MANNER OF OFATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 5 Pending 1 YES 2 NO BY After 2 Accident investigation 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town State) TO THE MOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Itom 28 is 6 Could not be COMPLETED 4 Homicide 29s, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year BE Dr. Daniel Kim Vier 2 30. NAME AND ADD SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

31. DATE FILEO (Month, Day;

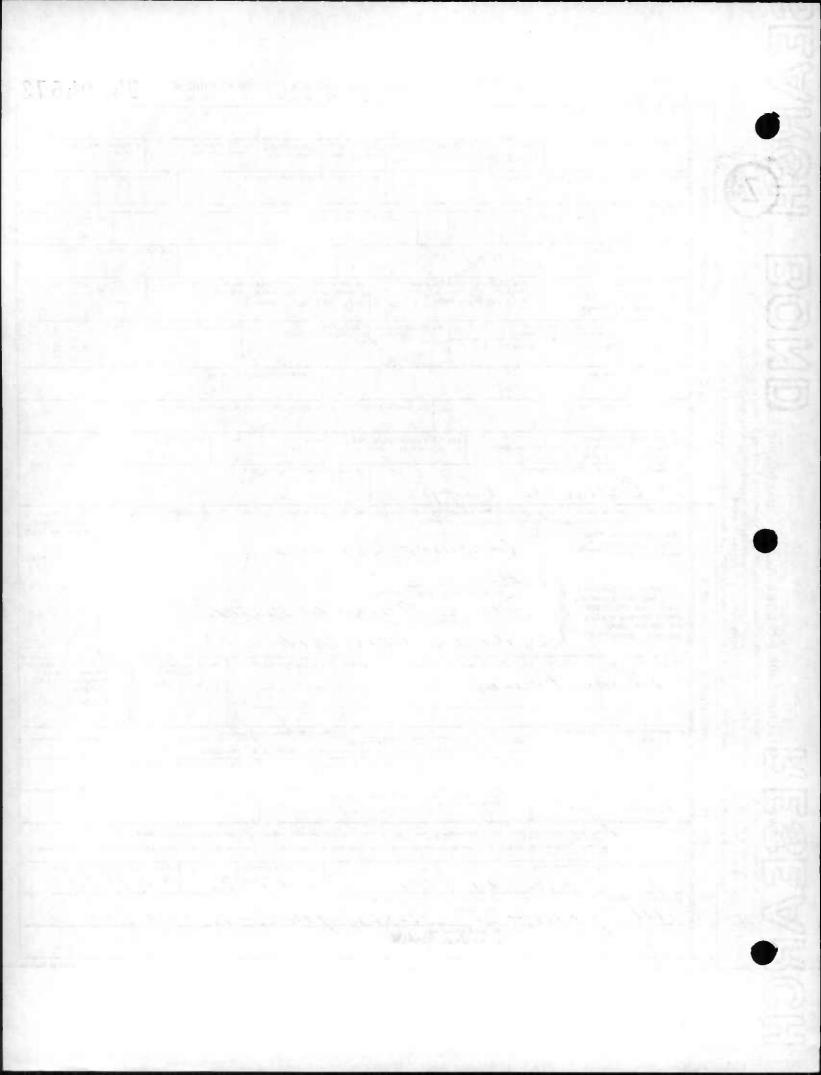
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the beam cerameter of executed within the beam. Tage o may be retained by the hospital of attending physician.	physica	d Mental Hygiene prior to burial, cremation, or removal.	The second secon
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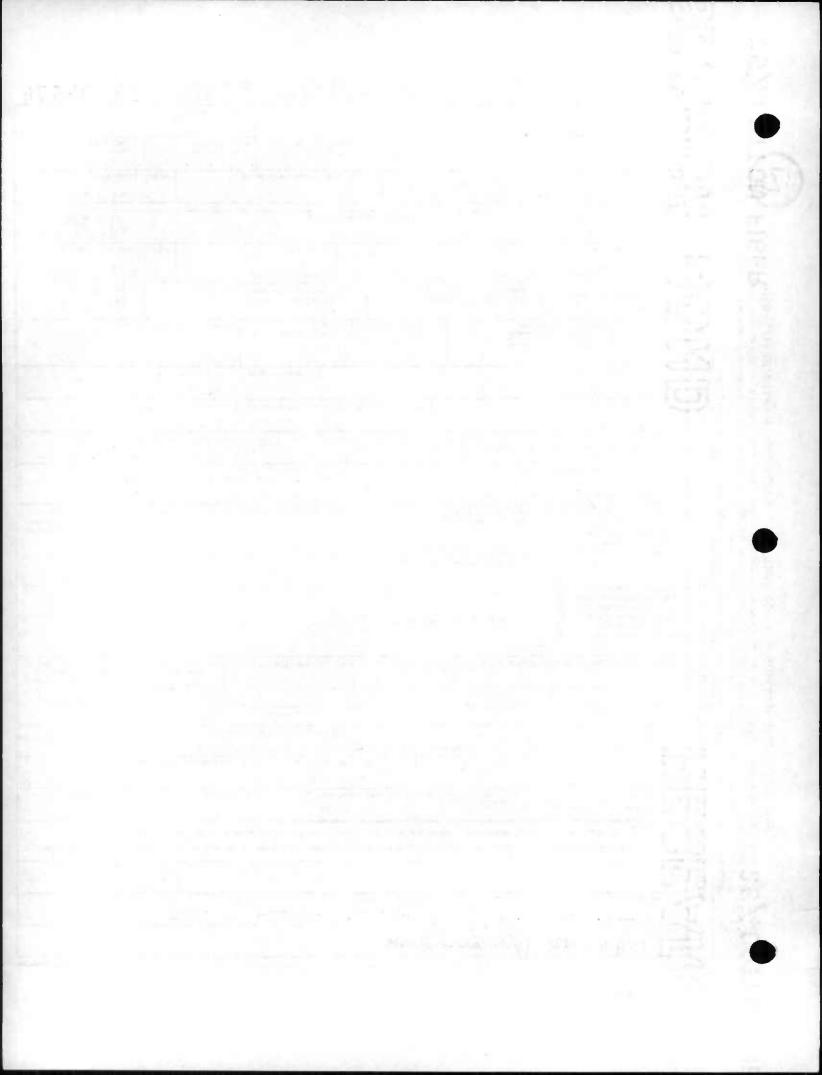
	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First	, Middle, Last)		MARYLAND /		ICATE				2. DAT	REG. NO			0467
			Catherine	Chisholm					February 1, 1994 1:36			1:36 P		
- 8	4. SOCIAL SECURITY NUME		5. SEX		6. AGE (In yrs. last birthday)		1 YEAR			(Mor	OF BIRTH		8. BIRTNPLACE (State or For	
	217-44-0337		1 🗆 M 2 💢 F	92	92 YRS.				July 23, 1901 Ma			Ma	ryland	
Œ	9a. FACILITY NAME (# not in		,			96. COUNTY OF Silver Spring 9c. COUNTY OF Montgo								
210	Holy Cross	HUSU.	rraı			21	rive	r. oh	ır.Tuĉ	}		MOH	Lgoill	ery
IRE	10a. STATE	10b. COUNT	r cgomery			ry, TOWN OF								10d. INSIDE CITY LIMITS?
LD	Maryland		Ke	ensing		ZIP COD	-			44-07	TEN 05 1	1 TYES 2 NO		
RA	3000 McCom		enue				101	. ZIP COU	-	2089	5			States
BY FUNERAL DIRECTOR	11, MARITAL STATUS		12. WAS DECEDE	IT EVER IN U.S. AF	MED				OF HISPAI	NIC ORIG	IN? (Specify Yes			— American Indian,
Y F	1 Never Married 2 3 Widowed 4 Dive			MAR OR DATES	NO	l II	Yes, spe	2 NO	m, Maxice Specif	in, Puerto y:	Rican, etc.)	100	Speci	ly:
		EDENT'S EDI	ICATION	l see De	CEDENT'S	USUAL OC	CHRATIC	NA .			b. KIND OF BUS	WIE 00 (WIE		White
ETE	(Specify onl	y highest grad	completed) College (1-4 or 5	(G	ive kind of Do NOT u	work done di se retired.)	uring mo	st of world	ng	10	a. KIND OF BU	MAE32/MI	OSTRI	
MPL			6		Clerk					1	J. S. 1	reas	ury	Department
TO BE COMPLETED	17. FATHER'S NAME (First, M	Contract of the Contract of th	01 : 1		34.0						Middle, Maiden	Surname)		
	Charles Fillmore Chisholm  Lucy Livings  19a. INFORMANT'S NAME (Type/Print)  19b. MAJLING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
	Josephine Farwell 11406 Viers Mill Road, Wheaton, MD 20902													
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or													
	4 Donation 5 Other	urban	therplace) Cren	nato	ry		2-3				g, Marylan			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A.													
	933 Gist Avenue, Silver Spring, MD 20910													
		eert feilure.	complications the List only one ca			not enter t	the mo	de of dy	ing, suc	h as ca	rdiac or respi	ratory an	reat,	Approximate Interval Between Onset and Dea
	IMMEDIATE CAUSE (Final disease pr condition resulting in death)  a. VASCULAR COLLARSE										Onset and Dea			
	resulting in death)				0	-			- Dellins					
			OUE TO	(OR AS A CONSE	OUENCE O	IF):								
NO	Sequentially list condit	lons,	b. AS	GOR AS A CONSE	OUENCE O	OF):								
ATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY!	diate	b. AS	OR AS A CONSE	OUENCE O	PF):				C =	201			
IFICATION	if any, leading to imme	diate ING	b. DUE TO	OR AS A CONSE	OUENCE O	OF): OF): OEL OF):	.0.	B5)	Ru	CTA	w			
ERTIFICATION	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju	diate ING Iry	b. DUE TO	OR AS A CONSE	OUENCE O	OF): OF): OEL OF):	.0.	B5)	Ru	CTA	w			
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CERI	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	diate iNG iry	b. AS DUE TO DUE	OR AS A CONSE	OUENCE O	PR: PR: PR: EPC:	. O.	85) W N	Rii !			MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
CERI	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	diate iNG iry	b. AS  DUE TO  DUE TO  DUE TO	OR AS A CONSE	OUENCE O	PR: PR: PR: EPC:	. O.	85) W N	Rii !		24s. WAS AN PERFOR	MED?	24b	AVAILABLE PRIOR TO
CERI	if any, leading to imme cause. Enter UNDERLIN CAUSE (Disease or injuthat initiated events resulting in death) LAS	diate ing	b. AS DUE TO DUE	OR AS A CONSE	OUENCE O	PR: PR: PR: EPC:	. O.	85) W N	Rii !		24s. WAS AN PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CERI	if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnification of the cause of t	diate ing	b. DUE TO DUE TO DUE TO d. DUE TO HOSPITAL:	O (OR AS A CONSE	OUENCE O	F):  F):  FF:  FF:  FOR A STATE OF THE PARTY	Control of the contro	COURCE OF E	given in	Part I.	24a. WAS AN PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL CERT	if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnifica  25. WAS CASE REFERRED TEXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural   S	diete ING III III III III III III III III III	b. DUE TO DUE DUE TO DU	O (OR AS A CONSE	OUENCE O	F):  VEL  F):  OTHER  4 □ Nursi	26. PL	COURCE OF E	given in	Part I.	24a. WAS AN PERFOR	IN NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL CERT	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other aignification of the cause of th	diste ING IIII IIII IIII IIII IIII IIII IIII	b. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A DUE TO  D	OR AS A CONSE	OUENCE O OUE	OTHER 4 Nursi	26. PL	COUSE  ACE OF L  OF THE STATE O	given in	Part I.	24e. WAS AN PERFOR	NJURY OC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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BY PHYSICIAN: MEDICAL CERT	if any, leading to imme cause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnifica  25. WAS CASE REFERRED TEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   2 Accident  3 Suicide 6   4 Nomicide  29a. CERTIFIER (Check only)	ent condition  O MEDICAL  Pending investigation  Could not be determined	DUE TO DU	O(OR AS A CONSE	OUENCE O  OUENCE O  Presuiting  DOA  28b. Till IN.  Dome, farm,	OTHER 4 Nursi  Street, factored at the tire	26. Pt. i: ing Norm 1 1 1	COUSE  ACE OF COUSE  5 GR URY AT RK? VES 2 [	given in	Part I.  a Oth  28d. Di  28f. LO	24a. WAS AN PERFOF  1 VES 2  Per (Specify)  ESCRIBE NOW I  CATION (Street or Town, State)	NJURY OC	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL CERT	if any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnifica  25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 Nomicide  29a. CERTIFIER (Check only one) 2 MEO	o MEDICAL  Pending Investigation Could not be determined  IFYING PNYS ICAL EXAMIN	b. DUE TO  c. DUE TO  d. DATE Of  (Month, i. Duliding)	O(OR AS A CONSE	OUENCE O  OUENCE O  Presuiting  DOA  28b. Till IN.  Dome, farm,	OTHER 4 Nursi  Street, factored at the tire	26. Pt. i: ing Norm 1 1 1	COUSE  ACE OF E  6 5 R  URY AT  RK?  6 and place  eath occu	given in	Part J.  a Oth  28d. Di	24a. WAS AN PERFOF  1 VES 2  Per (Specify)  ESCRIBE NOW I  CATION (Street or Town, State)	NJURY OC	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,
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al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
yval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within actions after death. Page 6 may be retained by the hosp

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				F HEALTH AND OF DEATH	MERIA	REG. NO.		14	0467
1. DECEDENT'S NAME (First, Middle,					MONT			EAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	ene M. Coe	AGE (In yrs. last birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HRS.		ary 31			4:30 A
188-16-0625	1 🗆 M 2 🔯 F	85 YRS.		YE HOURS MIN.	(Mont	h, Dey, Year) 25, 19		Country)	ylvania
9a. FACILITY NAME (If not institution	, give street and number)	Nursing	9b. CITY, TO	WN OR LOCATION OF			9c. COUNTY	OF DEAT	Н
Bethesda Reha	bilitation &	Che	hevy Chase					Montgomery	
	Montgomery	TY, TOWN OR L				10d. INSIDE CITY LIMITS?			
10e. STREET AND NUMBER	Montegomery		Chev	y Chase			10a CITIZEI		T COUNTRY?
8212 Kerry R	oad			20815					States
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV	YES 2 NO	If ye	DECENDENT OF HISPA a, apocify Cuban, Mexic YES 2 NO Spec	an, Puerto				American Indian.
15. DECEDENT' (Specify only highes	S EDUCATION t grade completed)	16a. DECEDENT'S		PATION og most of working	168	. KIND OF BUS	NESS/INDUS	TRY	***************************************
Elementary/Secondary (0-12)	College (1-4 or 5+)	Office	use retired.)			Constr	uctio	n	
17. FATHER'S NAME (First, Middle, La	ist)	- OZZZZGE	-iaia ge	18. MOTHER'S N	AME (First			**	
Francis Schmo	yer				rrie		/		
19a. INFORMANT'S NAME (Type/Print	-	19b. MAILIN	G ADDRESS (St	reet and Number or Rura			State, Zip Co	ode)	
Phyllis E. Whi	tfield			Road, Chev					0815
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITIO	N(Name of Spring	TAO A		ATION - CIT		
1 ☑ Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		cemetery, crematory or Clove Val			1994	Clove	e Vall	Ley,	New Yor
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE		22 NAN	E AND ADDRESS OF S	ACILITY				-
> Kalut	Farch	M00198	, KUDE	ert A. Pum Bethesda-C Wisconsi	hevy	Chase,	Inc.	me/	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. PO  DUE TO (OR	AS A CONSEQUENCE O	Kidney on:	Disease					
	d								
PART II. Other algnificant con	ditions contributing to dea	nth but not resulting	In the under	lying ceuse given le	Part i.	24a. WAS AN / PERFORI 1 PES 2	AED?	CO OF	AILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDI		nth but not resulting		lying ceuse given in		PERFORI 1   YES 2	AED?	CO OF	MILABLE PRIOR TO MPLETION OF CAUS OEATH?
	CAL HOSPITAL:		OTHER:	8. PLACE OF DEATH (C	iheck only o	PERFORI 1 TYES 2	AED?	CO OF	MPLETION OF CAUS OEATH?
25. WAS CASE REFERRED TO MEDI- EXAMINER?	CAL HOSPITAL: 1   Inpetient 2   ER	//Outpatient 3 □ DOA	OTHER:	6. PLACE OF DEATH (C	heck only o	PERFORI 1 TYES 2	AED?	AM CO OF 1 {	MILABLE PRIOR TO MPLETION OF CAUS OEATH?
25. WAS CASE REFERRED TO MEDICEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Notural 5 Pending	CAL HOSPITAL: 1   Inpetient 2   ER 28e. DATE OF INJ (Month, Day, Y	//Outpatient 3 □ DOA	OTHER: 4 0X Nursing ME OF 28c	8. PLACE OF DEATH (C	heck only o	PERFORI 1 TYES 2  THE TERMINATION OF (Specify)	AED?	AM CO OF 1 {	MILABLE PRIOR TO MPLETION OF CAUS OEATH?
25. WAS CASE REFERRED TO MEDI- EXAMINER? 1	CAL HOSPITAL: 1 Inpetient 2 ER  28e. DATE OF INJ (Month, Dey, Y setion 28e. PLACE OF IN building, etc.	/Outpatient 3 DOA  URY 26b. Til bar) IN  JURY — Al home, tarm,	OTHER: 4 CK Nursing ME OF 28c JURY M 1	16. PLACE OF DEATH (C Home 5   Residence 2. INJURY AT WORK?   YES 2   NO	6 Other	PERFORI 1 TYES 2  THE TERMINATION OF (Specify)	MED?	AM CO OF 1 {	ARLABLE PRIOR TO MPLETION OF CAUNO OEATH?
25. WAS CASE REFERRED TO MEDICE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investig 2 Accident Investig 3 Suicide 6 Could returned datermic Check only  29a. CERTIFIER 1 CERTIFYING	CAL HOSPITAL: 1 Inpetient 2 ER  28e. DATE OF INJ (Month, Dey, Y setion 28e. PLACE OF IN building, etc.	JURY 28b. Till IN JURY Al home, tarm, (Specify)	OTHER: 4 CK Nursing ME OF JURY M 1 street, factory,	Home 5 Residence: INJURY AT WORK? YES 2 NO office	6 Othur 28d. DE	PERFORI  1 YES 2  Per (Specify)  SCRIBE HOW IN  CATION (Street a: or Town, State)	MED?  NO  JURY OCCUI  Number or	AMCO OF 1 {	ARABLE PRIOR TO MPLETION OF CAUS OBATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICE EXAMINER?  1	CAL  HOSPITAL:  1   Inpetient 2   ER  28s. DATE OF INJ  (Month, Day, Y  sation  28s. PLACE OF IN  building, etc.  PHYSICIAN: To the best of my  CAMINER: On the padit of exami	JURY 26b. Till IN  JURY Al home, tarm, (Specify)  Moviedge, death occur region and/or investigat	OTHER: 4 CK Nursing ME OF JURY M 1 street, factory, red at the time, ion, in my opinis	Home 5 Residence: INJURY AT WORK? YES 2 NO office	28d. DE  28t. LOC City  a time, date	PERFORI  1 YES 2  Per (Specify)  SCRIBE HOW IN  CATION (Street a: or Town, State)	JURY OCCUI	RED RED RED RIGHED (Medical Control of the control	ARLABLE PRIOR TO MPLETION OF CAUS OCATH?  YES 2 NO  Number,  Number,  Indianance as state- onth, Dey, Year)
25. WAS CASE REFERRED TO MEDI- EXAMINER?  1	CAL    HOSPITAL:     Inpatient 2   ER   Inpatient 2	JURY 26b. Till IN  JURY Al home, tarm, (Specify)  Moviedge, death occur region and/or investigat	OTHER: 4 0% Nursing ME OF 28c JURY M 1 street, factory, red at the time, ion, in my opinis	Residence  Home 5 Residence  INJURY AT WORK?  YES 2 NO  office  date and place, and du on, death occured at th  29c. LICENSE NU D1649	28d. DE 28d. DE 28d. LOCally 28d time, date	PERFORI  1 YES 2  Per (Specify)  SCRIBE HOW IN  CATION (Street as or Town, State)  use(s) and manual and place, and	JURY OCCUI	RED RED RED RIGHED (Medical Control of the control	ARLABLE PRIOR TO MPLETION OF CAUNO OEATH?  YES 2 NO  Number,  Number,  Indianant as state onth, Day, Year)
25. WAS CASE REFERRED TO MEDICE EXAMINER?  1	CAL    HOSPITAL:   1   Inpetient 2   ER   28e. DATE OF INJI (Month, Day, Y   19   19   19   19     19   19   19	JURY 28b. Till horris der (Specify)  JURY Al home, term, (Specify)  Nooyledge, death occur hellon and/or investigate  FOEATH (ITEM 27) Typ  O1 Rando1p	OTHER: 4 (X Nursing ME OF JURY M 1 street, factory, red at the time, tion, in my opinis	Residence:  Nome 5 Residence:  Nome 7 Residence:  N	28d. DE 28d. DE 28d. LOCally 28d time, date	PERFORI  1 YES 2  Per (Specify)  SCRIBE HOW IN  CATION (Street as or Town, State)  use(s) and manual and place, and	JURY OCCUI	RED RED RED RIGHED (Medical Control of the control	ARABLE PRIOR TO AMPLETION OF CAUS OEATH? YES 2 NO Number,



BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	I in by the funeral director, page 5 should be detached for use as the burial-transit permit or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Juns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

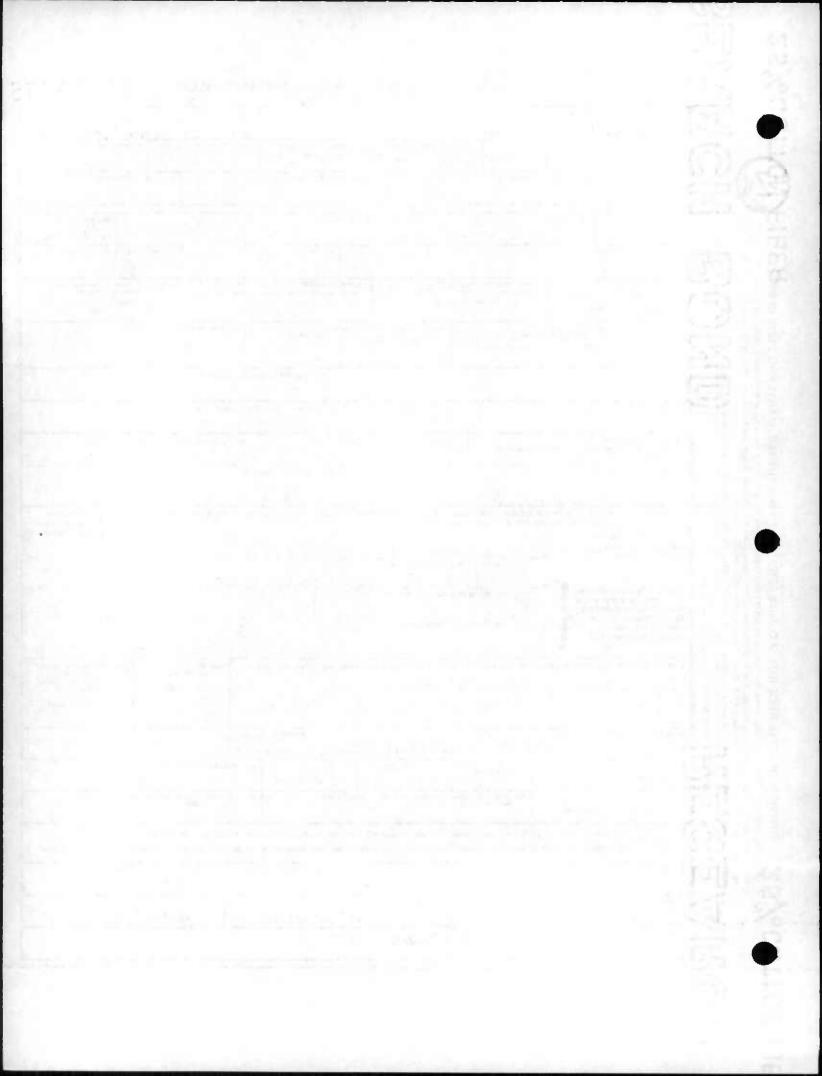
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VISION OF VITAL RECORDS, P.O. BOX 68760,	
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FOR STATE REGISTRAR	
1. DECEDENT'S NAME (First	
AILEEN	5
4. SOCIAL SECURITY NUM	BER
509-05-747	1
Se. FACILITY NAME (If not in	atitutic
GREATER LAU	REI
10e. STATE	10b.
MARYLAND	PF
100. STREET AND NUMBER	
15443 ARBOR	Y V
11. MARITAL STATUS	
1 Never Married 2 3 Widowed 4 X Dive	
15. DEC (Specify on	EDEN' y high
Elementary/Secondary (	0-12)
17. FATHER'S NAME (First, N	liddle,
DATETON	-

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

94 04675

	HEGISTHAN				OLITTI	ICAIL	. 01	DEA	111	H	EG. NO.				
	1. DECEDENT'S NAME (First,		0001110							2. DATE OF E	DEATH DA		YEAR	3. TIME OF DEATH	
			CONWA							01	30		94	10:12 p."	
	4. SOCIAL SECURITY NUMB	BER	5. SEX	8. AGE (In yr	s. last birthday)	MONTHS 1	DAYS	HOURS	24 HPS.	7. DATE OF B (Month, De)	HRTH v. Ybar)		8. BIRTHI Country	PLACE (State or Foreign	
	509-05-747	1	1 M 2 F	80	YRS.	- OWING	JAN 18	noons		FEB. 20, 19			13 WASHINGTON, D.		
	9e. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY,	TOWN O	R LOCATI	ON OF DE				INTY OF DE		
٣	GREATER LAU	DET DE	יו דו דו אים די	HOCDI	TAT	TAT	TOET					DDTN	ICE C	FORCEG	
DIRECTOR	RESIDENCE OF DEC	KCL-DE	PISATPPE	nusr1	IAL	LAU	JREL		_			PRIN	CE G	EORGES	
Ĭ I	10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OF	R LOCAT	ION						10d. INSIDE CITY	
5 1	MARYLAND	DDTNC	E GEORGE	C		LAUF	TT							LIMITS?	
	10e. STREET AND NUMBER	TRINC	A GEORGE	3		LAUI	-	ZIP COD	E			10a. CIT	IZEN OF W	HAT COUNTRY?	
FUNERAL	15//2 ADDODS	** ***										logi oli			
빌	15443 ARBOR	Y WAY						2070					USA		
2	11. MARITAL STATUS  1 Never Married 2	Mambad	12. WAS DECEDEN			13. W	WAS DEC	ENDENT (	OF HISPAN	IIC ORIGIN? (S <sub>i</sub> n, Puerto Ricen	pecify Yes	or No-	14. RACE Black	- American Indian, , White, etc.	
BY	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES		1	TYES	2 X NO	Specify	r:			Specif		
													WH	ITE	
E		EDENT'S EDU y highest grade		164	(Give kind of	work done di			na	16b. KIN	D OF BUS	INESS/INC	DUSTRY		
Щ	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	iife. Do NOT u	se retired.)									
COMPLET			1	AD	MINIST	RATIV	VE A	SSIS	TANT	AERO	SPA	CE A	DM.		
5	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, Middle	, Maiden	Surneme)			
ט	RALEIGH	CART	ER					Т	NA	KBV	USE				
m	190, INFORMANT'S NAME (7				19b. MAILING	ADDRESS	(Street or			Poute Number, C		State 7ir	n Codel		
2	BARBARA S.		7.0											0.7	
	20s. METHOD OF DISPOSIT		12	1000000					LAUK	EL, MA			207		
	1 Buriel 2 Cremetic	n 3 🗆 Rem	noval from State	cemeter	CE AND DATE	ther placel				OATE			City or Ton		
	4 Donation 5 Other			- GAT	E OF H	<u>IEAVEN</u>					SILV	ER S	PRIN	G, MARYLAND	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE						SS OF FA		TTATED	AT T	TOMES OF	TNO	
	1 June	hush	1 ( 0	1-11						LINS F					
-		MAX	· COM	inuu		1500	) UN	IVER	SITY	RTAD.	,W.	SIL.	SPR.	,MD.20901	
	23. PART I. Enter the di shock, or he	eart fallure.	List only one cer	it coused th	line.	not enter t	the mo	da of dy	ing, suci	h aa cardiac	or respin	refory an	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fin	nai	1 1		1	)		C.	0	^				Onset and Death	
	disease or condition resulting in death)	<b>→</b>	. 30	rula	lized	/		20	1350	1					
			DUE TO	(OR AS A CO	NSEQUENCE O	F):									
2	The same of the same of the same of			InVa	stin	2010		he	LOV	101	200				
CERTIFICATION	Sequentially list conditi if any, leading to imme-		DUE TO	(OR AS A CO	NSEQUENCE O	F):		1	11		- CV	-			
4	cause. Enter UNDERLY	ING						1	V						
Ĭ	CAUSE (Disease or Inju that initiated events	iry	DUE TO	(OR AS A CO	NSEQUENCE O	F):									
=	reaulting in death) LAS	т													
5			a											1	
- 11	PART II. Other algnifice	ent condition	na contributing to	death but r	ot resulting	In the und	derlying	cause :	given in	Part I. 24a	. WAS AN		24b.	WERE AUTOPSY FINDINGS	
3	Sp.	ilere	Nolus	clhe	et beri						PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE	
EDICAL	Cunion	1	Cal	1 0	no	def	10	(20)	0.01	_   '	YES 2	NU		OF DEATH?	
Σ	Cancer	5 07	Colo	ny	My	100	V	vil		_				1 TYES 2 THO	
Ž		V				V									
3	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only one)					
2	1 TES 2 NO		1 Inpatient 2	☐ ER/Outpatie	nt 3 🗆 DOA			5 🗆 Re	esidence	6 Other (Sp	ectty)				
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF (Month, I		28b. Til	NE OF	28c. INJ	URY AT		28d. DESCRIE	BE HOW IN	JURY OC	CURED		
	1	Pending Investigation	(MONAN, E	, 1001)		M		ES 2	NO						
20	a Davids	Could not be	26e. PLACE C	F INJURY -	At home, farm,	atreet, facto	ory, office			281. LOCATIO	N (Street e	nd Number	or or Rural R	loute Number,	
		determined	building,	etc. (Specify)					110	City or To	wn, State)				
COMPLEIED	290. CERTIFIER	4.02.00													
<u> </u>	(Check only		ICIAN: To the best of												
5	one) 2 MEO	ICAL EXAMINE	ER: On the basis of s	xemination en	d/or investigati	on, In my op	pinion, d	eath occu	red at the	time, date end	place, and	d due lo ti	he ceuse(e)	) end manner ee stated.	
	29b. SIGNATURE AND TITLE	OF CERTIFIE	R/ Ro					29c. LIC	ENSE NU	MBER		29d, DAT	TE SIGNED	(Month, Day, Year)	
	and the second	AND THE PROPERTY OF THE PARTY O	(Ub		(V	1. 4		X	20	721		D 1	121	194	
2	30. NAME AND ADDRESS OF	F PERSON WIL	10 COMPLETED CALL	SE OF DEATH	(ITEM 27) (F-	Drint1			~ 1	100			1 31		
	GYC A	< d	LA COMPLETED CAU	. 1		(D C+	-	C	.0	111	CI	0185	1 1/1	Drang 1	
	JIPO A	. 34	(DUC)	1480		7	1,	20	un	111	of of	पन्द	C, 00	920707	
	31. DATE FILEO (Month, Day,		32 REGISTR	R'S SIGNATU	Pandelle										
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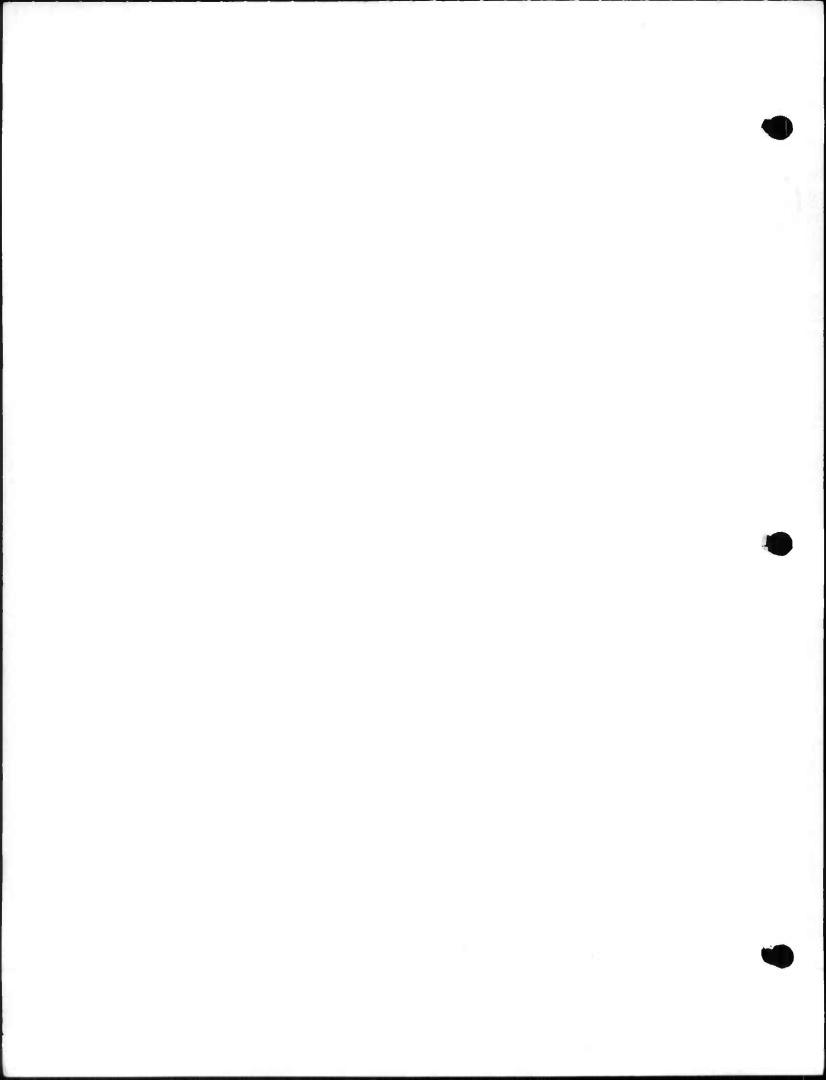


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	1	Pages		
BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit, wal.	si examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, radus after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

94 04676

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART				GIENE G. NO.	94 04676
	1. DECEDENT'S NAME (First, Middle, Lest)  Marjorie G.	Couturie				2. DATE OF DE	D AM	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(in yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	January		
	232-52-6845	1 □ M 2 ☒ F 82		ONTHS DAYS	HOURS MIN.	(Month, Day, 1		D. BIRTHPLACE (State or Foreign Country) 11 Texas
œ	90. FACILITY NAME (If not institution, give s Holy Cross Hosp:		9		R LOCATION OF D	EATH		Y OF DEATH
CTO	RESIDENCE OF DECEDENT	Ital		Silver	Spring		Moi	ntgomery
DIRECTOR		ce Georges		town or locate ttsvil				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6508 Parkway Cou:	r t		101	20782			ed States
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Spec	offy Yea or No- 1	4. RACE — American Indian
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, spo	cify Cuban, Mexica	an, Puarto Rican, a	tc.)	Black, White, etc. Specify: White
	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of wor	BUAL OCCUPATION done during most	IN at of working	16b, KIND	OF BUSINESS/INDU	STRY
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	School T			Princ	ce George	es County
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, I		
H	Roy E. Nelson  19a. INFORMANT'S NAME (Type/Print)		T 40h MAN NO A	000000	Esth		Johnson	
Roger Couturie 6508 Parkway Court Hyattsville, Maryland 207								
	20s. METHOD OF DISPOSITION  1	roval from Stata	PLACE AND DATE OF letery, cremetory or other LINCOI			1-31-94	Brentwo	ood, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSIE		22. NAME AN Hines	Kinaldi	Funeral	L Home	
	1115.12	a		1				Spring,Maryland
	IMMEDIATE CAUSE (Final	List only one cause on e	Itha death. Do not ach line.	anter the mod	da of dylng, auc	h aa cerdiac or	reapiratory erres	it, Approximata Interval Batween Onset and Daath
	disease or condition resulting in death)	a. Jung G	mar					<1 month
z		Representa		turo				
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF)					
Ë	resulting in death) LAST	d						
AL C	PART II. Other algnificant condition	is contributing to deeth be	ut not resulting in	the underlying	cause given in	Part I. 24a, W	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS
							ENFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF GEATH?
PHYSICIAN: MEDIC						_		1 TES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		
YSIC	EXAMINER?	HOSPITAL:		THER:	5 Rasidence	8 Other (Specif	(y)	
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WOI	RK?	28d. DESCRIBE	HOW INJURY OCCU	RED
B	2 Accident Investigation	28s. PLACE OF INJURY	- At home, farm, stre		ES 2 NO	281 LOCATION (	Street and Number or	Breat Brute Number
	4 Homicide 8 Could not be determined	building, atc. (Speci	Hy)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town,	State)	rurar rouse rurrus,
COMPLETED		CIAN: To the best of my knowl R: On the basic of examination						Cause(e) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			BIGNEO (Month, Day, 1961)
TO B	11/2	1			D435,	10	1	29/94
	30. NAME AND ADDRESS OF PERSON WIN	Q_COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pri	int)				
	JAN 3 1 1994	JULY DEWILLON-	WE SE					

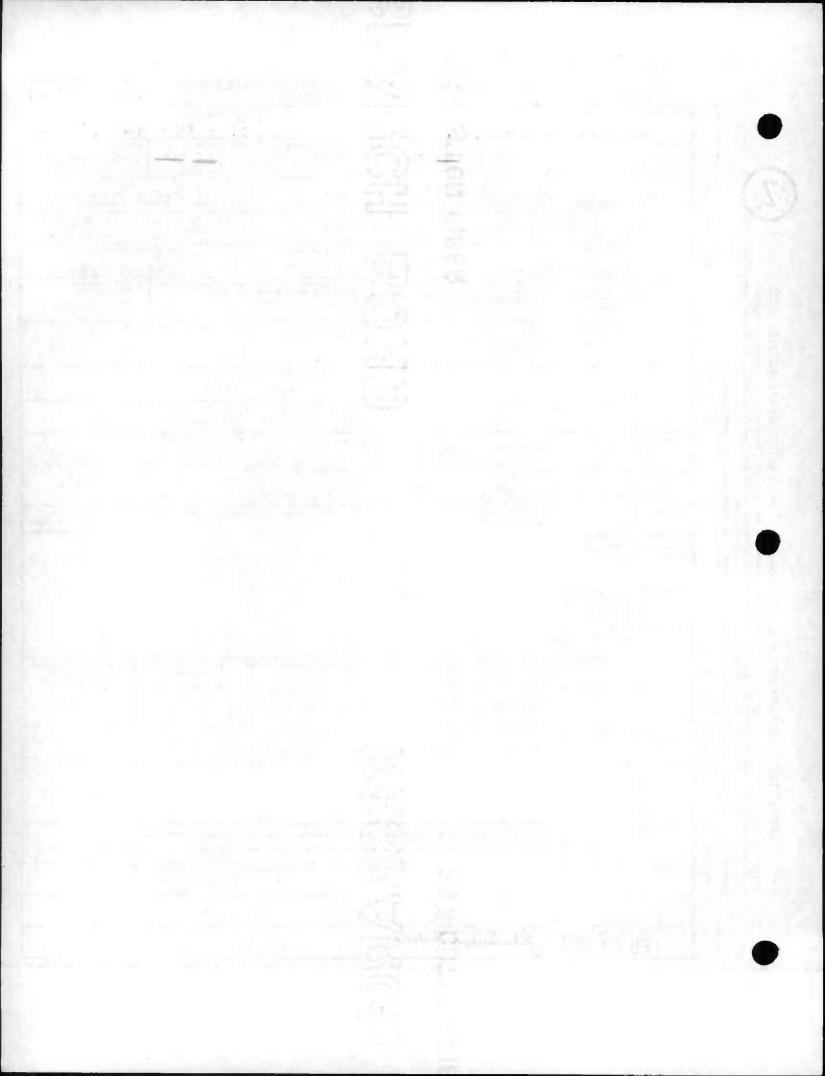


6	4	1	
BALTIMODE MADVI AND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceedeath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL BECORDS BOX 68759	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

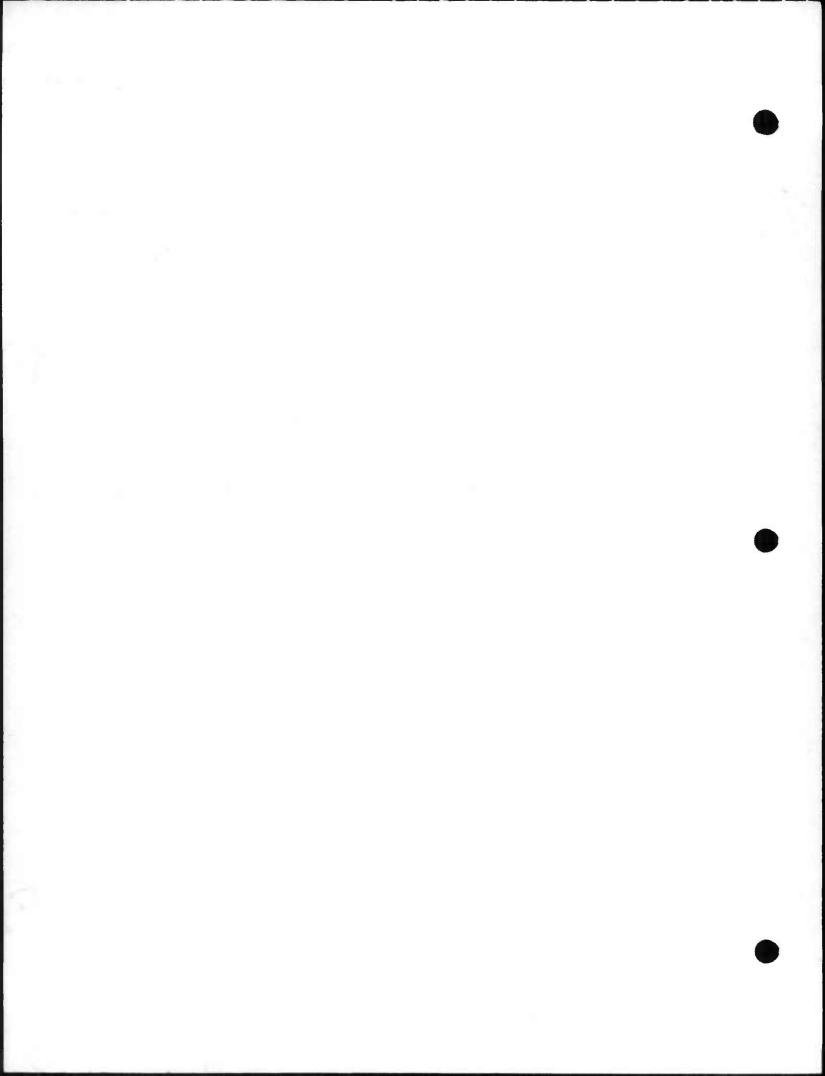
STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIEN
	CE	ERTIFICATE	OF DEAT	TH		REG. NO.

94 04677

REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	34 04011					
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATN					
ANNIE L. CARA	IEN		01 - 3C	1100 -					
4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M NXF	6. AGE (in yrs. lest birthday) F	UNDER 1 YEAR IF UNDER 24 HRS. NTHE DAYS HOURS SIN.	Aug 164,	Q1 A 8. BIRTHPLACE (State or Foreign					
9a. FACILITY NAME (If not institution, give street and number)		. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF DEATH					
	Library Control Control	Laurel		Prince George's					
Greater Laurel Beltsville RESIDENCE OF DECEDENT  100. STATE Maryland Prince George	10c. CITY, T	own or location ltsville		10d. INSIDE CITY LIMITS? 1 □ YES 表\ NO					
10e. STREET AND NUMBER  4101 Powder Mill Road  11. MARITAL STATUS  12. WAS DECEDENT FORCES? 1	2 GH	101. ZIP CODE 20705		10g. CITIZEN OF WHAT COUNTRY? United States					
3 Wildowed 4 Divorced IF YES, GIVE W	TEVER IN U.S. ABMED YES 2 NO AR OR DATES	13. WAS DECENDENT OF NISPAI If yea, specify Cuban, Mexico 1 VES NO Specifi	in, Puerto Rican, etc.)						
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US		16b. KIND OF BUSI	INESS/INDUSTRY					
(Specify only highest grade completed)  Elementary/Secondary (0-12)  12 years  17. FATHER'S NAME (First, Middle, Last)	His Do NOT upo re		-						
17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden S	Simamal					
		Caroli		narrannay					
19a INFORMANT'S NAME (Time/Print)	19h MAII ING AD	DRESS (Street and Number or Rural		State Tin Code)					
Patricia Murray				Reltsville, Md. 20705					
20a, METNOD OF DISPOSITION	20b. PLACE AND DATE OF D			CATION — City or Town, State					
	cemetery, cremetory or other	Ln Cemetery 2/2	1	ntwood, Maryland					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Troit Hinco.	22. NAME AND ADDRESS OF FA		newood, Maryland					
Janald V. Briga	. South.			eral Home, P.A. tsville, Md. 20705					
23. PART I. Enter the diseases, or complications that shock, or heart failure. List only one cause				atory srrest, Approximate interval Between					
immediate cause (Final disease or condition resulting in death)	disease or condition								
- Advanced alteriosclerote Carda Vascale Spen									
DUE TO	Mensul Ac								
CAUSE (Disease or injury that initiated events									
resulting in death) LAST	ral Further	re + Elus	Thym Inde	colonic					
III many to make a few and the second of the	death but not resulting in 1	he underlying cause given in	Part I. 24a. WAS AN A	AUTOPSY 24b. WERE AUTOPSY FINDINGS					
	Sett Bora		PERFORM	MED? AMAILABLE PRIOR TO					
	- by depter	N freatment	1   YES 2	NO OF DEATH?					
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Propertient 2  27. MANNER OF DEATN  1 Netural 5 Pending	- Accurrence	o jacking to		1 - YES 2 -40					
25. WAS CASE REFERRED TO MEDICAL		AL BULGE OF BEATH OF							
EXAMINER?  1 YES 2 NO 1 Propertient 2		26. PLACE OF DEATN (C) THER:							
27. MANNER OF DEATN 28s. DATE OF		Nursing Home 5 Rasidence F 28c. INJURY AT	6 ☐ Other (Specify)  28d. OESCRIBE HOW IN	Him course					
	ny, Year) INJUR		200. OESCHIBE HOW IN	JOHY OCCURED					
2 Accident Investigation	F INJURY — At home, farm, stre		201 LOCATION (Class) on	nd Number or Rural Route Number,					
4 Nomicide determined building,	stc. (Specify)	st, tactory, office	City or Town, State)	to Number of Hurst House Number,					
29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of ax									
200. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MUER	29d. DATE SIGNED (Month, Day, Year)  1 - 30 - 9 4					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BE OF DEATH (ITEM 27) (Type, Pri	NOIS U	0 %						
Bo-mandowala, A	ND (14201 A	antel fark.	& Laure	es mo 20107.					
FFR 0 1 1994	r's signature								



	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL	HYGIENE REG. NO.	9	4	046	78
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3.	TIME OF DEAT	TH
	ARLEY TOWNS	END CAUD	ILL			JANUA	ARY 31,	1994	AR	1:40	Рм
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O		6. E	BIRTHPL/	NCE (State or Fo	
	215-44-3441	1 M 2 □ F 9		NTHS DAYS	HOURS MIN.		3, 1902		Country) ENTU	ICKY	
	9e. FACILITY NAME (If not institution, give st	reet and number)	. 9	b. CITY, TOWN	OR LOCATION OF D			c. COUNTY			
DIRECTOR	804 ROWEN ROAT			SILVE	SPRING			MONTG	OME	RY	
R	10e. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCA	TION				10	d. INSIDE CITY	7
	MARYLAND MON'	TGOMERY	SIL	VER SPI	RING			10 - OITITEN		YES 2 T	NO
FUNERAL	804 ROWEN ROAD				2091	10		USA	OF WITA	I COONTHY?	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER I			ENDENT OF HISPA			No- 14.	RACE -	American Indi	en,
	1 Never Married 2 Married	FORCES? 1 YES	ATES NO		ecify Cuben, Mexico 2 NO Specifi		Ican, etc.)		Black, W Specify:	Thite, stc.	
ВУ	3 Widowed 4 Divorced				X					JHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade)	ATION completed)	16e. DECEDENT'S US (Give kind of work	UAL OCCUPATION OF THE COMPANY	ON ast of working	16b.	KIND OF BUSIN	ESS/INDUST			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use n							TRADE	
MP		5+	ECONOMIST	[		DI	EPT. OF	INTE	RNAT	TIONAL	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, M	iddle, Maiden Su	rneme)			
BE	ELECTIUS	CAUDILL			ALTA		CARTE				
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ORESS (Street	and Number or Rural	Route Numbe	er, City or Town, S	State, Zip Cod	ie)		
	ALICE S. CAUD	ILL	804 ROWI	EN ROAI	, SILVE	ER SPE	RING, M	D 209	10		
	20e, METHOD OF DISPOSITION    Mail	oval from State Cen	o. PLACE AND DATE OF Constery, cremetory or other ATE OF HEA	plece)		DATE 2/3	20c. LOCA	TION — City			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	HILL OF HER		NO ADDRESS OF FA		BILLYE	A SPA	LIVITA		
9	2 center	Dools	7	500 UN	S J. COI	BLVI	)., W.,	SIL.	SP.	NC. MD 2	2090
	23. PART I. Enter the disesses, or c shock, or heart fallure. I	omplications that cause list only one cause on a	d the deeth. Do not each line.	enter the mo	de of dying, suc	h ss cardi	sc or respirat	lory srrest,		Approxim	ate
- V	iMMEDIATE CAUSE (Final disease or condition									Onset sno	
	resulting in desth)	DUE TO (OR AS A	(urdis p	olman.	~	Arre	+ 6			1/31/9	4
										198	a
O	Sequentielly list conditions,	DUE TO (OR AS A	CONSEQUENCE OF:	lundie	10031014-	0.3	e.jc			198	0
'AT	if sny, lesding to immediate cause. Enter UNDERLYING	Parusason		ewse						192	B
FIC	CAUSE (Disease or Injury that initiated events		CONSEQUENCE OF):	£ 23E							
CERTIFICATION	resulting in death) LAST	Alzhein	-e- 13	Disease						199	0
ICAL	PART II. Other significent conditions	contributing to deeth b	out not resulting in t	the underlyin	g ceuse given in		24a. WAS AN AU PERFORME 1 YES 2 T	0?	CO	RE AUTOPSY FI AILABLE PRIOR IMPLETION DF ( DEATH?	TO
AE										YES 2	NO
ÿ						_					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28. P	ACE OF DEATH (C)	neck only one	)		-		
SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp		THER:	e 5 D Residence	8 🗆 Other	(Specify)				
Ŧ	27. MANNER OF DEATH	260. DATE OF INJURY	28b. TIME C	F 28c. IN.	URY AT	· ·	CRIBE HOW INJU	JRY OCCURE	D		
ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJUR		YES 2 NO						
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	/ — At home, farm, stre	et, fectory, offic			TION (Street and	Number or R	ural Route	Number,	
国	4 Homicide determined	adventig, are. (open	NIA			City of	r Town, State)				
COMPLETED		CIAN: To the best of my know								7	
Ö	one) 2 MEDICAL EXAMINE	R: On the basis of exeminatio	n and/or investigation, i	n my opinion, o	leath occured at the	time, date a	and place, and d	fue to the ca	use(s) an	d menner es s	tated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		<del></del>		29c. LICENSE NU	MBER	2	9d. DATE SIG		onth, Day, Year)	
00	MBP atruck	III MO			DITT	29		1 2		14	
2	30. NAME AND ADDRESS OF PERSON WHO GEOGRE B. Patr	COMPLETED CAUSE OF DE	(1 ) 1 (1 ) (1 ) (1 ) (1 ) (1 ) (1 ) (1	no le rvi l	le Ri	ا کی	Md 10	9 10			
				11-3 V		1					
	FEB 0 4 1994	12. REGISTRAR'S SIGN	Pandell								

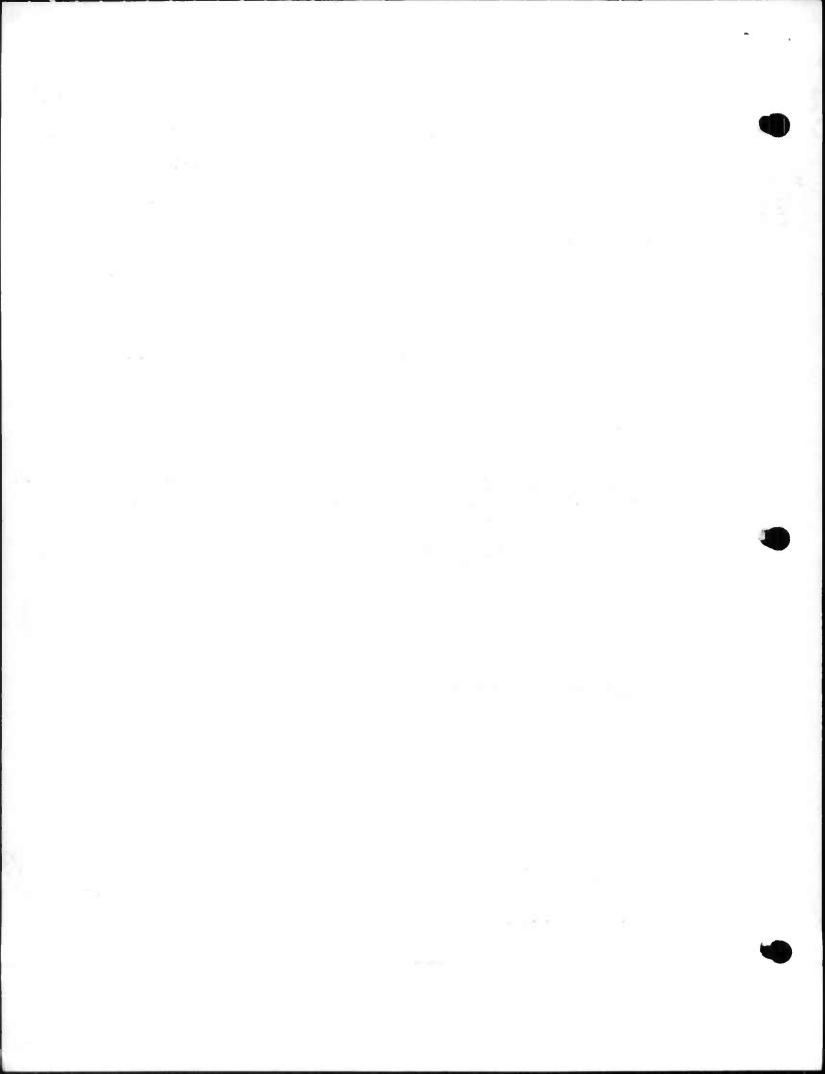


	he hos	detach		once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to make after death. Page 6 may be retained by the hos	uld be	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	ith. Pag	peral d		miner
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	within	mpletel	Сгета	rvent,
	ecuted	nd co	burial	atic e
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	rificate	g phys	iene pi	ther
	th cer	endin	II Hyg	0 0
	he dea	the at	Menta	njury,
	that t	ed by	h and	any i
	quires	n sign	f Healt	SWO
	law re	as bee	ept. o	23 sh
	The	ate his	tate D	tem maj
	SICIAN	certific	the S	, or
	PHY	r this	th with	arked
	NDING	: Afte	r deat	E
	ATTE	ECTOR	s afte	n 28
	AL OR	IL DIR	2 hour	i iten
	USPITA	NERA	thin 7	INT:
	HE K	吊用	lled wi	ORTA
	5	10	De fi	F

	FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / D	EPART	MENT	OF H	EALTH AND	MENTA	L HYGIEN	Ε	9	4	046	79
	1. DECEDENT'S NAME (First,	, Middle, Last)							BEATT	2. DAT	E OF DEATH			3. TIME	OF DEATH	
- 1	William	Euge	ne Dool	ey, S	Sr.					Janu	ary 26,™	1994	RASY		5 p.m.	
1	4. SOCIAL SECURITY NUME	BER	5. <b>SEX</b>	6. AGE (In	yrs. lest b	irthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	$\overline{}$	8. BIRTI	HPLACE (S	itate or Foreign	
	230-28-2116		1 🔀 M 2 🗌 F	66		YRS.	MONTHS	DAYS	HOURS MIN.	Augus	st 8, 19	27	Vir	m) gini	a	
	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)				9b. CITY,	TOWN (	OR LOCATION OF D				NTY OF E		<u> </u>	
S S	Lot 109, M	arvlan	d Manor				C	alii	fornia		St. Mary					
5	RESIDENCE OF DEC															
뿔		10b. COUNTY				IOc. CITY,								10d. INSIDE CITY LIMITS?		
۵	Maryland	St. M	lary's			Cali	ifor	_						1 🔲 YE	S 2 K NO	
RA								101	. ZIP COOE			10g. CIT		WHAT COU	INTRY?	
FUNERAL DIRECTOR	Lot 109, Ma	ryland							20619				U.S.	.A.		
교	1 Never Married 2	Married	12. WAS DECEOEN FORCES? 1	YES	2 K NO	D	13. V	yes, sp	ENDENT OF HISPA	NIC ORIGI	N? (Specify Yes Rican, etc.)	or No-	14. RACI Bloc	E — Ameri k, Whita, a	ican Indian, ilc.	
B	3 Widowed 4 🔀 Divo		IF YES, GIVE V	WAR OR DAT	TES		1	☐ YES	2 X NO Speci	lly:		l	Spec	"y: Wh	ite	
	15. DEC	EDENT'S EDU	CATION		16a. DECE	DENT'S U	SUAL OC	CUPATIO	ON	16	b. KIND OF BUS	IMESC/IME	MICTOV			
6	(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5		(Give	kind of wo	rk done d	uring mo	st of working							- 1
립	6th	,	Conage (1-4 of 5	" E	lectr	ician	l.			Ci	vil Serv	ice, I	J.S.	Navy		- 1
COMPLETED	17. FATHER'S NAME (First, M.	liddle, Last)							18. MOTHER'S NA	AME (First.	Middle, Maiden	Sumame)				$\dashv$
	Hilton Dooley	z. Sr.							Annie Od			,				
BE (	19a. INFORMANT'S NAME (7)			-	19b. N	AILING A	DDRESS	(Street a	nd Number or Rumi	Route Nun	aber. City or Town	n. State. Zic	Code			-
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ronald T. Dooley Route 1, Box 59 D, Lexington Park, MD 20653																
20a. METHOD OF DISPOSITION 1 IX Burlel 2 Cremetion 3 IX Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cametary, crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cametary, crematory or other place)																
	4 Donation 5 Other	(Specify)		Mor	tvale	Chur	ch Ce			1–3		vale,				
	21. SIGNATURE OF FUNERAL	L SENVICE LIC	PHISEE /	1			22. N	AME AN	ID AOORESS OF FA	ACILITY	Brinsfi	ie1d	Fune	eral	Home,	P. A
	Michael	E RI	ankenshi	D MC	<b>10857</b>	,			Washing							
	23. PART I. Enter the di	seeses, or o	omplications the	ceused	the death		t enter t	the mo	de of dving, au	ch as cer	diac or reaci	ratory arr	mat.		proximate	$\dashv$
. 1	shock, or he IMMEDIATE CAUSE (Fin	eart ramure.	List only one ceu	ise on eac	ch line.							,		inte	erval Betwe	
	disease or condition	181	41		0	- 1	1-	a	1400					,	set and De	7
ł	resulting in death)		OUE TO	(OR AS A	CONSEQUE	NCE OF)	/ /	7	lure					7	ONTO	2
2				/										İ		- 1
CERTIFICATION	Sequentially list conditi		DUE TO	(OR AS A	CONSEQUE	NCE OF):								-		$\dashv$
8	cause. Enter UNDERLY	NG .														- 1
트	CAUSE (Disease or inju- that initiated events		DUE TO	(OR AS A	CONSEQUE	NCE OF):										$\neg$
居	resulting in death) LAS	т	d													- 1
	PART ii. Other aignifica	et condition	a agatalbutia a ta	double build		101										
SAL	All III Ollid algumes	The Condition	13 Le	death bu	dot rest	itting in	tne uno	leriying	g cause given in	Part i.	24a. WAS AN		24b	AWAILABL	TOPSY FINDIN E PRIOR TO	
ă		1	1500	-							1 TYES 2	NO I		OF DEATH	TON OF CAUSE 17	E .
PHYSICIAN: MEDIC														1   YES	2 🗌 NO	
ž	-															
할	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL	HOSPITAL:				OTHER		ACE OF DEATH (C)	heck only o	ne)					
₹	1 X YES 2 NO		1 Inpatient 2		100	DOA 4	☐ Nursi	ng Hom	e 5 🔀 Residence	8 🗆 Oth	er (Specify)					
급	30-	Pending	28e. DATE OF (Month, D.		2	8b. TIME	OF RY		RK?	28d. OE	SCRIBE HOW IN	LJURY OCC	CURED			
B	2 Accident	Investigation					M		ES 2 NO							
		Could not be	28a. PLACE O building,	atc. (Specif)	– At home, y)	farm, str	eet, facto	ry, office		281. LOC	CATION (Street a. or Town, State)	nd Number	or Rural F	Route Numb	ber;	
COMPLETED	an- Apprint															
필			CIAN: To the best of													
ő	2 🔣 MEON	CAL EXAMINE	R: On the basis of a	camination	and/or inve	stigation,	In my op	Inlon, de	eath occured at the	time, data	and place, and	dua lo th	e cause(a	) and man	ner as stated	
BE C	296. SIGNATURE AND TITLE	OF CERTIFIER	1		,		7		29c. LICENSE NU	MBER		29d. DAT	ESIGNED	(Month, De	ey, Year)	$\dashv$
111	In	7	m	X	m	W			D14285			•	11	1/29	35-	
2	30. NAME AND ADDRESS OF												17	LUK	<u> </u>	
	William D. Boy	vd II, M	I.D., 17 Je	fferso	n Str	eet.	Leon:	ardto	wn, Marvl	and	20650					

32. REGISTRAR'S SIGNATURE

FEB 1 '94



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with couns after death. Page 6 may be retained by the hospital or attending physician.

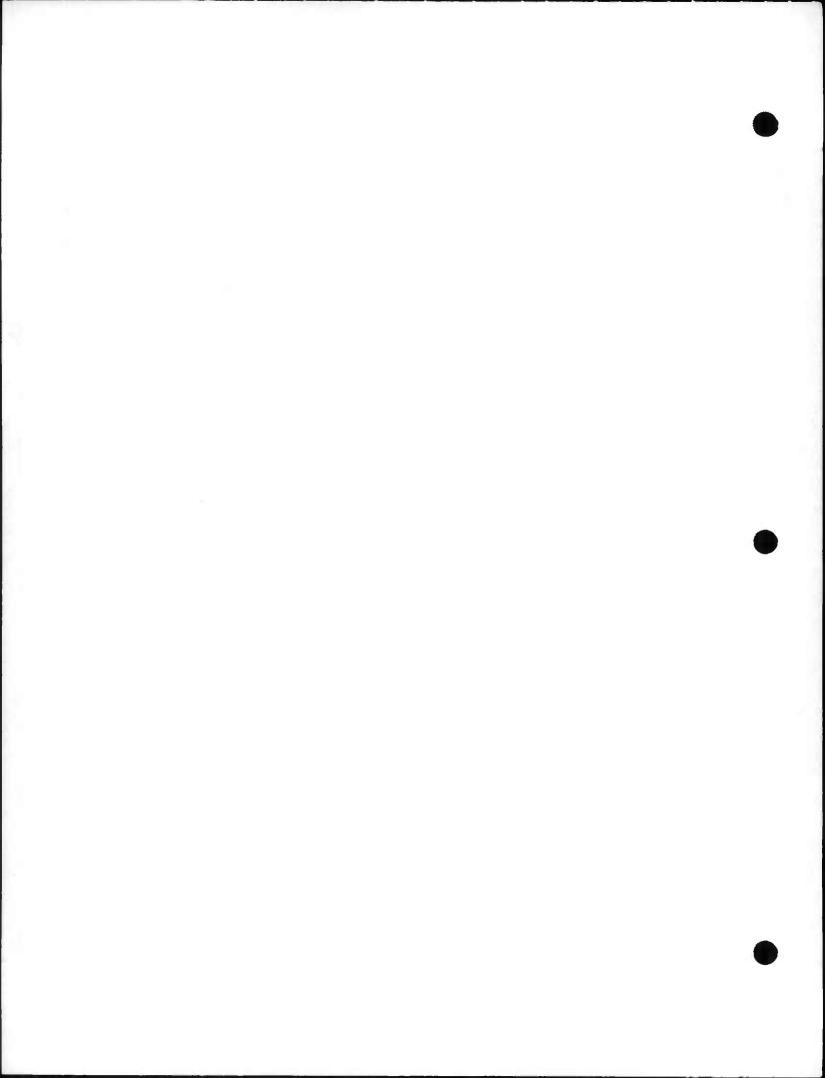
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netitled at once.

	1 - STATE REGISTRAR	STATE OF M			MENT OF H			NTAL HYGIEN REG. NO.	-	94	01.680
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH		YEAR	3. TIME OF DEATN
	RITA KATHLE	EN DA	NA					BRUARY 2			10:40 A M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 H	RS. 7.	DATE OF BIRTH (Month, Day, Year)			PLACE (State or Foreign
	076-24-5455	1 □ M 2 ▼ F	84	YRS.	MONTHS LIMITS	HOUNS	FE	B.27,190	9 1		ACHUSETTS
~	Se. FACILITY NAME (If not Institution, give s				96. CITY, TOWN C				9c. COUN	TY OF O	EATN
0	KENSINGTON GARDENS NURSING CENTER KENSINGTON MONTGOMERY										
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CITY	TOWN OR LOCAT	ION					10d, INSIDE CITY
E	MARYLAND MO	NTGOMERY			KENSI	NGTON					LIMITS?
	10e. STREET AND NUMBER	WEGGILLIKT				ZIP COOE			10g. CITIZ	EN OF W	HAT COUNTRY?
FUNERAL	3000 McCOMAS AVE	NUE				20	895			119	SA
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED		ENGENT OF N	ISPANIC C	RIGIN? (Specify Yes	or No—	14. RACE	- American Indian.
BY F	1									Black, White, etc. Specify:	
		<u> </u>			1					1	WHITE
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	(Gi	ve kind of w	JSUAL OCCUPATION ork done during mo-			16b. KIND OF BUS	SINESS/INDL	JSTRY	
빌	Elementary/Secondary (0-12)	College (1-4 or 5+)	) :	Do NOT use		D == 0					
ğ	12 17. FATHER'S NAME (First, Middle, Lest)	-	CUST	OMER	SERVICE					ENT	STORE
	The second secon	T 1737						First, Middle, Maiden		,	
H	JOSEPH LEO DOO  19a. INFORMANT'S NAME (Type/Print)	LEY	104	MAILING	ADDRESS /Street a		SEPH	Number, City or Town	ANLON		
2	ROBERTA K. BOYD							GTON, MA		,	1805
	20a. METHOD OF DISPOSITION				FDISPOSITION (Na		MOTIV	-	CATION — C		
	1 Buriel 2X Cremation 3 I have 4 Donation 2 Other (Specify)	oval from State	cemetery, crei	matory or oth			1			•	IRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSIL	111	TODII	22. NAME AN	D AODRESS C		Υ			
	DI L'AINVIOL	1)(1)	100					NS FUNER		-	
	23. PART better the diseases, or o	complicational that	CHURCH The de	eth Do n	1 500 U	NIVERS	ITY	BLVD.,W.	SIL.	SPR.	,MD.20901
	shock, or heart fallure.	List only one caus	se on each line		or enter the mo	ue or aying,	SUCII SI	cardiec or respi	ratory srre	est,	Approximats Interval Between
	IMMEDIATE CAUSE (Final disease or condition	CARDIA	C EATTI								Onset and Desth
											CIIDDEN
	resulting in death)				1:						SUDDEN
_	resulting in death)	DUE TO (	OR AS A CONSEC	DUENCE OF		SFASE					
NOIL	Sequentially list conditions,	DUE TO (	OR AS A CONSEC	TIC H	EART DI	SEASE					SUDDEN 20 YEARS
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (	OSCLERO	TIC H	EART DI	SEASE					
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO ( b. ARTERI DUE TO (	OSCLERO	TIC H	EART DI	SEASE					
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AL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	b. ARTERI OUE TO (	OSCLERO OSCLERO OR AS A CONSEC	TIC H	EART DI		n in Pari		MED?	24b.	20 YEARS  WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant condition  CHRONIC, OBS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	ARTERI DUE TO ( c. DUE TO ( d	OR AS A CONSECTION OR AS A CONSE	DUENCE OF TICE FOR TICE OF DUENCE OF	EART DI  :  the underlying SEASE  26. PL  OTHER: 4 [Xhursing Nom OF 28c. INJ RY WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATI  S Taside  B Taside  B Taside  ACE OF DEATI  TES 2 No.  ACE OF DEATI	N (Check comes 6 266)  286  281  4 due to till if the time	PERFOR  1 YES 2  Other (Specify)  d. DESCRIBE NOW II  LOCATION (Street a City or Town, State)  the cause(s) and mare, data and place, and	NJURY OCCI	URED  or Rural R  od.  ocause(s)	20 YEARS  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO

32 REGISTRAN'S SIGNATURE LAND

31. DATE FEB 0 4 1994

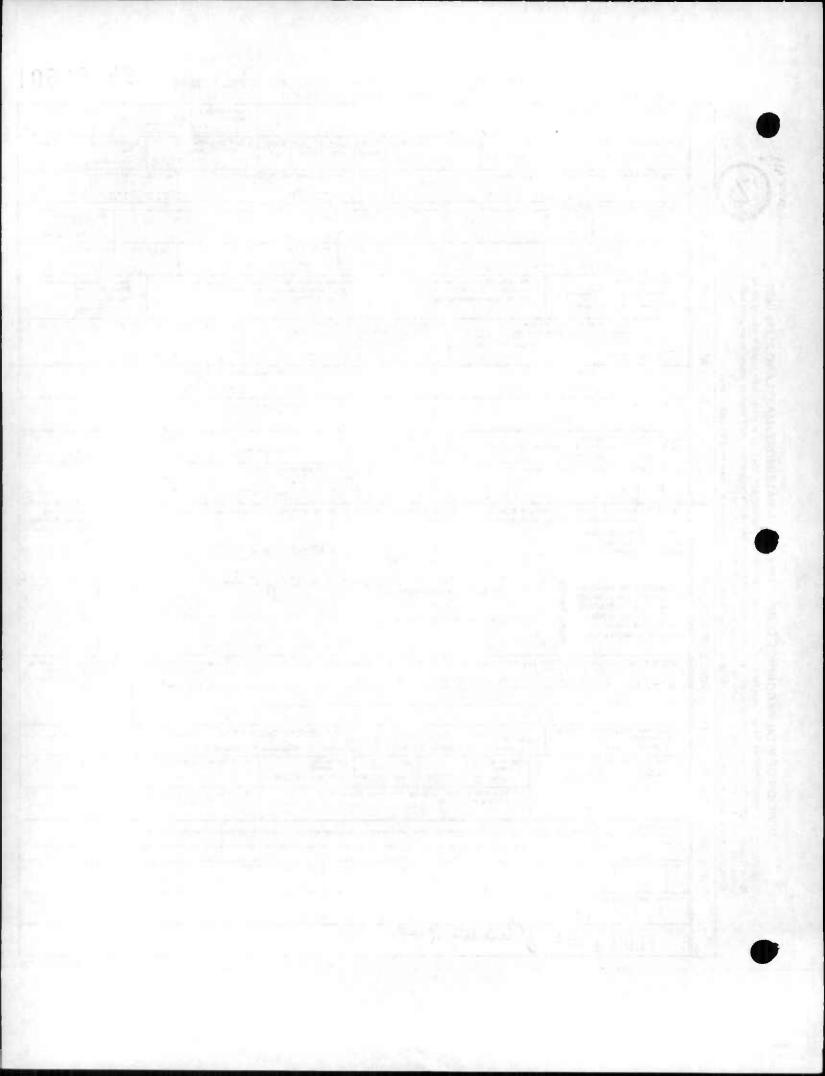


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. From ster death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlant be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

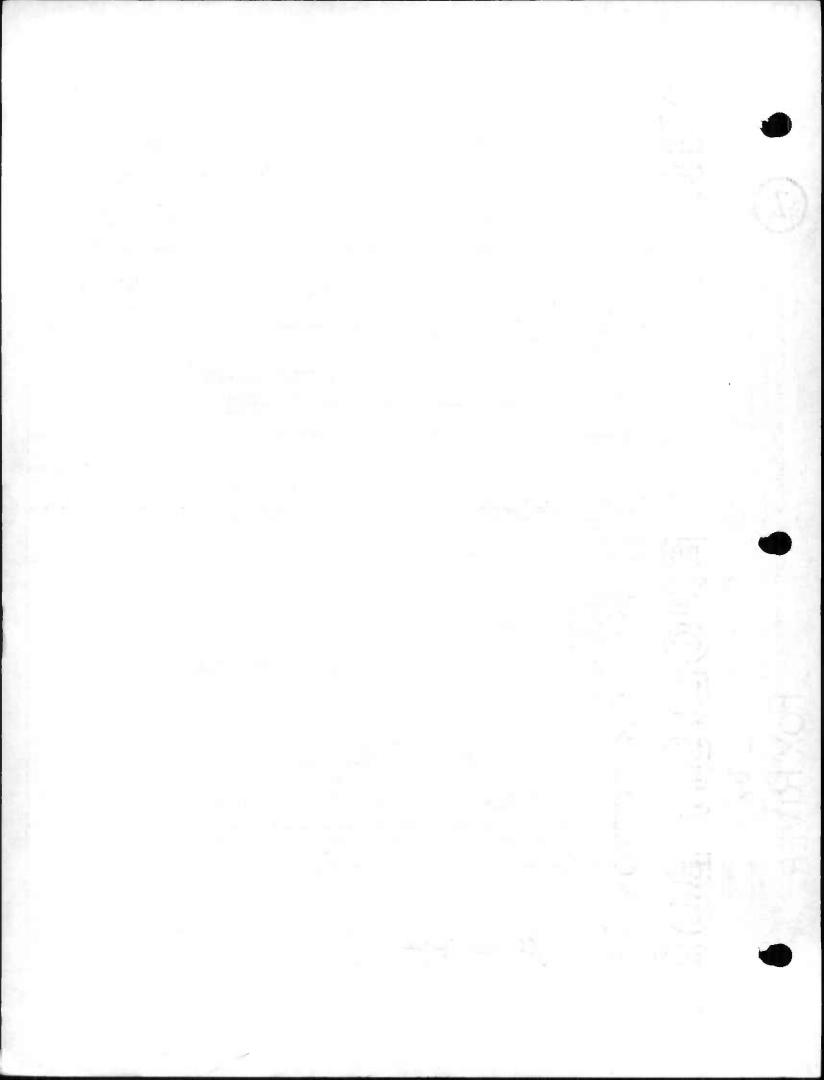
IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR				ICAL		DEATH		REG. NO	).		
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATH
William F.	Dunham,	Jr.						uary	29,19	994	10:30 A.M
4. SOCIAL SECURITY NUMBER	5. SEX		st birthday)			IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or Foreign
010-38-7765	1√2 M 2 □ F	47	YRS.	MONTHS	DAYS	HOURS MIN.			1046		**
		7/		96. CITY	r, TOWN	OR LOCATION OF D		C 0,			
									1		
RESIDENCE OF DECEDENT	tee Lane			(-	ambi	rills			Anne	e An	indel
	Y		10c. CIT	Y, TOWN	OR LOCAT	TION					10d, INSIDE CITY
Maryland Anne	Lobana		Ca	mhaai	110						LIMITS?
	s Armider		Go	HIDLI		710 CODE	_		I in air		
The state of the s					100				10g. CI	IZEN OF	WHAT COUNTRY?
	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. A	RMED						a or No-	14. RAC	E — American Indian, ik, White, etc.
	IF YES, GIVE W	AR OR DATES	V.							Spec	elly:
3   Wildings 4   Divolces										V	White
		16a, D	ECEDENT'S	USUAL O	CCUPATIO	ON of warking	16b.	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)		- 44	B. Do NOT us	se retired.)	ourng mo	or working					
12 years	4 years	Che	emica	1 En	gine	er	U	.S. G	overr	ment	
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N					
William F. Dunha	m, Sr.					Dorothy	v Co	rfiel	7		
	-	140	DE MAILING	ADDRES	S (Street a				-	n Codel	
	m	"				THE PROPERTY OF THE PARTY OF TH	, Journ Hume	rui, Only Of 100	in, odine, Zi	J (1000)	
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	ovel from State	20b. PLACE	AND DATE	OF DISPOS	SITION (No	ame of	1				
		Park.	Lawn					4 Roc	<u>ckvil</u>	le,	Maryland
21. SHONATURE OF FUNERAL BERVICE LIC	CEMBRE			22.	NAME AI	ND ADDRESS OF F	ACILITY	34 Thu	- case T	TTom	- D 7
V Knows V	Ban n	MY		1	100	Dorwood A	1-11	ut ru	lerar	HOI	e, P.A.
22 DADY I Enter the discours of	and the state of t	000	and Da	4	400	Powder I	TII.	Ka. Be	STCSV	TTTE	
ahock, or heert feilure.	List only one caus	se on each iln	e.	not enter	the mo	de or dying, sur	CTI MM CMFG	nec or reap	eratory at	rest,	Approximate Interval Between
IMMEDIATE CAUSE (Final			1	0		,					Onset and Death
	. ORC	SANK	112	ins	- 0	usense	2				>104 ear
	DUE TO	OR AS A CONSE	OUENCE O	F):	0/						
D. M. D. Land	· D11	work	o V	Nel	Vita	0 12-0	I				>10 yega
		OR AS A CONSE	QUENCE O	F):							
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c		OUENCE O	F):							
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c		OUENCE OF	F):							
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (	(OR AS A CONSE			nderlyln	g cause given in	n Part I.	24e. WAS AI		246	a. WERE AUTOPSY FINDINGS
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (	OR AS A CONSE	réauitifig	In the ur	nderlyin	g cause given in	Part I.	PERFO	RMED?	248	AVAILABLE PRIOR TO COMPLETION OF CAUSE
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (	OR AS A CONSE	réauitifig	In the ur	nderlyln	g cause given in	Part I.	PERFO	RMED?	248	AVAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  SIP Remail	c. DUE TO (	OR AS A CONSE	réauitifig	In the ur			-	PERFO	RMED?	248	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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	4. SOCIAL SECURITY NUMBER  010-38-7765  9a. FACILITY NAME (II not institution, give second and institution). Since the second and institution in the second and institution. Since the second and institution, give second and institution, give second and institution, give second and institution. STATE  10a. STATE  10b. COUNT MARY LAND AND AND AND AND AND AND AND AND AND	4. SOCIAL SECURITY NUMBER  010-38-7765  9a. FACILITY NAME (If not institution, give street and number)  2501 Flowering Tree Lane  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Anne Arundel  10c. STREET AND NUMBER  2501 Flowering Tree Lane  11. MARITAL STATUS  1 Never Married 2 Merried 3 Wildowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 12 years  17. FATHER'S NAME (First, Middle, Last)  William F. Dunham, Sr.  19a. INFORMANT'S NAME (Type/Print) Dorothy O. Dunham  20a. METHOD OF DISPOSITION  XXBurlai 2 Cremetion 3 Removel from State  4 Donation 5 Other (Specify)  23. PART I. Enter the diseases or complications that	4. SOCIAL SECURITY NUMBER  010-38-7765  9a. FACILITY NAME (If not institution, give street and number)  2501 Flowering Tree Lane  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Anne Arundel  10c. STREET AND NUMBER  2501 Flowering Tree Lane  11. MARITAL STATUS  1 Never Married 2 Married 3 Wildowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 12 Years  17. FATHER'S NAME (First, Middle, Last)  William F. Dunham, Sr.  19a. INFORMANT'S NAME (Type/Frint) Dorothy O. Dunham  20a. METHOD OF DISPOSITION  XXBurlai 2 Cremetion 3 Removel from State  4 Donation 5 Other (Specify)  23. PART I. Enter the dispasses or complications that caused the december of the caused the december of th	4. SOCIAL SECURITY NUMBER  010-38-7765  TXM 2 F 47  9a. FACILITY NAME (If not institution, give street and number)  2501 Flowering Tree Lane  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Anne Arundel  10c. CIT  Maryland  Anne Arundel  11. MARITAL STATUS  1 Never Merried 2 Married 3 Wildowed 4 Otvorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  12 years  17. FATHER'S NAME (First, Middle, Last)  William F. Dunham, Sr.  19a. INFORMANT'S NAME (Type/Print)  Dorothy O. Dunham  20a. METHOD OF DISPOSITION  XXBurial 2 Cremetion 3 Removel from State  4 Donetion 8 Other (Specify)  23. PART I. Enter the diseases, or complications that caused the death Do-	4. SOCIAL SECURITY NUMBER  010-38-7765  12M 2 F 47  9a. FACILITY NAME (If not institution, give street and number)  2501 Flowering Tree Lane  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Anne Arundel  Gambri  10c. CITY, TOWN OF STATE  11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12 Years  17. FATHER'S NAME (First, Middle, Last)  William F. Dunham, Sr.  19a. INFORMANT'S NAME (Type/Frint)  Dorothy O. Dunham  20a. METHOD OF DISPOSITION  XABURIAL 2 Cremetion S Removel from State  4 Donation S Other (Specify)  22b. PLACE AND DATE OF DISPOSITION  XABURIAL 2 Cremetion S Removel from State  22c.  43. PART I. Enter the dispasses or complications that caused the death Do not extend the content of the place of the place of the content of the place of the content of the place of the content of the place of the content of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place o	4. 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Dunham, Sr.  1 Specific Middle Last)  William F. Dunham  1 Specific Middle Last)  William F. Dunham  20. METHOD OF DISPOSITION  1 Specific Middle Last)  William F. Dunham  20. METHOD OF DISPOSITION  1 Specific Middle Last)  William F. Dunham  20. METHOD OF DISPOSITION  1 Specific Middle Last)  1 Specific Middle Last)  1 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  3 Specific Middle Last)  4 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last)  2 Specific Middle Last Midd	4. SOCIAL SECURITY NUMBER 010-38-7765  12	4. SOCIAL SECURITY NUMBER 010-38-7765  5. SEX 1	4. SOCIAL SECURITY NUMBER 010-38-7765  S. SEX 010-38-777  S. WAS DECEMBENT OF HISPANIC ORIGINTY (Specify Yea or No-II yea, specify Ouber, Mexican, Puerto Rican, etc.)  S. WAS DECEMBENT OF HISPANIC ORIGINTY (Specify Yea or No-II yea, specify Ouber, Mexican, Puerto Rican, etc.)  S. WAS DECEMBENT OF HISPANIC ORIGINTY (Specify Yea or No-II yea, specify Ouber, Mexican, Puerto Rican, etc.)  S. WAS DECEMBENT OF HISPANIC ORIGINTY (Specify Yea or No-II yea, specify Ouber, Mexican, Puerto Rican, etc.)  S. WAS DECEMBENT OF HISPANIC ORIGINTY (Specify Yea or No-II yea, specify Ouber, Mexican, Puerto Rican, etc.)  S. WAS DECEMBENT OF HISPANIC ORIGINTY (Specify Yea or No-II yea, specify Ouber, Mexican, Puerto Rican, etc.)  S. WAS DECEMBENT OF HISPANIC ORIGINTY (Specify Yea or No-II yea, spe	4. SOCIAL SECURITY NUMBER 010-38-7765  12



ours after death. Page 6 may be retained by the hospital or attending physician.	file, I in by the funeral director, page 5 should be detached for use as the burlal-transit on, or removal.	te medical examiner must be notified at once.	TO BE COMPLETED BY FUNER
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Joins after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely file, § in by the funeral director, page 5 should be detached for use as the burlal-transit pe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	0.000		ATE OF DEATH	MENTAL HYGIE REG. N		94 046
1. DECEDENT'S NAME (First, Middle, Las	ALEXANDER	D.	onald		DAY YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		F UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
578-54-5456		78 YRS.	b, CITY, TOWN OR LOCATION OF	June 30,		New York
Charlotte Hall	Veterans Home		Charlotte Ha		St. M	
10e. STATE 10b. COU	NTY	10c. CITY, T	TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 V YES 2 NO
Maryland Mon	tgomery	Bet	hesda		10g. CITIZEN	OF WHAT COUNTRY?
5450 Whitley Pa	rk Torraco		20814			
11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DECENDENT OF NISP	ANIC ORIGIN? (Specify Y	U.S. 14.	RACE - American Indian,
1 Never Married 2X Married	FORCES? 1 TYPE	S 2 NO	if yes, specify Cuban, Maxi	can, Puarto Rican, etc.)		Black, White, etc.
3 Widowed 4 Olvorced			1 120 120 100	ary.		White
15, DECEDENT'S E (Specify only highest gra		16a. DECEDENT'S US	UAL OCCUPATION k done during most of working	16b. KIND OF B	USINESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT use re	k done during most of working etired.)			
	5+	Physici	an	Medi	cine	
17. FATNER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maide	n Surname)	
Alexander Donal	.d		Berth	a Mercedes		
19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	DDRESS (Street and Number or Rura	al Route Number, City or To	own, State, Zip Co.	de)
Constance Donal	.d	5450 W	nitley Park Te	rrace Be	thesda,	MD 20814
20s. METNOD OF DISPOSITION		20b. PLACE AND DATE O	F DISPOSITION (Name		OCATION — City	
1 Buriel 27 Cremation 3 Red Donation 5 Other (Specify)	emoval from Stata	of cemetary, crematory or	ort Crematory	1/28/9/ A	levandr	ta VA
21. SIGNATURE OF FUNERAL SERVICE		HOUSE COMPE	22. NAME AND ADDRESS OF		revaliat	Ia, vn.
	18 /		Tocoph Caralo	wta Cona		
Henry	S. Strond		5130 Wiscons	in Ave N	W Wach	ington DC
disease or condition resulting in death)	a. DUE TO (ON A	S A CONSEQUENCE OF):	na			
Sequentially list conditions, if any, leading to immediate	bDUE TO (OR A	S A CONSEQUENCE OF):				
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR A	S A CONSEQUENCE OF):				
resulting in death) LAST						
	d.					
	d					
PART II. Other significant condit	dtipna contributing to deet	n but not resulting in	the underlying ceuse given	n Part I. 24e. WAS / PERF- 1 □ YES	NA AUTOPSY ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
	d	) but not resulting in	the underlying ceuse given	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAU
PART II. Other significant condit		but not resulting in		PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other eignificant condit	HOSPITAL:	10	the underlying ceuse given in the un	PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significant condit	HOSPITAL:	outpatient 3 DOA 4	26. PLACE OF DEATN (	PERF-1   YES	ORMED?  2X1 NO	COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 6 Pending	HOSPITAL: 1   Inpatient 2   ER/O 26a. DATE OF INJUR (Month, Day, Yea	Dutpetient 3 DOA 4	28. PLACE OF DEATN (I	PERF-1   YES	ORMED?  2X1 NO	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PART II. Other significant condit	HOSPITAL: 1   Inpatient 2   ER/O 26a DATE OF INJUR (Morth, Day, Vea	Dutpatient 3 DOA 4  RY 28b. TIME 6 INJUR  JRY — At home, farm, stre	28. PLACE OF DEATN ( DTHER: Nursing Home 6 Residence OF 28c. INJURY AT YY M 1 YES 2 NO	PERF-1   YES	ORMED?  2 1 NO  W INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAU- OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WO  27. MANNER OF DEATN  1 Netural 6 Pending investigatic determined  2 Accident determined  29s. CERTIFIER (Check only)	HOSPITAL:  1   Inpatient 2   ER/O  26a. DATE OF INJUR (Month, Day, Yea  on  28a. PLACE OF INJUR building, atc. (S	Dutpatient 3 DOA 4  RY 28b. TIME C INJUR  URY — At home, farm, streepecify)	28. PLACE OF DEATN ( DTHER: Nursing Home 6 Residence OF 28c. INJURY AT YY M 1 YES 2 NO	Check only one)  6 Other (Specify)  28d, DESCRIBE HOV  28f, LOCATION (Street, City or Town, Ste	ORMED?  2 1 NO  VINJURY OCCUR at and Number or te)	AMAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 6 Pending Investigatic 3 Suicide 6 Could not determined 4 Homicide 6 Could not determined  29a. CERTIFIER (Check only one) 2 MEDICAL XAM	HOSPITAL:  1   Inpatient 2   ER/O  26a. DATE OF INJUR (Month, Day, Yea  on  28c. PLACE OF INJUR building, atc. (S  HYSICIAN: To the beat of my kn  diner: On the beat of examina	Dutpatient 3 DOA 4  RY 28b. TIME C INJUR  URY — At home, farm, streepecify)	28. PLACE OF DEATN ( DTHER: Nursing Home 6   Residenc OF	Check only one)  e 6 Other (Specify)  28d. DESCRIBE HOV  28f. LOCATION (Street, City or Town, Steet)  use to the cause(s) and in the time, data and place,	ORMED?  2 1 NO  VINJURY OCCUR  It and Number or  te)	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO  Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WO  27. MANNER OF DEATN  1 Netural 6 Pending investigatic determined  2 Accident determined  29s. CERTIFIER (Check only)	HOSPITAL:  1   Inpatient 2   ER/O  26a. DATE OF INJUR (Month, Day, Yea  on  28c. PLACE OF INJUR building, atc. (S  HYSICIAN: To the beat of my kn  diner: On the beat of examina	Dutpatient 3 DOA 4  RY 28b. TIME C INJUR  URY — At home, farm, streepecify)	26. PLACE OF DEATN ( DTHER: Nursing Home 6 Residence TY WORK? M 1 YES 2 NO set, factory, office at the time, data and place, and d	Check only one)  e 6 Other (Specify)  28d. DESCRIBE HOV  28f. LOCATION (Street, City or Town, Steet)  use to the cause(s) and in the time, data and place,	ORMED?  2 1 NO  VINJURY OCCUR  It and Number or  te)	AMAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WO  27. MANNER OF DEATN  1 Natural 6 Pending investigatic 3 Suicide 8 Could not detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL XAM  29b. SIGNATURE AND TITLE O CERTIFIE	HOSPITAL:  1   Inpatient 2   ER/O  26a. DATE OF INJUR (Month, Day, Yea  28c. PLACE OF INJUR building, atc. (S  1YSICIAN: To the beat of my kn  AINER: On the beat of examina	Dutpatient 3 DOA 4  RY 28b, TIME ( INJUR  JRY — At home, farm, stre specify)  nowledge, death occurred ation and/or investigation,	28. PLACE OF DEATN ( DTHER: Nursing Home 6 Residence DF WORK? M 28c. INJURY AT WORK? 1 YES 2 NO set, factory, office at the time, data and place, and d in my opinion, death occurred at t	Check only one)  e 6 Other (Specify)  28d. DESCRIBE HOV  28f. LOCATION (Street, City or Town, Steet)  use to the cause(s) and in the time, data and place,	ORMED?  2 1 NO  VINJURY OCCUR  It and Number or  te)	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO  Rural Route Number,
PART II. Other significant condit	HOSPITAL:  1   Inpatient 2   ER/O  26a. DATE OF INJUR (Month, Day, Yea  28c. PLACE OF INJUR building, atc. (S  1YSICIAN: To the beat of my kn  AINER: On the beat of examina	Dutpatient 3 DOA 4  RY 28b, TIME ( INJUR  JRY — At home, farm, stre specify)  nowledge, death occurred ation and/or investigation,	28. PLACE OF DEATN ( DTHER: Nursing Home 6 Residence DF WORK? M 28c. INJURY AT WORK? 1 YES 2 NO set, factory, office at the time, data and place, and d in my opinion, death occurred at t	Check only one)  e 6 Other (Specify)  28d. DESCRIBE HOV  28f. LOCATION (Street City or Town, Steet City or	ORMED?  2 1 NO  VINJURY OCCUR  It and Number or  te)	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO  Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 6 Pending Investigatic 3 Suicide 8 Could not 1 detarmined 1 Could not 1 detarmined 1 Could not 2 medical Property one)  29b. SIGNATURE AND TITLE O CERTIFIER (Check only one)	HOSPITAL:  1   Inpatient 2   ER/O  28a. DATE OF INJUR (Month, Day, Yea  on  28a. PLACE OF INJUR building, atc. (S  1YSICIAN: To the beat of my kn  AINER: On the besis of examina	Dutpetient 3 DOA 4  RY 28b. TIME C INJUR  JRY — At home, farm, stre  specify)  DEATN (ITEM 27) (Type, Pri	28. PLACE OF DEATN ( DTHER: Nursing Home 6 Residence DF WORK? M 28c. INJURY AT WORK? 1 YES 2 NO set, factory, office at the time, data and place, and d in my opinion, death occurred at t	Check only one)  6 Other (Specify)  28d. DESCRIBE HOV  28f. LOCATION (Stree City or Town, Stree  City or Town, Street City	ORMED?  2 1 NO  VINJURY OCCUR  It and Number or  te)	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO  Rural Route Number,  Buse(a) and manner as state  GNED (Month, Day, Year)  2 7/9 4/

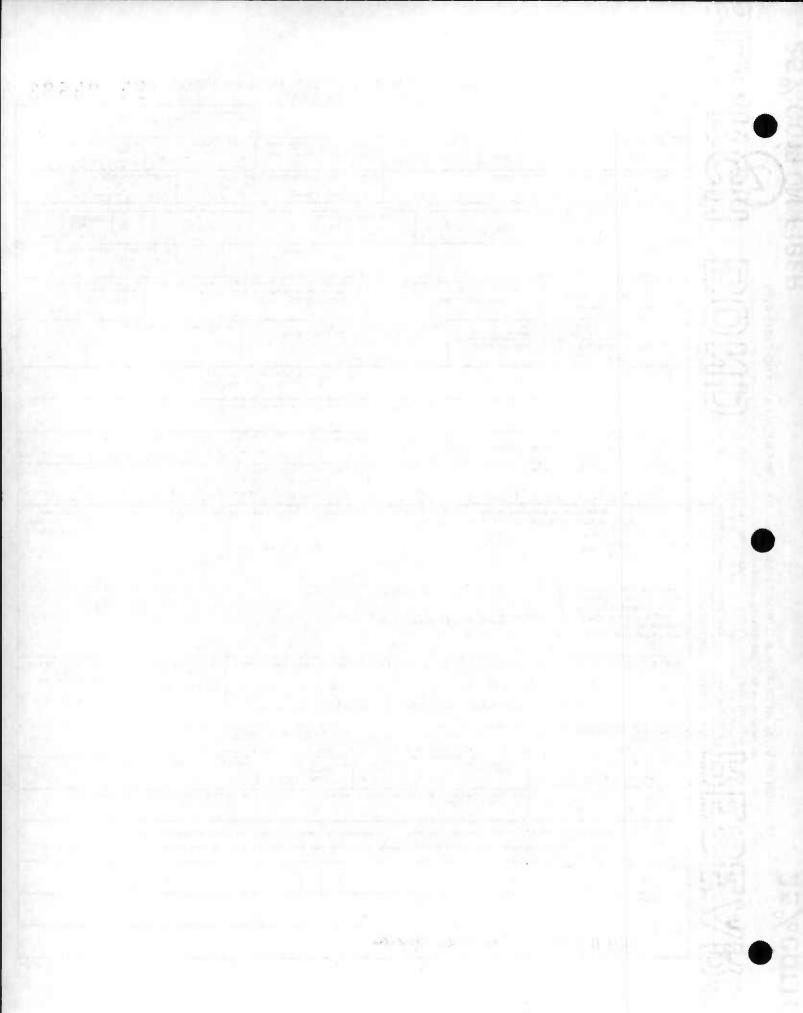


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the found after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CE	KIIIFI	CATE OF	DEAL	Н	REG. NO.		) -3	04000
	1. DECEDENT'S HAME (First, Middle, Last) Theresa Mar	ie Dobro	<b>W</b>					2. DATE OF DEATH	1994	VEAR	12:30 A. M
	4. SOCIAL SECURITY NUMBER 207-22-6230	5. SEX	6. AGE (In yrs. lest I	vrs.	IF UNDER 1 YEAR MONTHS DAYS	HOURS 24	MIH.	7. DATE OF BIRTH (Month, Day, Year) 10- 5- 19	929	Country)	ACE (State or Foreign Sylvania
	Sa. FACILITY HAME (If not institution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION	OF DEA			TY OF DEAT	
СТОВ	Washington Adver		oital		Takoma				Mon	tgome	
DIRE		nce Georg	ge's		town or Loc eltsvil					10	d. INSIDE CITY LIMITS? YES 2 TNO
FUNERAL DIRECTOR	4112 Stoconga Dr	ive			1	2070	)5				tates
ВУ	11. MARITAL STATUS 1 Never Married 2 XX Arried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ABM YES 2 THO MR OR DATES	ED	If yes, s	pecify Cuban,		C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No—	14. RACE — Black, W Specify:	American Indian, Thita, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATIOH completed) College (1-4 or 5 +	(GM	EDENT'S kind of w Oo NOT use	USUAL OCCUPAT rork done during n retired.)	ION lost of working		16b. KIND OF BUS	INESS/IHD	USTRY	
MP	12 years		Ho	mem	aker						
BE CO	17. FATHER'S HAME (First, Middle, Last) Alexander Slomsk	i						E (First, Middle, Melden Ewandowski			
10	190. INFORMANT'S NAME (Type/Print) Paul V. Dobrow		19b.	MAILING	ADDRESS (Street	and Number of	r Rural Ro	oute Number, City or Town	n, State, Zip	Code)	
	20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Rem  4 Donation 6 Other (Specify)	oval from State	A Salaria and Control of the Control		PERISPOSITION (F		77 2			City or Town,	sume , Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CEHSEE	7 00.00	22. 22	22. HAME	ND ADDRESS	OF FACE	ILITY			PELYLEIK
	Malel V.	Borger	Sould	).				eral Home, ill Rd. Be			Md. 20705
	23. PART i. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	t caused the deales on each line.						ratory arm	est,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	(OR AS A CONSEQU								
	PART il. Other significant condition	d	death but not re-	aulting i	n the underlyi	na cause al	ven in P	Part i. 24e. WAS AN	ALITOPSY	24b. WI	RE AUTOPSY FINDINGS
OICA	· CAC	HEXIA				4		PERFOR	MED?	AN	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	PANC	REATIC	1NS	uf	FIEN	ch.					YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DEA	ATH (Chec	ck only one)			
IYSI	1 VES 2 NO	1 Inpatient 2 =	ER/Outpatient 3	DOA 28b. TIMI	4 - Nursing Ho	me 5 🗆 Reel		Other (Specify)			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D		INJ	URY W	YES 2		26d. DEŞCRIBE HOW I	NJOHY OCC	OHEO	
	3 Suicide 6 Could not be determined	28e. PLACE O building,	F IHJURY — At hom etc. (Specify)	e, ferm, e	treet, factory, off	Ice		281. LOCATION (Street a City or Town, State)		or Rural Rout	e Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS							to the cause(a) and mar			
	29b. SIGNATURE AND TITLE OF CERTIFIE			-	, at thy opinion,	29c, LICEN					
TO BE	Adandi	(A)si	FS.C		/		29		DATE	2.2	onth, Day, Year)
	Asif S. Qadri, M					#100	Coll	lege PArk,	Mary	land	20740
	FEB 0 3 199	32. REGISTRA	Devidon-R	ndall	6						
						_					DHMH-16 Rev 1/89



		permit
020	after death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the burial-transit permit.
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NIG	TO THE HOSPITAL OR A	be filed within 72 hours	MADOUTANT: If Hem
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within the country of the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	O MEDICALLY If How 29 is marked as Hom 23 shows any Internal Promoting event the medical events he made to
BALTIMORE, MAR	ours after death. Page 6 may be retained filled in by the funeral director, page 5 shouk	tion, or removal.	belilion of tour senimers lesiben att

	1 - STATE REGISTRAR			ICATE O		D MENTAL HYGI REG.	NO.	94 04684
1	1. DECEDENT'S NAME (First, Middle, L	Charles	W. D	ixon		2. DATE OF DEATH	DAY	3. TIME OF DEATH  3. TIME OF DEATH  3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	MONTHS DAYS		Milameth David Mary	) 8	L. BIRTHPLACE (State or Foreign Country)
	579-10-7477	1 XM 2 - F	71 YRS.	1915	The second second	5-2-8		Washington, DC
~	Se. FACILITY NAME (If not institution,		m/	9b. CITY, TOW	OR LOCATION OF	FDEATH	9c. COUNT	Y OF DEATH
2	RESIDENCE OF DECEDEN	ove Hospin	FIL	Re	ckville			Montgomery
DIRECTOR	10a. STATE 10b. CO		10c, CI	TY, TOWN OR LO	ATION			10d. INSIDE CITY
H	Maryland	Montgomery		Re	ckville			LIMITS?  1 YES 2 NO
A	100. STREET AND NUMBER				IOF. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
E	629 Edmonston D	rive			20851		Unite	ed_States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1X	ER IN U.S. ARMED	13. WAS D	ECENDENT OF HIS	PANIC ORIGIN? (Specify	Yes or No- 1	4. RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			ES 2 X NO Sp	xican, Puerlo Rican, etc. ecily:		Specify:
		World						White
COMPLETED	15. DECEDENT'S (Specify only highest	grade completed)	16a. DECEDENT'S	S USUAL OCCUPA work done during use retired.)	most of working	16b. KIND OF	BUSINESS/INDU:	STRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		viceman		Cas	Compan	137
NO	17. FATNER'S NAME (First, Middle, Les	)	261	VI Cellian	18 MOTHER'S	NAME (First, Middle, Mei		ıy
		Dixon				Agnes Cour		
BE	19e. INFORMANT'S NAME (Type/Print)		19b, MAILING	O ADDRESS (Street		irel Route Number, City or		code)
2	Marie E. Dixon					, Rockvill		
	20a. METHOD OF DISPOSITION	Annual Control	20b. PLACE AND DATE	OFDISPOSITION				ty or Town, State
	1XXBuriel 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify)	Removal from State	Parklawn	other place) Memoria	1 Park	2/3/94 RC	ckville	, Maryland
	21. MONATURE OF FUNERAL SERVICE	E LICENSEE						mphrey Funeral
	Minhal	· (A) of	7/_M00348	Home,	Rockvil	le, Inc.,	300 W.	Montgomery Ave
	23. PART I. Enter the diseases,	Or complications that ca	used the death. Do.	IRock	rille, M	aryland 2	0850-28	it, Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due TO (OR	AS A CONSEQUENCE C	tures OF):	- Electro	L Journal &	ieverote	Interval Between Onset and Death
SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	0	AS A CONSEQUENCE O	OFFI:	1900	Mind		
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR	AS CONSEQUENCES	eptel,	lefect	S/Prepor	^	
	PART II. Other aignificent cond	Itions contributing to des	th but not resulting	in the underly	ing cause given	in Part i 24a WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
N: MEDICAL	Penal	nonfolien				PER	FORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ZIA	25. WAS CASE REFERRED TO MEDICA EXAMINER?				PLACE OF DEATH	(Check only one)		
SIC	1 TES 2 TO	HOSPITAL:	Outpatient 3 DOA	OTHER: 4 Nursing H	ome 5 🗆 Residen	ce 6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF INJU	JRY 26b. Till		NJURY AT YORK?	28d. DESCRIBE NO	W INJURY OCCU	RED
BY F	1 Netural 5 Pending 2 Accident Investigat	1211	94 2		YES NO			
ED	3 Suicide 6 Could no 4 Homicide determine	28e. PLACE OF IN.	JURY — At home, farm, (Specify)	street, factory, of		28f. LOCATION (Str City or Town, St		Rural Route Number,
COMPLET		NYSICIAN: To the best of my MINER: On the basic of exami						l. cause(e) end manner ee stated.
	296. SIGNATURE AND TITLE OF CERT	TIFIER	0		29c. LICENSE	NUMBER	29d. DATE	SIONED (Month, Day, Year)
) BE	Namuel	Tolkers 4	ndo		1630	0	1 2	1194
10	30. NAME AND ADDRESS OF PERSON		_		1.1749	emeric n	11 201	м.7
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	6410 FOCE	- odd a- 5		2.004	14 - 36	
	FEB 0 3 199	34 Julia Davi	doon-Randelle					

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

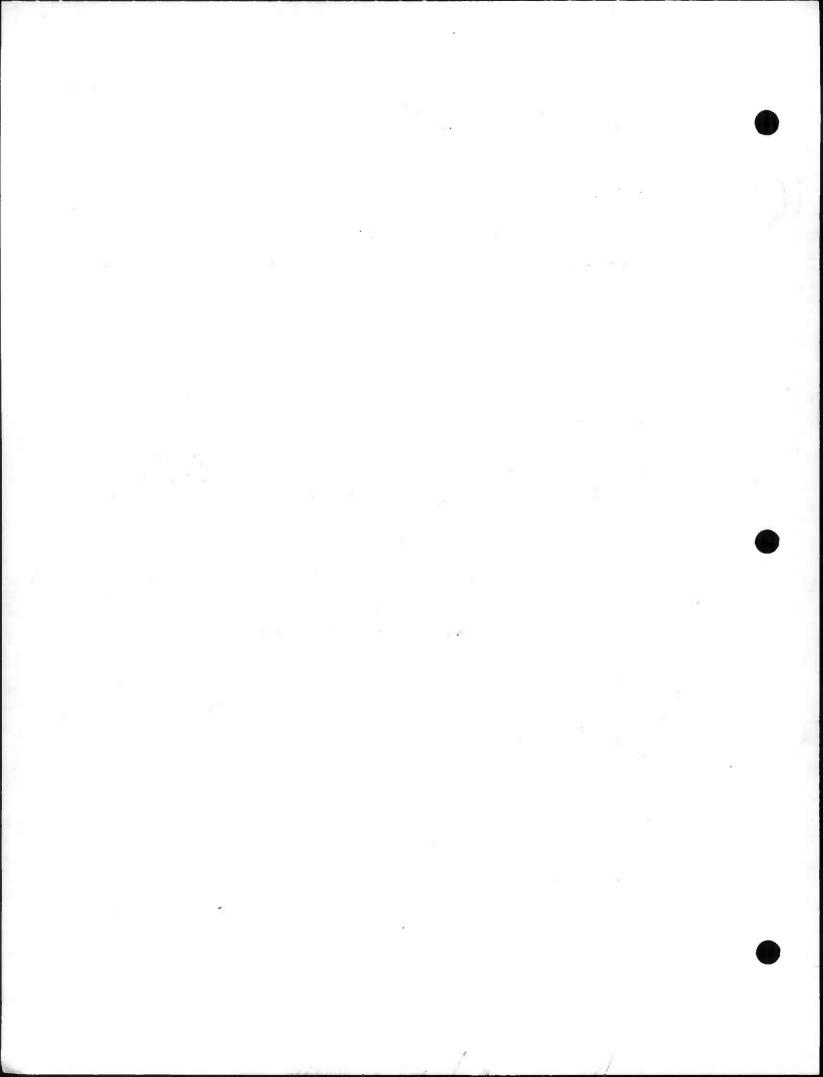
31. DATE FILEO (Month, Day, Year)
FEB 0 4 1994

	1 - FOR STATE REGISTRAR	STATE OF MAI			TMENT (				MENT	AL HYGIEN		91	4 04685
	1. DECEDENT'S NAME (First, MIDD AKAROSE Ant	Mony Dobbi	E ANTH	IONY	DOBBI	NS,	C.S.	C.	2. DAT		٤ 1	794 1994	3. TIME OF OEATH 8:45 PM
	4. SOCIAL SECURITY NUMBER 140-42-6783	5. SEX 6.	AGE (In yrs. last	t birthday)	IF UNDER 1 Y	YEAR MAYE	IF UNDER	24 HRS. MIN.	(Mo	E OF BIRTH nth, Day, Year)		s. BIRTH Countr	PLACE (State or Foreign y) ISYLVANIA
	9a. FACILITY NAME (If not institution	on, give street and number)			9b. CITY, TO	OWN OF	R LOCATE	ON OF DE				TY OF D	
DIRECTOR	SUBURBAN HOSI	ENT	-		BET	HES	DA				MO	NTGO	MERY
RE		COUNTY		10c. CIT	Y, TOWN OR	LOCATI	ON						10d. INSIDE CITY LIMITS?
	MARYLAND 1  100. STREET AND NUMBER	MONTGOMERY		L K	ENSIN	7							1 YES 2 NO
FUNERAL	5000 STRATHMON	PE AVENUE				101.	ZIP CODI				10g. CtTI		VHAT COUNTRY?
N	11. MARITAL STATUS	12 WAS DECEDENT EX	ER IN U.S. AR	MED	13. WA	S DECE			NC ORIG	iN? (Specify Yes	or No —	USA 14. RACE	- American Indian.
BY F	Never Merried 2 Merrie 3 Widowed 4 Divorced	FORCES? 1 T	YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	10	If y	es, spei	cify Cuba		n, Puert	Rican, atc.)		Spec/	i, White, etc.
COMPLETED	15. OECEDEN (Specify only highe	IT'S EDUCATION est grade completed)	16a. DE(	CEDENT'S	USUAL OCCI vork done dun te retired.)	JPATION	N I of workin	g	10	5b. KIND OF BUS	INESS/ING	USTRY	WHITE
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)								DEL TO			
MO	17. FATHER'S NAME (First, Middle,		I MUS	10 1	EACHE:	K	16. MOTI	ER'S NA	ME (First	RELIC			
BE C	ANTHONY	FRANCIS						VA		COXON	Jamainoy		
TO B	19a. INFORMANT'S NAME (Type/Pr		198	. MAILING	ADDRESS (S	treet an			Route Nu	mber, City or Town	, State, Zip	Code)	
F	SR. MARY JANE		50	00 S	TRATH	MOR:	E AV	ENUE	EK	ENSINGT	ON, M	D 2	0895
	20a. METHOD OF DISPOSITION 12 Buriet 2 Cremation 3	☐ Removal from State	20b. PLACE A			ON /Nan	ne of		0/	TE 20c, LOC	CATION —	City or To	wn, State
	4 Donetloy 5 Other (Special Sent)	offy)	GATÉ O	F HE	AVEN				12/	5 SILV	ER S	PRIN	G, MARYLAND
		eu) C. C.	le		FRA	NCI	S J.		LIN	S FUNER			INC.,MD.20901
	23. PART I. Enter the disease	nea, or complications that ca failure. List only one cause	used the de	eth. Do r	ot enter th	e mod	le of dy	ng, suci	h ee ce	rdiac or reepi	ratory arr	eat,	Approximate
	IMMEDIATE CAUSE (Finel disease or condition				Fail	unt	L.						Interval Between Onset and Death
	resulting in death)	DUE TO (OR	oirato AS A CONSEC Cration	ENCE OF	F):								
Z	Sequentielly list conditions,	a Asp	ration	n l	new	wow	ia.						
ATIO	If any, leading to immediate cause. Enter UNDERLYING	DUE TO TOK	AS A CONSEC	UENCE OF	j:	.1.4							
FIC	CAUSE (Disease or Injury that initieted events	C. DUE TO (OR	AS A CONSEC	UENCE OF	75170	al	<b>√</b> .						
CERTIFICATION	resulting in death) LAST	101	iz AS A CONSEC Ceres	no v	aseu	la	~ 0	cci	der	A.			į ų
	DART II Other desident of											_	
PHYSICIAN: MEDICAL	PART II. Other significant co	wha ,	ith but not re	esuiting i	n the unde	riying	cause (	lven in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDI										1 TYES 2	□ NO		OF DEATH?
2													1 NES 2 NO
MAN	25. WAS CASE REFERRED TO MED	DICAL				26. PLA	CE OF O	EATH (Ch	eck only	one)			
SIC	EXAMINER?	HOSPITAL:	/Outpatlant 3	□ DOA	OTHER:	g Home	5 🗆 Ra	aldenca	6 🗆 Ott	her (Specily)			
PH	27. MANNER OF OEATH  1 Natural 5 Pendi	28a. DATE OF INJI (Month, Day, Y		28b. TIM INJ	E OF 28 URY	c. INJU WOR	RY AT		26d. D	ESCRIBE HOW IN	JURY OCC	URED	
B	2 Accident Invest	ligation					ES 2 [	NO					
E	3 Suicide 8 Could 4 Homicide determ		(Specify)	me, tarm, s	itreet, fectory	, offica				CATION (Street a ty or Town, State)	nd Number	or Rural R	Route Number,
9	29a. CERTIFIER	IO BUYONGIAN. To Mark to an advantage					Constitution of the Consti						
COMPLET	(Check only	IG PHYSICIAN: To the best of my EXAMINER: On the basis of exami											and manner as stated
	29b. SIGNATURE AND TITLE OF C							NSE NUN		and piece, and			
B	Auns	emp.						378°			A DATI	2/2	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CAUSE O	E OFATH (ITEA	4 27) (Time	Print)		-	, -	-			1	1 (1

296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

2/2/94 29c. LICENSE NUMBER D37891 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

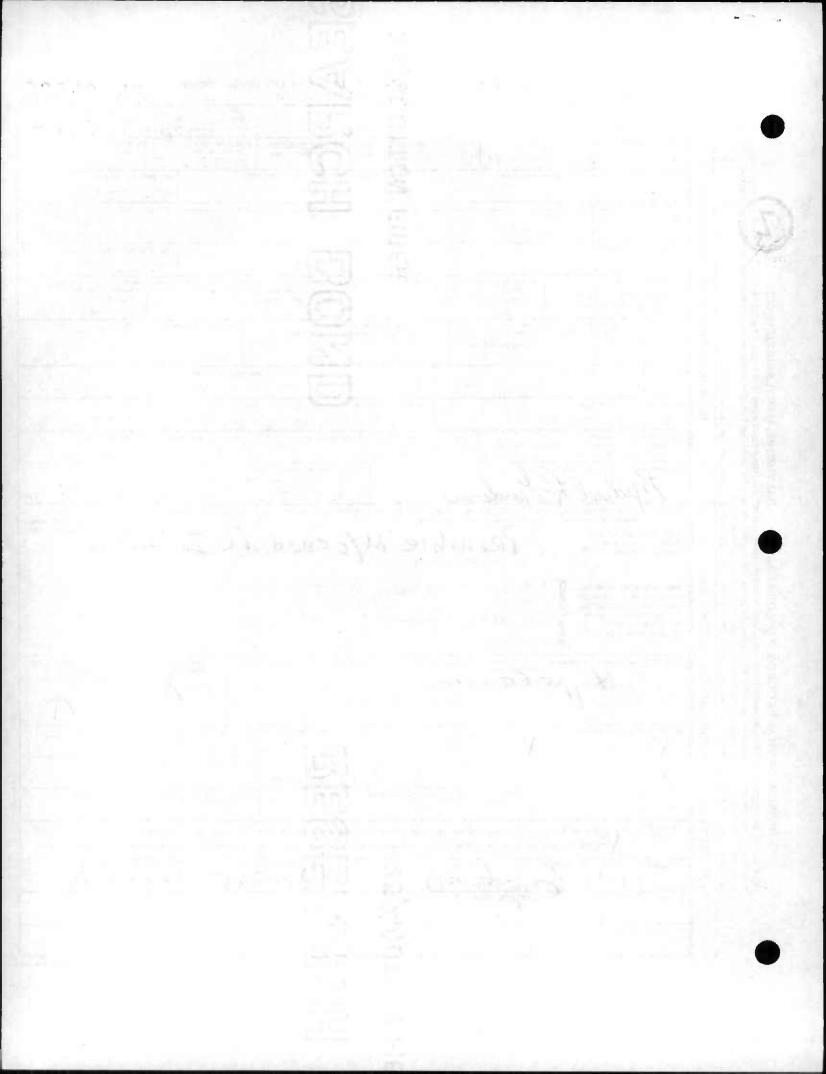
A RAJVANSHI M.D. 121 Congressional In #409 Rockville MD 2085 2 , 32. REGISTRAR'S SIGNATURE the Davidson-Rendell DHMH-18 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may \$68, tetained by the hospital or attending physician.	Nurs after death. Page 6 may tole retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit me be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the burial-transit per removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	redical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH A		AL HYGIENE	91	04686
1. DECEDENT'S NAME (First, Middle, I	Viola	En	alund	MON	e of DEATH DAY	1994	3. TIME OF DEATH  9:18 A M
4. SOCIAL SECURITY NUMBER 581-88-8776	1 □ M 2 🂢 F		UNDER 1 YEAR IF UNDER 2-	HRS. 7. DAT	e of BIRTH with, Day, Year) pt 30, 1	8. Bit Co	THPLACE (State or Foreign Unitry) Colorado
94. FACILITY NAME (If not institution, St. Mary's Hos	pital		a city, town on Location Leonardtown		9	St. Ma	
St. Mary's Hos  RESIDENCE OF DECEDEN  10a. STATE  Maryland  St. Mary's Hos  RESIDENCE OF DECEDEN  10b. CO  Maryland  St. Mary's Hos  RESIDENCE OF DECEDEN  10b. CO  Maryland  St. Mary's Hos  RESIDENCE OF DECEDEN  10b. CO  Maryland  St. Mary's Hos  RESIDENCE OF DECEDEN  10b. CO  Maryland  St. Mary's Hos  RESIDENCE OF DECEDEN  10b. CO  Maryland  St. Mary's Hos  RESIDENCE OF DECEDEN  10b. CO  Maryland  St. Maryland  St. Maryland  St. Maryland  St. Maryland  St. Maryland  St. Maryland  St. Maryland  St. Maryland  St. Maryland  St. Maryland  St. Maryland  St. Maryland  St. Maryland  St. Maryland  St. Maryland  St. Maryland			own or location ey Lee				10d, INSIDE CITY LIMITS? 1 □ YES 2 ☑ NO
10e. STREET AND NUMBER P.O. BOX 315  11. MARITAL STATUS			10f. ZIP CODE 20692		1	09. CITIZEN O	F WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2 XNO	13. WAS DECENDENT OF If yes, specify Cuban, 1 Tes 2 XNO	Mexican, Puerto		No- 14. R. Bi	ACE — American Indian, lack, Whita, atc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 12th Grade  17. FATHER'S NAME (First, Middle, Las	EDUCATION grade completed)  College (1-4 or 5+)	18a, DECEDENT'S USI (Give kind of work life, Do NOT use re	done during most of working	16	b. KIND OF BUSINI		
12th Grade 17. FATHER'S NAME (First, Middle, Las		Agent	16. MOTHE	R'S NAME (First	Travel A		
Henry	Ward	Harvey		myra	Josep	phine	Patterson
Glenn M. Engl		P.O. B	ox 315, Val	ley Lee	e, Maryla	and 2	0692
26a. METHOD OF DISPOSITION 1	Ramoval from State Co	metery, cremetery or other Lee Cremato	DISPOSITION (Name of place) DITY  22. NAME AND ADDRESS	2/4/	TE 20c. LOCAT		
Michaela	Hardines	)	Mattingley	-Gardi	ner Fune	ral Ho	me, P.A. vland 20650
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	b DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	YOCAR	dia	- INI	ARC	(100
PART II. Other eignificant cond	ditione contributing to death		ha underlying cause gi	ven in Part i.	24a. WAS AN AU PERFORME 1 U YES 2	0?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDIC	HOSPITAL:	10	26. PLACE OF DEA	ATH (Check only	one)		
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MARNER OF DEATH 1 Netural 5 Pending	1 M Inpetiant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4	□ Nursing Home 5 □ Resi F 28c, INJURY AT WORK?	28d. Di	ner (Specify) ESCRIBE HOW INJU	JRY OCCURED	
2 Accident Investige	26e. PLACE OF INJUR building, etc. (Spi	IY — At home, ferm, street	M 1 TES 2	28f. LO	CATION (Street and y or Town, State)	Number or Rui	al Route Number,
e and	HYSICIAN: To the best of my known MINER: On the basis of examination						e(a) and menner as stated.
296. SIGNATURE AND TITLE OF CER	In the	1	80	SE NUMBER	5 2	ed. DATE SIGN	ED (Month, Day, Year)
William D. Boye			town, Maryl	and 20	0650		
31. DATE FILED THOMP, Day, Yearly 9	32. REGISTRABIS SIG	son-Randell					

DHMH-16 Rev 1/89



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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31. DATE FILED (Month, Day, Year)

1994

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32. REGISTRAR'S SIGNATURE

chia Davidson

death After

DIRECTOR: hours after of

FUNERAL C within 72 h TANT: If 18 HOSPITAL TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II

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signed by the attending physician and completely Health and Mental Hygiene prior to burial, crematic

certificate has been n the State Dept. of

BOX 68760.

DIVISION OF VITAL RECORDS, P.O.

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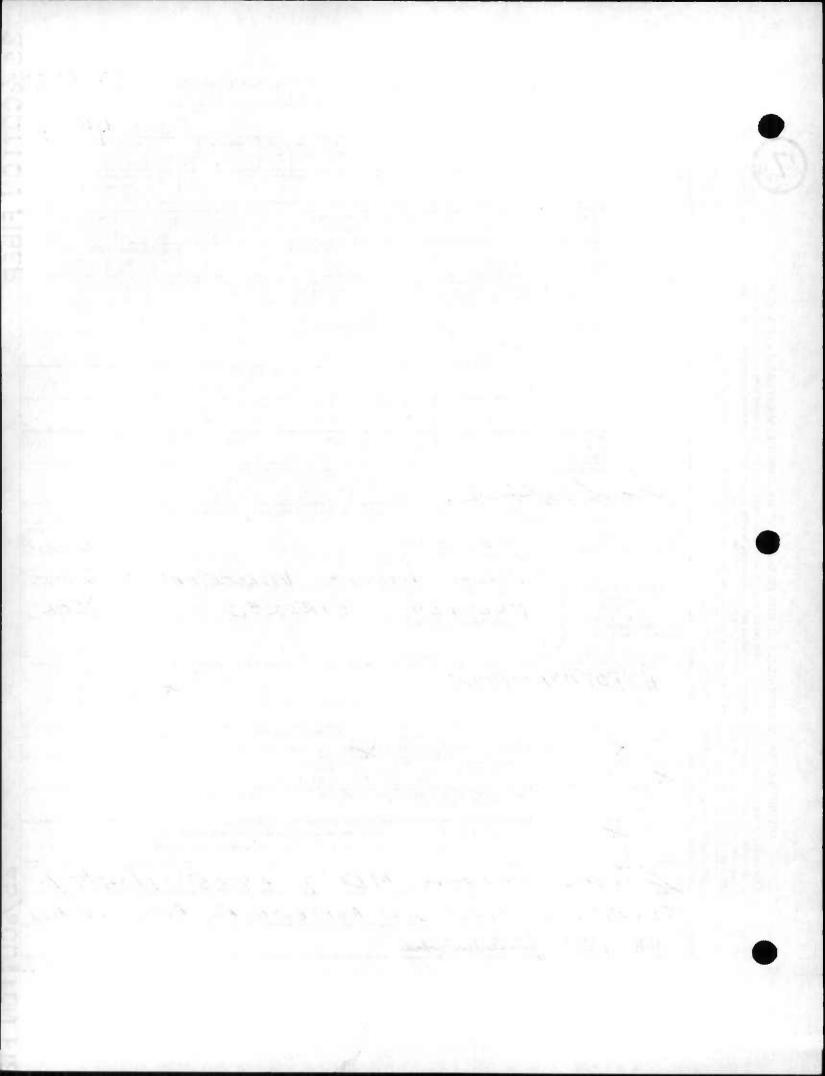
retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 410 EHRLICH FRANK JANUARY 25 .1994 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yea B. BIRTHPLACE (State or Fo S. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HR DAYS HOURS 1 M 2 | F SEPT. 20. **NEW YORK** 1920 116-03-2368 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MONTGOMERY DIRECTOR HEBREW HOME OF GREATER WASHINGTON ROCKVILLE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MONTGOMERY POTOMAC MARYLAND 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20854 11311 GAINSBOROUGH ROAD UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerlo Rican, etc.)
 The Yes of the Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAT OR DATES 1 Never Married 2 XXMerried Specify: WHITE BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) COMPL BUDGET ANALYST NATIONAL INSTITUTES OF HEALTH 5+ 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surneme) (UNKNOWN) SADIE BENJAMIN EHRLICH 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code 2 11311 GAINSBOROUGH ROAD - POTOMAC, MARYLAND 20854 (WIFE) MARILYN EHRLICH 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OLNEY, MARYLAND JUDEAN MEMORIAL GARDENS 1/27 21. SIONATURE FUNERAL SERVICE LICENSEE DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE-ROCKVILLE, MD. 20852 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final SEPS/S
DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) 4 DAYS NORMAL PRESSURE HYDROCEPHALUS

DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING STROKES MULTIPLE CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA Ising Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF Netural 1 YES 2 NO BY Investigation 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

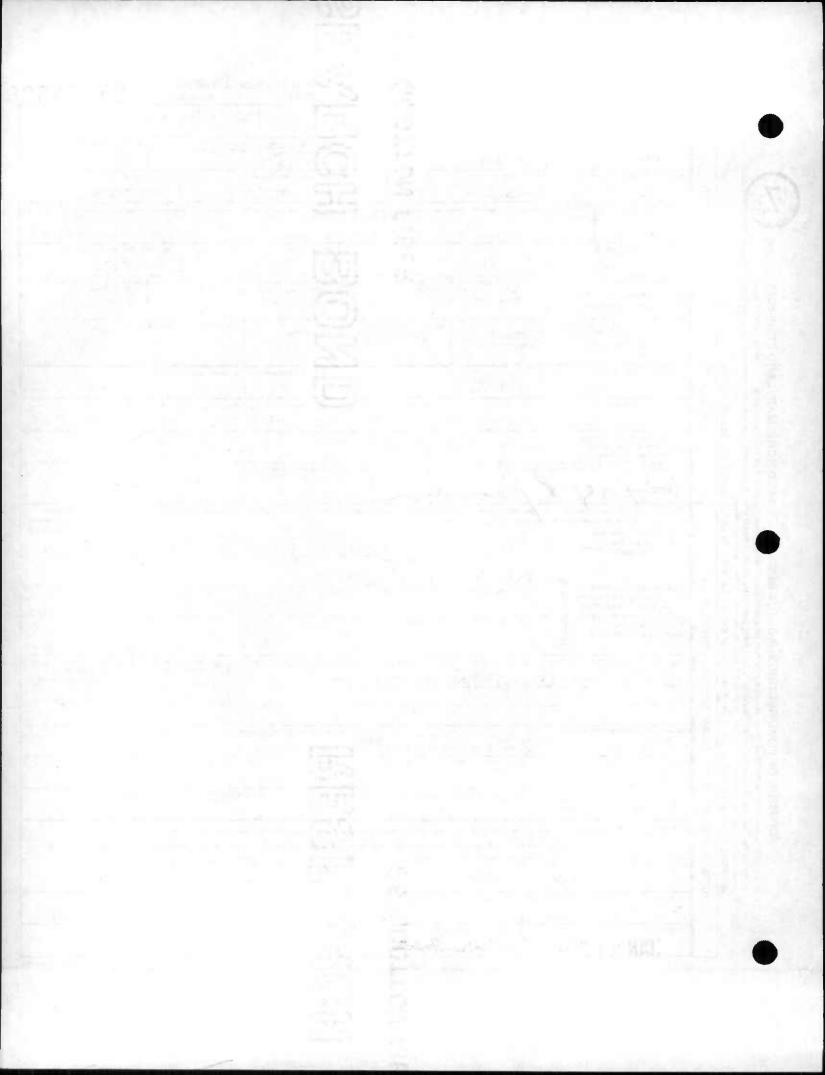
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. ination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end manner es stated. 29d. DATE SIGNED (Month, gay, Your) 29c. LICENSE NUMBER BE leven Bron 2 30. NAME AND ADDRESS OF, PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6121 MONTROSE RD ROCKVILLE, LIPSON, MD



TO BE COM	TO BE COMPLETED BY BUYCINIAN, MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
re funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hosp

	FOR 1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF I		MENTAL HYGIEN		94 0468
	1 DECEDENT'S NAME (First Middle Last)	y G LaShar			DEATH	2. DATE OF DEATH MONTH 0 1 - 29		3. TIME OF DEATH  2:00/m M
	4. SOCIAL SECURITY NUMBER NONE	1 🗆 M 2 🏖 F	GE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. 3 20	7. DATE OF BIRTH	44	BIRTHPLACE (State or Foreign Country) Maryland
TOR	90. FACILITY NAME (If not institution, give HOLY Cross He RESIDENCE OF DECEDENT				er Spri			OF DEATH
- DIRECTOR	Maryland Mo:	ntgomery		y, town or Loca aithers	burg			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	18715 N. Fred	erick Road	đ	10	2087	79		S.A.
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 Y IF YES, GIVE WAR O	ES 200	If yes, sp	ENDENT OF HISPAN ecify Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	n or No- 14	Bleck, White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u.		ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY
BE COM	17. FATHER'S NAME (First, Middle, Last) Don L. Early		1977		ALC: NO PERSONAL PROPERTY OF THE PERSONAL PROP	ME (First, Middle, Meiden Jeria N.		oway
TO	190. INFORMANT'S NAME (Type/Print) Angeria Hollov	way (Mothe				Route Number, City or Tow		/118/9
	20a. METHOD OF DISPOSITION 1	novel from State	20b. PLACE AND DATE cemetery, cremetery or of Gate of	OF DISPOSITION (Na	ıma of		CATION - CIT	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	Lun	22, NAME AI SNOW	ND ADDRESS OF FA	CILITY JERAL HOM	Œ, P.	
CERTIFICATION	23. PART I. Enter the disease, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilieted events	a. PUE TO (OR )	AS A CONSEQUENCE O	Linbs Pi Pisto	( )	h an cardiac or reap		Interval Between
CERT	resulting in death) LAST	d						
PHYSICIAN: MEDICAL	PART II. Other eignificant condition	D-ROUTH (	th but not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
ЭНХВ	27. MANNER OF DEATH	1 Inpatient 2 ER/	RY 26b. TIN	E OF 28c. IN.		8 Other (Specify)  28d. DESCRIBE HOW	NJURY OCCUI	RED
ВҰ	1 Natural 5 Pending 2 Accident investigation		URY — At home, farm,	M 1 🗆	YES -2 NO	281, LOCATION (Street	and Alumbas as	Charact Doube Nambas
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (	Specify)	and the total of t		City or Town, Stete	)	FIGURE FIGURES,
COMPLET	anal	SICIAN: To the best of my k IER: On the beals of examin						cause(s) and manner as stated.
BE	296, SIGNATURE AND TITLE OF CERTIFI	ER MO	(4)		29c. LICENSE NUI	WBER *	29d. DATE S	SIGNED (Month, Day, Year) 22/94
TO	30. NAME AND ADDRESS OF PERSON W				ं के कितया	Glen RD .	SILIAM	IPR WE WA
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S	SIGNATURE	/	(31. 0)		J. 1200'	-0. ( - 5.11)

DHMH-16 Rev 1/89



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FINE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ı
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James S. Grissom MD
31. DATE FILEO (MONTH, Day, Year)
2-7-94

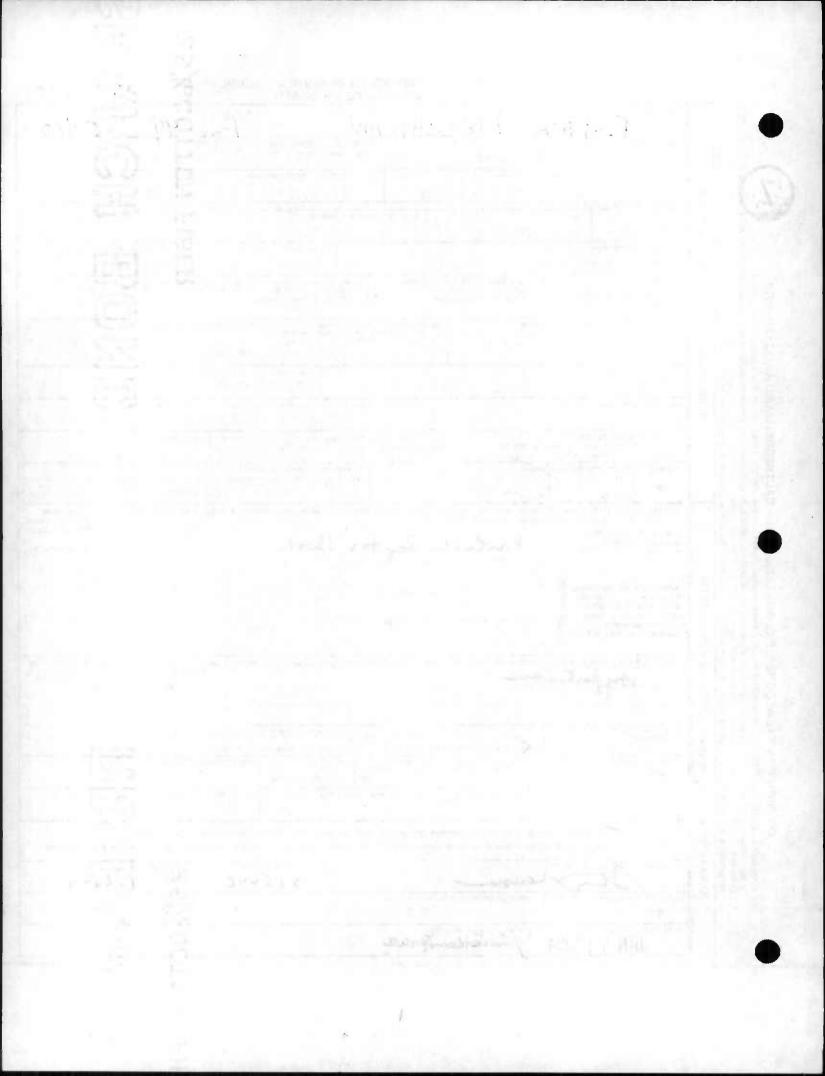
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /		TMENT					HYGIEN REG. NO		94	0468	89
	1. OECEDENT'S NAME (First, Middle, Last)	ROBER'	T EUGENE	FIT	F7				2. DATE OF MONTH	OEATH D	NY.	YEAR	3. TIME OF DEAT	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF		5	94 8. BIRTH	10:00 IPLACE (State or Fo	A M
	212-24-5722	1 📉 M 2 🗌 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	1/10	/34		Countr	yland	
OC.	9a. FACILITY NAME (If not institution, give s	,			2.50		R LOCATIO	7	ATH		9c. COU	NTY OF D	EATH	
OT.	5041 Teen Barne	s Road	_		F	rede	ericl	Κ.			Fr	eder	ick	
DIRECTOR	Maryland Fred	erick		111	v, <del>town</del> o ederi		ON						10d. INSIDE CITY LIMITS? 1 YES 2 X	
RAL	10e. STREET AND NUMBER						ZIP CODE				10g. CIT	ZEN OF Y	VHAT COUNTRY?	
FUNERAL	5041 Teen Barne		T EVER IN U.S. ARN	150	40.11		21702					U.S.		
BY FU	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	X YES 2 N		If		cify Cubar		NC ORIGIN? ( n, Puerto Rici		or No-	14. RACE Black Speci	- American India k, White, etc.	en,
	15. DECEDENT'S EDU	CATION	16a. OEC	EDENT'S	USUAL OC	CUPATIO	N		16b. KI	ND OF BU	SINESS/INC	DUSTRY	MILLE	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	III.	e kind of v Do NOT us	vork done d le retired.)	luring mos	t of working	g						
COMPLETED	11 years			Elec	ctric	ian								
8	17. FATNER'S NAME (First, Middle, Last)  Charles Henry F:	itoz				- 1			ME (First, Mide	die, Maiden	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)	1002	19b.	MAILING	ADDRESS	(Street an		_	Carty Soute Number,	City or Tow	n. State. Zir	Code)		
5	Mrs. Starr F. F:	itez								,			and 2170	2
3	20a, METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Rem	ovel from State	20b. PLACE AI cemetary, crem Mount	ND DATE O	OF DISPOSI	TION /Nan	ne of		OATE	20c. LO	CATION —	City or To	wn, Stata	
- 1	4 Donation 6 Other (Specify) 21. SIGNATURE OF FULLERAL SERVICE LIC	WISEE	Mount	Oliv			ery		2/7	Fre	deri	ck, 1	Maryland	
	· Keht E.	X 63	Jui		ROI	BERT	E. ]	DAIL	EY &				OMES, P.	
	23. PART I. Enter the diseasea, or cahock, or heart failure.	complications that	caused the dee	th. Do n	ot enter	the mod	e of dyle	ng, suct	n as cardia	or reap	ratory an	rest,	Approxima	nta
		A cut		car	Dia	1	to	2	t				Onset and	Death
_		OUE TO	(OR AS A CONSECU	JENCE OF	): 	4/2		F		1 1	1	14	198	8
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSECU	NEACE OF		1000	CANDO	CON	62 M	· M	10.70	w (r)	18 110	
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	C												
	thet initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	JENCE OF	7):									
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PHYSICIAN: MEDICAL	PART II. Other aignificant condition	contributing to	deeth but not re	euiting i	n the und	derlying	ceuse g	iven in i		a. WAS AN PERFOR	MED?	246.	WERE AUTOPSY FIL AMAILABLE PRIOR	TO
Ē	Contracty	1.353	potly	N					_   1	YES 2	NO		OF DEATH?	
Σ :	-C-07 11-0-43 C	J. Lachary	1.611.0	* *					-				1  YES 2	10
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						CE OF DE	ATN (Che	ock only one)					
YSI	1 TES 2 NO	HOSPITAL: 1   Inpatient 2	ER/Outpatient 3	DOA	OTHER 4 - Nunsi	: ing Nome	5 X Rei	sidence	8 🗆 Other (S	pecify)				
	27. MANNER OF OEATH  1 Natural 5 Pending	26a. DATE OF (Month, Da		28b. TIMI INJ		28c. INJU WOR		NO.	26d. DEŞCR	IBE HOW I	NJURY OC	CURED		
BY	2 Accident Investigation 3 Suicide 8 Could not be	26s. PLACE OF	F INJURY — At hom	e, farm, s	treet, facto			-	28f. LOCATIO	ON (Street s	nd Number	or Rural R	loute Number,	
Ē	4 Homicide determined	building,	etc. (Specify)						City or 1	own, State)				
111 B	29a. CERTIFIER	CIAN: To the heet of	my knowledne desi	h occum	d of the ti-			and due	to the course	a) and man	per se elet	ad		
OMPLE	(Check only one)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE												) and manner as st	ated.
BE COMPLETED						olnion, de		d at the t	time, data an		d due to th	e cause(s	and manner as st	ated.

D 1475 Taney Avenue Frederick, Maryland 21701 21702

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executed within 24 hours after death. Page 6 may be retained by the hospital or a and completely filled in by the funeral director, page 5 should be detached for us burial, cremation, or removal.	requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
poecuted within 24 hours after death. F and completely filled in by the funeral b bunal, cremation, or removal.	requires that the death certificate be executed within 24 hours after death. Feen signed by the attending physician and completely filled in by the funeral of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	requires that the death certificate be seen signed by the attending physicial of Health and Mental Hygiene prior	A ATTENDING PHYSICIAN: The law requires that the death certificate be RECTOR: After this certificate has been signed by the artending physicians after death with the State Dept. of Health and Mental Hygiene prior

1 - STATE REGISTRAR	SIAIE OF MAK		TMENT OF I		MENTAL HYGIEN REG. NO		4 0469
1. DECEDENT'S NAME (First, Midd	NER HE	SCHM	AN AN		2. DATE OF DEATH	794 YE	ar 0913
4. SOCIAL SECURITY NUMBER 112-24-5151	5. SEX 6. AC	GE (In yrs. last birthday) 60 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  JANUARY 2		BIRTHPLACE (State or Foreign Country)  NEW YORK
Sa. FACILITY NAME (If not institution		DIMAI		OR LOCATION OF D		9c. COUNTY	OF DEATH
RESIDENCE OF DECEDE	ADVENTIST HOS	PITAL	ROCKV	TLLE		MONT	GOMERY
	COUNTY		Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	MONTGOMERY	GA	LITHERSB	URG		I son CITIZEN	1 YES 2X NO
9627 DUFFER	WAY			20879			ED STATES
10e. STREET AND NUMBER  9627 DUFFER  11. MARITAL STATUS  1 Never Merried 2 X Marrie  3 Widowed 4 Divorced	12. WAS DECEDENT EVE	ES 2 NO	If yes, ap	ENDENT OF HISPA	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	e or No- 14.	RACE American Indian, Black, White, atc. Specify: WHITE
	"S EDUCATION at grade completed)  College (1-4 or 5+)	(Give kind of v		ASSISTA	NT COLQUI	TT–CORI	RY
KARL WARGON					WARGON		
19a. INFORMANT'S NAME (Type/Pri ALVIN FLEIS)					Route Number, City or Tox		
20s. METHOD OF DISPOSITION 1 A Burlel 2 Cremetton 3 4 Donation 45 Other (Special Control of the	☐ Removal from State	206. PLACE AND DATE OF		ame of		CKVTTTT	or Town, State E. MARYLAND
21. SIGNATURE OF FUNERAL SER			22. NAME A DANZA	ND ADDRESS OF FA	DBERG MEMO	RIAL CI	HAPELS, INC.
Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR A	S A CONSEQUENCE OF	F): F):				
	d	h but not resulting	n the underlyin	g ceuse given ir	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?				LACE OF DEATH (C	heck only one)		
1 YES 2 NO	HOSPITAL:		OTHER: 4   Nursing Hor	ne 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pendii 2 Accident Investi			URY W	URY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
2 Accident Invest 3 Suicide 8 Could 4 Homicide detarm	not be 28e. PLACE OF INJU-	JRY — At home, farm, s Specify)	street, factory, offic	•	281. LOCATION (Street City or Town, State		tural Route Number,
29a. CERTIFIER (Check only one) 2 MEDICAL E	PNYSICIAN: To the best of my kr						use(a) and menner as stated.
4 Homicide 8 Could 4 Homicide detarn  29a. CERTIFIER (Check only one) 2 MEDICAL E  29b. SIGNATURE WY TITLE OF C	Venna			29c. LICENSE NU		29d. DATE SK	SNED (Morith, Day, Year)
30. NAME AND ADDRESS OF PERS	N - 19261 MONT	rgomery vi	LLAGE A	VENUE -	GAITHERSBU	RG, MAI	RYLAND 20879
31. DATE FILED (Month, Day, Year)	32. REGISTRAB'S S	SON-Randall					



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BALTIMORE, MARYLAND 21215-0020 Alours after death. Page 6 may be retained by the hospital or attending physician. Iffiled in by the funeral director, page 5 should be defached for use as the burial-transit permit on, or removal.  The medical examiner must be notifiled at once.	MD.  10a. STREET AND NUM  12420 K  11. MARITAL STATUS  1 Never Married  3 Widowed 4 September 15 (Special Special Spec
BALTIN er death. Pal the funeral di al.	21. SIQNATURE OF FU
760, ed within ompletely al, cremati event, ti	23. PART I. Enter to shock, IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confirmation in death in the cause. Enter UNDE CAUSE (Disease on that initiated event resulting in death)  PART II. Other algorithms are sequentially in death.  25. WAS CASE REFERE EXAMINER?  1

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TO THE HOSPITAL D
TO THE FUNERAL D
De filed within 72 ho
IMPORTANT: If IM

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 28 1994 THOMAS LEE FLETCHER Jan. 10:27 A. M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS 1 X M 2 | F 59 578-44-9242 Nov. 20, 1934 Wash D.C. 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Shady Grove Adventist Hospital Rockville Montgomery 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Montgomery North Potomac 1 YES 2 1 NO a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12420 Keeneland Place 20878 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. Never Married 2 
 Married
 1 YES 2 NO Specify: Specify: ☐ Widowed 4 ☐ Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Asst. Director/Purchasing National Geographic Society FATHER'S NAME (First, Middle Leat) 18. MOTNER'S NAME (First, Middle, Maiden Sumame) Charles Thomas Fletcher Mildred Black a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sandra A. Fletcher 12420 Keeneland Pl., North Potomac, MD. 20878 la. METHOD OF DISPOSITION

☐ Burlel 2 
☐ Cremetton 3 ☐ Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Metropolitan Crematory 2/3 Alexandria, VA. ☐ Donation 8 ☐ Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 10 E.Deer Park Dr., Gaithersburg, MD. 20877 3. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between MEDIATE CAUSE (Finel **Onset and Death** isease or condition . Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF):

ntially list conditions, leading to immediate Enter UNDERLYING	L .	DUE TO (OR AS A CONSEQUENCE OF):		
E (Disease or Injury itlated events ng in death) LAST	c	DUE TO (OR AS A CONSEQUENCE OF):		
II. Other aignificant con	ditions con	ributing to death but not resulting in the underlying cause given in Part I.	24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FIND

25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only one)			
EXAMINER?  1 YES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHE 4 - Nu	R: irsing Home 5 - Residence	8 Other (Specify)			
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident investigate	28s. DATE OF IN. (Month, Day,		ME OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCURED			
3 Suicide	28s. PLACE OF II	NJURY — At home, farm,	street, lac	ctory, office	281. LOCATION (Street and Number or Rural Route Num			

29a. CERTIFIER	1 CERTIFYING PHYSICIAN	t: To the best of my knowledge, death occurred at the time, data and place, and du	In the remark) and manner as stated
(Check only one)	( S. )	1	to the cadada) and mainly as stated.
/	2 MEDICAL EXAMINER:/O	to the best of my knowledge, death occurred at the time, date and place, and due the heats of examination and/or investigation, in my opinion, death occurred at the	Firme, data and place, and due to the cause(a) and manner as stated.

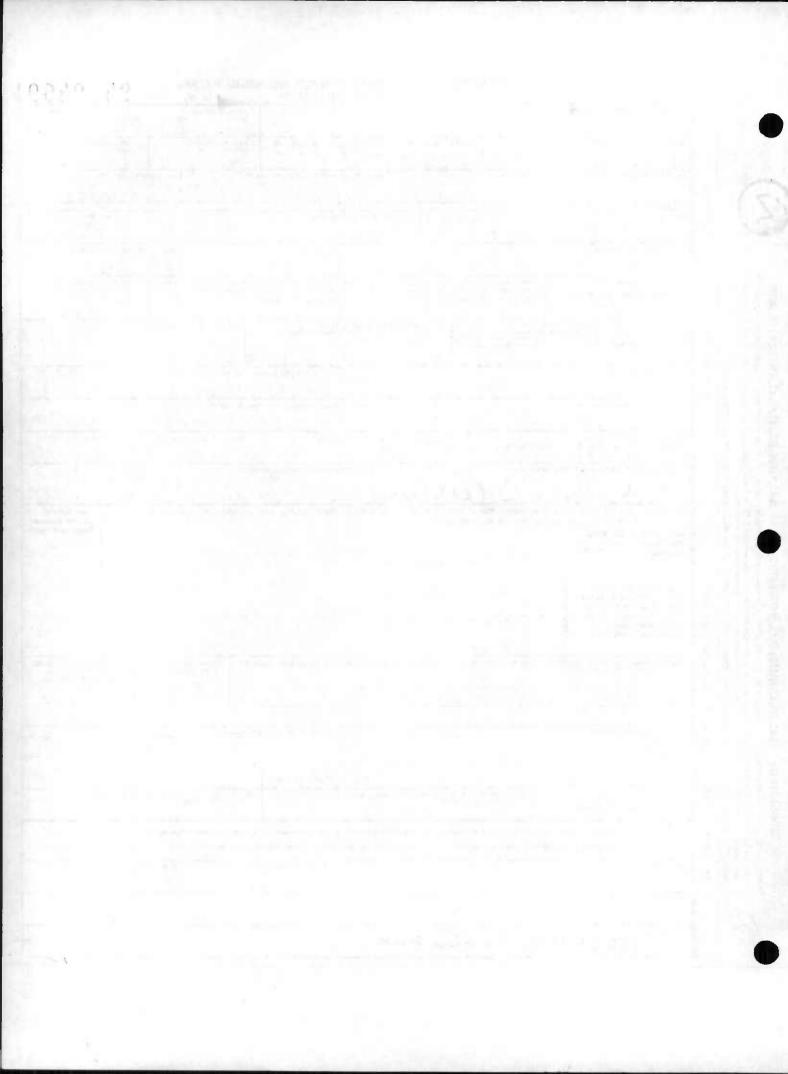
one) 2 MEDICAL EXAMINER/OF the hard of seamination and/or investigation, in m	y opinion, death occured at the time, data and pla	ce, and due to the cause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CENTIFIE	26c) LICENSE NUMBER	29d. DATE SIGNED (Monte, Day, Mer)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM \$7) (Type, Print)

Carroll D. Maho	nev.M.D. 10301	Georgia	Ave.,Silver	Spring,MD.	20902
31 DATE Ell ED (Month Day Mar)	32 DEMETDAD'S SIGNATURE				

FEB 0 3 1994 Julia Devidson Rander

COMPLETION OF CAUSE 1 YES 2 NO



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	).			
1. DECEDENT'S NAME (First, Middle, Las	11)				2. DATE OF DEATH		3. TIME OF DEATN		
JERRY GAYI	ORD JR.				MONTH 2	3 199			
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		PITNPLACE (State or Foreign		
239-48-7295	1× M 2 🗆 F		ONTHS DAYS	HOURS MIN.	July 24,	C	Wilson, N.C.		
9a. FACILITY NAME (If not inetitution, gives 5309 WHITF)			LANH	R LOCATION OF D	EATN	9c. COUNTY C	F DEATN		
RESIDENCE OF DECEDENT			TILITATI	API		PRIN	CE GEORGES		
10e. STATE 10b. COU	NTY	10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY LIMITS?		
	Prince George	s L	anham				1 📉 YES 2 🗌 NO		
5309 Whitfield	Drive		101	20776			ed States		
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, spi	ENDENT OF NISPA lefty Cuban, Maxico 2 XNO Specif	NIC ORIGIN? (Specify Ye in, Puerto Ricen, etc.) y:		ACE — American Indian, Heck, White, atc.		
15. DECEDENT'S E (Specify only highest gr	DUCATION	16a. DECEDENT'S US	BUAL OCCUPATION	DN .	16b. KIND OF BU	JSINESS/INDUSTF			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use i	k done during mo retired.) Manager		Priva	ate Indu	ıstrv		
17. FATNER'S NAME (First, Middle, Lest)									
Jerry Gaylor	d, Sr.				ME (First, Middle, Maide) zabeth Wil				
19a. INFORMANT'S NAME (Type/Print)		196. MAILING A	DORESS (Street a	nd Number or Rural	Route Number, City or Tox	vn, State, Zip Code	)		
Geraldine Cr	eech	2006 L	akewood	d Street	, Suitland	, Md. 2	0746		
20a. METHOD OF DISPOSITION  1 Burisl 2 Cremation 3 X R  4 Donation 8 Other (Specify)		b. PLACE AND DATE OF metery, cremetory or othe Rest Have		me of	DATE 200. LE				
21. SIONATURE OF FUNERAL SERVICE		Nese Have		D ADDRESS OF FA	CILITY -		-		
1 to 2	25-1	)			Shroo. Mor				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Attrice Scheduler Canadianous culture Orsiente Due to (or as a consequence of):  B. Due to (or as a consequence of):  b. Due to (or as a consequence of):  c. Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):									
resenting in county 25.0	_ d								
PART II. Other algnificant condit	iona contributing to deeth	but not reaulting in	the undarlying	g cause given in	PERFO	N AUTOPSY RMED? 2  NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH					
EXAMINER?	HOSPITAL:		26. PL OTHER:	ACE OF DEATH (CI	eck only one)				
1X YES 2 NO	1 Inpetient 2 ER/Out			e 8 Residence	8 Other (Specify)				
27. MANNER OF DEATN  Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	WO WO	RK?	28d. DESCRIBE NOW	INJURY OCCURE	D		
3 Suicide 6 Could not	2 Accident Investigation " 1 TES 2 NO								
4 Homicide determined									
(Check only	YSICIAN: To the best of my known intermediate of examinating the pasts of examinating the state of the pasts						ne(s) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU			NED (Month, Dev. Year)		
Then	11.11	0		O.C.I					
1 realise	M hare	mil,		0.0.1	ч о 🗠 о	JAN	24,1994		
30. NAME AND ADDRESS OF PERSON	WHD COMPLETEO GAUSE'DF D			et, Ba	ltimore,	Maryl	and 21201		
						- 1 -			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	MATURE ACONDAIN							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

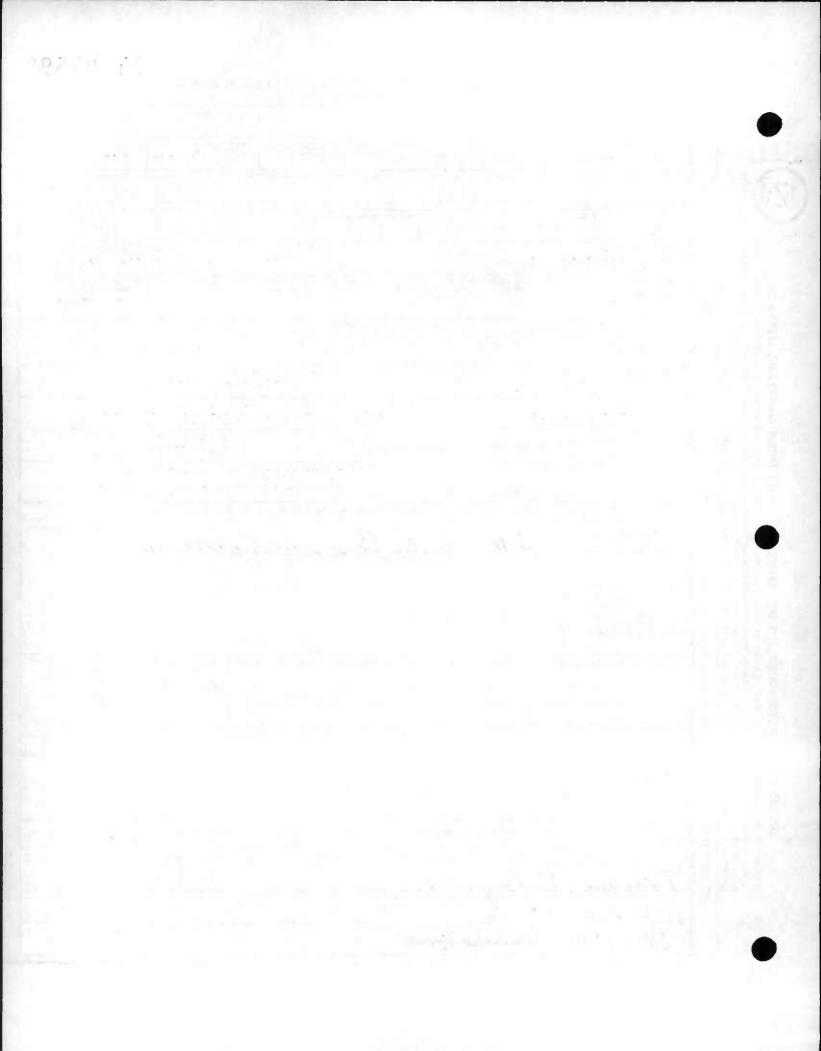
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Four after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages to fill within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

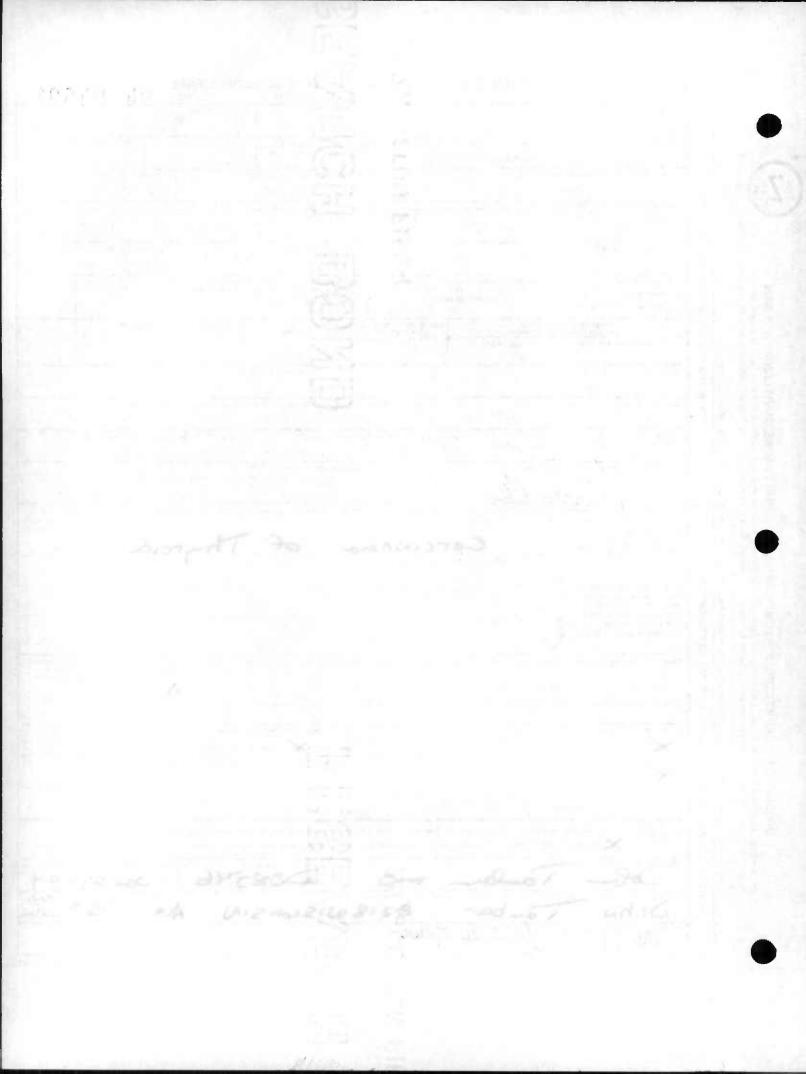
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMN-18 Rev 1/89



Secure 1		rmit. Pages 1, 2, 3 should be	DR. TAUBER. M.E.
BALLIMORE, MARYLAND 21215-0020	s law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	1 by the funeral director, page 5 should be detached for use as the burial-transit premoval.	idical examiner must be notified at once. RELAESED BY
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 speudo-1976 be filed within 72 hours after death with the State Debt, of Health and Mental Hydriene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. RELAESED BY DR. TAUBER. M.E.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATE		MENTAL HYGIE	( ) (	01693
	DECEDENT'S NAME (First, Middle, Last)     EUNICE		GREENBLAT	nai la	2. DATE OF DEATH MONTH JANUARY	29 198	3. TIME OF DEATH 6:35 AM M
	4. SOCIAL SECURITY NUMBER	8. SEX 6. AGE (In	yrs. leat birthday) IF UNDER	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	577-42-3430	1 🗆 M 2 💢 🗜	63 YRS. MONTHS	DAYS HOURS MIN.	DEC. 5, 1	930 N	IARYLAND
or .	9a. FACILITY NAME (If not institution, give a			TOWN DR LOCATION OF I	DEATH	9c. COUNTY	
DIRECTOR	12624 EASTBOURN			VER SPRING		MONTO	OMERY
	MARYLAND 106. COUNT	MONTGOMERY	10c. CITY, TOWN OF		VER SPRING		10d. INSIDE CITY LIMITS?  1 YES 2 X NO
FUNERAL	12624 EASTBOURNE	DRIVE		101. ZIP CODE	0904		OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED 13. W	AS DECENDENT OF HISP	ANIC DRIGIN? (Specify Y		RACE — American Indian.
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO H	yes, specify Cuban, Mexic	en, Puerto Rican, etc.)		Black, White, etc. Specify: WHITE
0	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S USUAL OC	CUPATION	16b, KIND OF B	USINESS/INDUS	TRY
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of work done do life. Do NOT use retired.)	uring most of working			
COMPLETED	12	College (1-4 or 5+)	COMPUTER	SECRETARY	C &	P TELE	EPHONE CO.
00	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maide	n Surname)	
BE	FRED DAVIS		1	ID.	A VARSOV		
5	190. INFORMANT'S NAME (Type/Print) BALFOUR GREENBLAT	(HUSBAND)	196. MAILINO ADDRESS 12624 EAST	(Street and Number or Rura BOURNE DRI	VE, SILVER	SPRING	G, MD 20904
	20syMETHOD OF DISPOSITION 1 — Surial 2 — Cremation 3 — Ram 4 — Donation 5 — Other (Specify)	oval from State 20b.i	PLACE AND DATE OF DISPOSITION, Crematory or other place)			OCATION — City	
/	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	G DAVID MEMO	AME AND ADDRESS OF F		LS CHUE	RCH, VA
	D X 1 X 1 X	200	DAN	ZANSKY-GOL	DBERG MEMO		
	23. PART I. Enter the diseases, or	compliantions that sourced		0 ROCKVILL			
	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	List only one cause on ea	ch line.		Thy		interval Batween Onset and Death
	resulting in death)	DUE TO (DR AS A	CONSEQUENCE OF):		1119	1000	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
TIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
HH	Total and an obtain Exist	d					
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition	e contributing to death bu	t not resulting in the unc	lerlying cause given i		N AUTOPSY ORMED?	246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
: ME						^	1   YE\$ 2   NO
A	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck note one)		
[ [	EXAMINER?	HOSPITAL:	OTHER	- 1			
ΙŁS	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpe		ng Home 5 Residence			
ВУ РН	1 Netural 6 Pending 2 Accident Investigation	(Month, Day, Year)	26b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE HOW	INJURY OCCUR	RED
- 1	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY - building, etc. (Specif	— At home, farm, street, facto	ry, offica	28f. LOCATION (Stree City or Town, State		Rural Route Number,
COMPLETED	anal A	ICIAN: To the best of my knowle					ause(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE						
O BE	206- 1	aulen	Com	29c. LICENSE N	3246	29d. DATE S	m 29 - 94
٥	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA		Wiscon	SIAI	Dire	Brend
		A	0	1-6.	2	110	- Ci march



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a filer death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit he filed within 72 hours after death with the State Deut, of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL DR ATTENDING P	FUNERAL DIRECTOR; After the within 72 hours after death of	TANT: If Item 28 is mari
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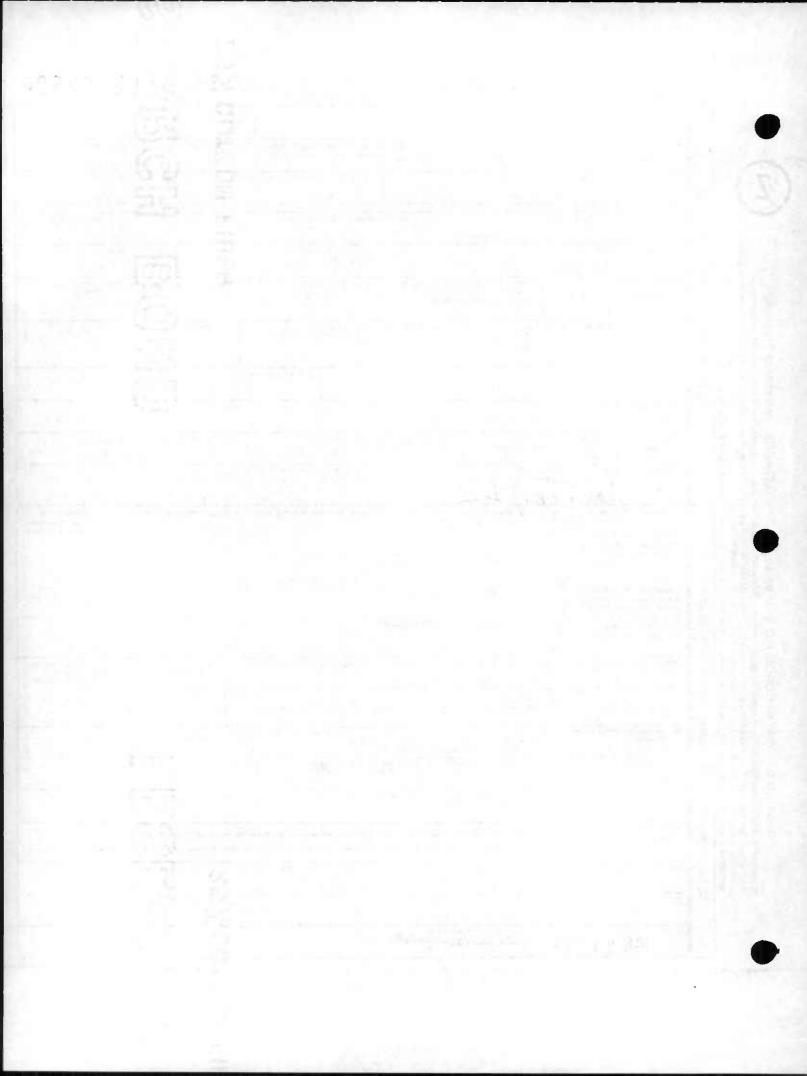
31. DATE FILED (Month, Day, Year)

IAN 3 1 1994

1 - FOR STATE REGISTRAR 14694 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH VEAR FANNIE GRILL 01 94 12:28 PM 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) HOURS 100-09-2699 DAYS 87 YRS. 1 M 2 X F TUNE POLAND Se. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTCOMERY 10e. STATE 10b. COUNTY 10c, CITY, TOWN DR LOCATION 1X YES 2 ND **MARYLAND** MONTGOMERY GATTHERSBURG FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 245 GRANGE HALL DRIVE 20877 UNITED STATES 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 ND Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ABRAHAM DANZIGER DORA FELDBAUM BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BERNICE PETRELLA (DAUGHTER) 245 GRANGE HALL DRIVE, GAITHERSBURG, MD 20877 20s METHOD OF DISPOSITION
1 & Buriel 2 | Gremation 3 K Removal from
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State KING DAVID MEMORIAL GARDEN 1/30 FALLS CHURCH, VA 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY
DANZANSKY-GOLDBERG MEMORIAL CHAPELS Mu 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852 Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. 23. PARTA. Enter the disease Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (DR AS A CONSEQUENCE DF); resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 244. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — A1 home, 1erm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yours, State) 3 Suicide COMPLETED 4 Homicide determined 29a, CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated. 29c. EICENSE NUMBER 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 30. BEGISTRAR'S SIGNATURE Juna Daydoon-Handage DHMH-16 Rev 1/89



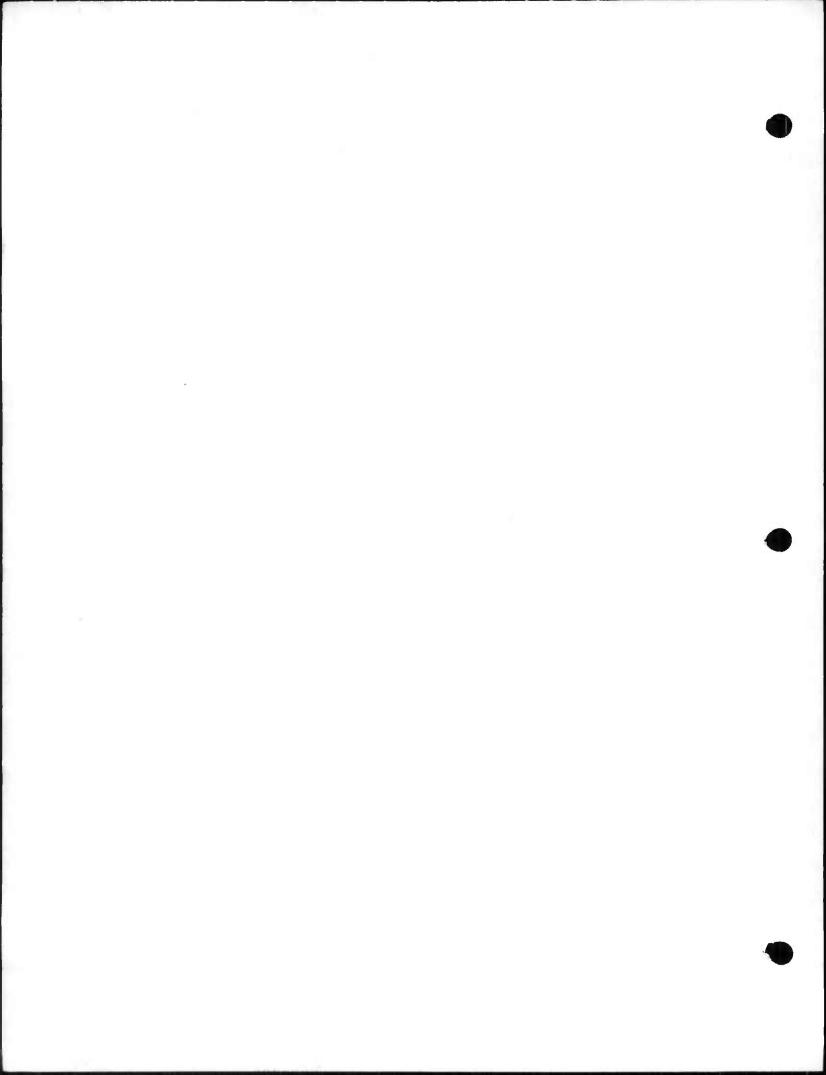
TO BE COMPLETED BY FUNERAL DIRE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Nous after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,
pa:	4

	FOR 1 - STATE REGISTRAR	STATE OF M		) / DEPAR Certif					MENTA		E	94	04695
	1. DECEDENT'S NAME (First, Middle, LI	est)	G	ALL			ER		2. DATE MONTI	OF DEATH DA		YEAR 3	TIME OF DEATH 4,50P, M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	. lest birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Monti	OF BIRTH		Country)	ACE (State or Foreign
	578-16-0256  9a. FACILITY NAME (If not institution, g	- 25	86	Tho.	9b. CITY	r TOWN O	R LOCATIO	ON OF DE		. 22,1		Wash:	ington, DC
OB	Sharon Nursing				-	Olne		ON OF DE	-2111			tgome	
DIRECTOR	RESIDENCE OF DECEDENT			40- 017		OR LOCAT							-
DIRIC	Maryland	Montgome	erv	10c. CI	,	Olne							Od. INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER						ZIP CODE			-	10g. CITIZ		YES 2 XNO
FUNERAL	18201 Marden Lar	ne					208	332			Unit	ed St	cates
F	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED						? (Specify Yes	or No-	14. RACE —	- American Indian, White, etc.
BY	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE W				1   YES		Specify		west, etc.,		Specify:	
ED	15. DECEDENT'S I (Specify only highest g.	EDUCATION	16a.	DECEDENT'S	USUAL O	CCUPATIO	N		16b.	KIND OF BUS	INESS/INDU		vhite
LET	Elementary/Secondary (0-12)	College (1-4 or 5 -	As	(Give kind of life. Do NOT us	work done se retired.) n.t. t.d	ounng mo	at of workin	g alet	ic				
COMPLETED	9 17. FATHER'S NAME (First, Middle, Last)		Di	recto	r / 1	Boxi	ng Co	oach	Ge	eorget		nive	sity
		John Galla	ah o m				18. MOTH	IER'S NA		viiddle, Maiden	,		
BE (	19a. INFORMANT'S NAME (Type/Print)	John Galla		19b. MAILING	ADDRESS	S (Street a	nd Number	or Rural I		Ellen i			
5	R. Kathleen G.	Johnson								mantow			nd 20874
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 F	lemoval from State	20b. PLAC	CEANDDATE	OF OISPOS	SITION /Na	me of 1	/29/		20c. LOC			
	4 ☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE		Gate	of H									g, Maryland
	Thickele	9. Kitt	340 2	100348	W:	ome/] isco	Bethe nsin	esda Ave	-Chernue,	vy Cha: Bethe:	se, I sda.M	nc., D 20	y Funeral 7557 0814-3501
	23. PART i. Enter the diseases, shock, or heart failu	or complicetions that re. List only one ceu	t ceused the	death. Do r	ot enter	the mod	de of dyl	ng, sucl	h aa card	liac or reapir	atory arre	st,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	PNEW	MONIA (OR AS A CONS		n.								Onset and Death 5 DAYS
_			(On AS A CON	SECUENCE OF	r):								
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	SEOUENCE OF	F):	-							
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO	(OR AS A CONS	SECULENCE OF	n.								
Ē	that initieted events resulting in death) LAST		(On AS A CONS	SECUENCE OF	-):								
ᄗ	DART II Osh o' Mi	d											
8	PART II. Other aignificant condit			ot reaulting	n the un	deriying	cause g	iven in	Part i.	24a. WAS AN / PERFORE		AV	RILABLE PRIOR TO
PHYSICIAN: MEDICAL	PARKINSONISM	1	ich_						-	1   YES 2	NO NO	OF	OMPLETION OF CAUSE F DEATH?
Z :									-			1	YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE DF DE	EATH (Chi	ick only on	B)			
YSI	1 - YES 2 1 NO	HOSPITAL: 1   Inputient 2		3 🗆 DOA	OTHER WXNun		5 🗆 Res	sidence	8 🗌 Other	(Specify)			
	27. MANNER OF DEATH  1 ☑ Natural 5 ☐ Pending	28a. DATE OF (Month, De		28b. TIM INJ	E OF URY	28c. INJU	RK?		28d. DE\$	CRIBE HOW IN	JURY OCCU	IRED	
B	2 Accident Investigation 3 Suicide 6 Could not	28a, PLACE O	F INJURY — At	home, ferm, s			ES 2 _	NO	281 1 004	ATION (Street ar	ad Mumber o	r Dumi Dou	n Alumbur
	4 Homicide datermined	Duliding.	etc. (Specify)							or Town, State)	io ivamoor o	Tidrei Tiddi	y regrisser,
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PH	YSICIAN: To the best of	my knowledge,	death occurre	d at the ti	Ime, date	and place,	and due	to the cau	ee(a) and man	ver sa state	d.	
COMPLETED		INER: On the beals of ex											nd manner as stated.
w II	296. SIGNATURE AND TITLE OF CERTIF	FIER					29c. LICE	NSE NUM	IBER		29d. DATE	SIGNED (M	onth, Day, Year)
TO B	JOSHOWE. M	D					D3	3700	0		<b>P</b> 1 -	26-	94
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF DEATH (I	TEM 27) (Type,	Print)								

MARYLAND

Jute Decider Mandale

TED E. HOWE
31. DATE FILED (MONTH, Day, May 1994



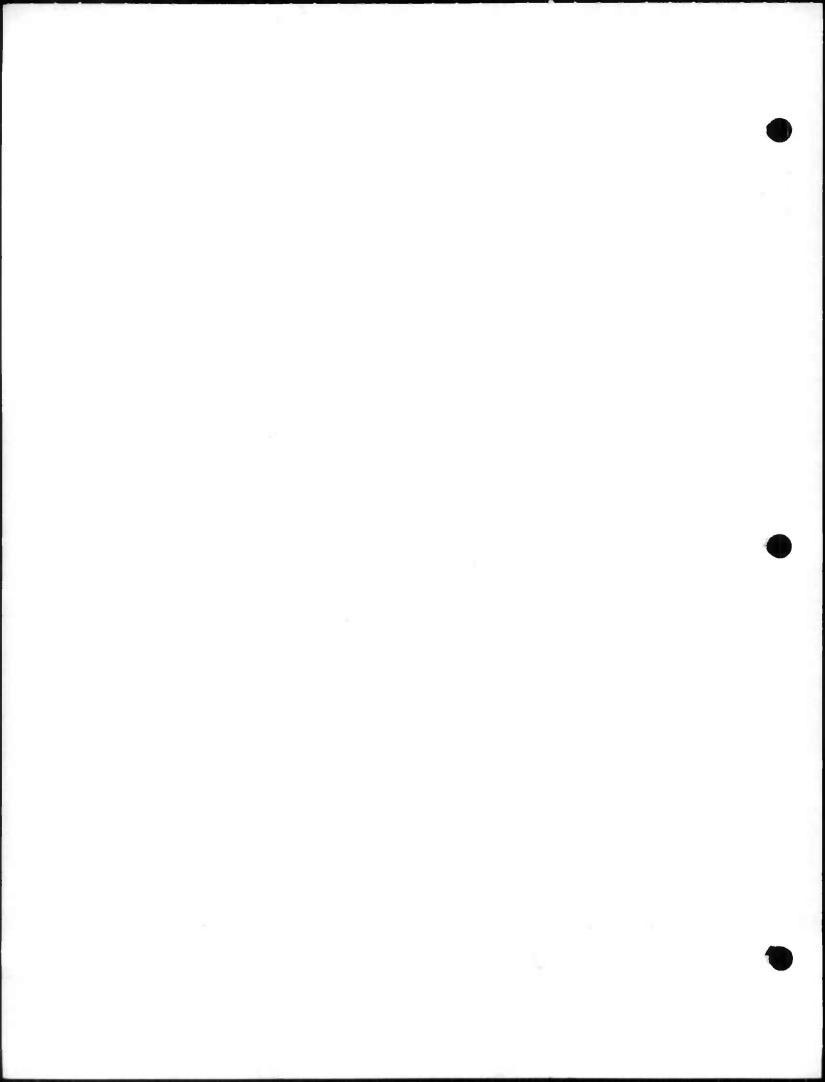
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CE	RTIF	ICATE (	F DEA	TH		REG. NO.			04050
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATN		-2-51	3. TIME OF DEATH
- 1	Clara S.	Garber						MONTH O /	DA		YEAR	G:10 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YE	AR IF UNDER	R 24 HRS.	7. DATE OF	BIRTN		/ /-	PLACE State or Foreign
	577-22-5146	1 □ M 2 🔽 F	91	YRS.	MONTHS DA	YS HOURS	MIN.	(Month, Do	lay, Ybar)		Country)	orgia
	9a. FACILITY NAME (If not institution, give a	/-				WN OR LOCATI	ION OF DE		7917		ITY OF DE	
E I	1011 Schindler D	rive				r Spri			· ·	127 - 1001	tgome	
DIRECTOR	RESIDENCE OF DECEDENT				1 01111	I DPII	-11.6			HOIL	Lgome	=L y
H	10a. STATE 10b. COUNTY			10c. CIT	TY, TOWN OR LO	CATION						10d. INSIDE CITY
		ice George	2S	Нуа	attsvil	1e						LIMITS?
A	10e. STREET AND NUMBER					10f. ZIP COD	E			10g. CITIZ		HAT COUNTRY?
EB	2103 Chapman Road	I			}	20783 United					ted S	States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	4ED	13. WAS	DECENDENT (	OF NISPAN	IIC ORIGIN? (5	Specify Yes		14. RACE	- American Indian
	1 Never Married 2 Married	FORCES? 1 [ IF YES, GIVE WA	YES 2 NO	٥	If yes	YES 2 F NO	en, Mexicer	n, Puerto Rica	in, etc.)		Black, Specify	White, etc.
ВУ	3 🖟 Widowed 4 🗌 Divorced					100 0 11 11	openie,	4			Specif	White
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DEC	EDENT'S	USUAL OCCUP	ATION		16b. Kif	ND OF BUS	SINESS/INDU	JSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	,		work done during se retired.)							
MP	12	0	C1	erk-	Inter	nal Re	venu	e Serv	vice-	Fede	eral	Government
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	NER'S NAI	ME (First, Midd	tle, Malden S	Sumame)		
BE (	John W. Suggs						Lucy	Parl	ker			
2	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Str	eet and Number	r or Rural R	Route Number,	City or Town	n, State, Zip	Code)	
-	Daniel L. Garber	, Jr.	1	011	Schind	ler Dr	ive.	Silver	Spri	ng, Ma	iryla	ind
	20e_METHOD OF DISPOSITION 1 ABuriel 2 Cremation 3 Remo	ound from State	20b. PLACE AP	ND DATE	OF DISPOSITION	N/Name of		OATE	7	CATION - C		
	4 Donation 5 Other (Specify)		Cemetery, crem	Lilin	coln C	emeter	y 2	-1-94	Bre	ntwoo	d , Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /			22. NAM	E AND ADDRE	SS OF FAC	CILITY				
	11/5	the -		-		es-Rin						
	23. PART I. Enter the diseases, or o	complications that	caused the day	th Do	1190	0 Newn	amps	hireAv	7eSil	verSp	ring	,Maryland
	ahock, or heart fallure.	List only one caus	se on each line.	ith. Do i	not entar the	moda or dy	ing, aucr	1 #s cardiac	or reapir	ratory arre	rat,	Approximata interval Batween
	iMMEDIATE CAUSE (Final disease or condition											Onset and Death
H	resulting in death)	· Ke	epiral	Dry		fail	use					dey
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents  B. Repursitory  DUE TO (OR AS A CONSEQUENCE OF):  Chance Of Structive line Disease of injury that initiated avents  B. Chance Of Structive line Disease or injury that initiated avents											
¥.	if any, laading to immediata cause. Entar UNDERLYING	0600	A. A. CONSESS	+	r):	1 0		- 1	\			6
원	CAUSE (Disease or injury that initiated avents	DUE TO	OR AS A CONSEO	UENCE O	カイプラス	·	uny	2 4	ne	3 51		years
E	resulting in death) LAST				, ,.		/					
		d										<del> </del>
AL	PART ii. Other aignificant condition	a contributing to d	death but not re-	suiting i	in the underi	ying cause (	given in I	Part i. 24	a. WAS AN /			WERE AUTOPSY FINDINGS
DICAL								1	YES 2		0	COMPLETION OF CAUSE OF DEATH?
E I										1000		YES 2 NO
2								_				
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				20	B. PLACE OF D	EATN (Che	ock only one)				
SIC	1 TES 2 NO	HOSPITAL:	ER/Outpetient 3 [	DOA	OTHER:	Home 5 KR	naldence (	8 Other (Sp	necify)			
¥	27. MANNER OF DEATN	28e. DATE OF II	INJURY	28b. TIM	E OF 28c.	INJURY AT	T	28d. DESCRI		JURY OCCI	JRED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	(, Year)	ING	M 1	WORK?	NO					
	3 Suicide 6 Could not be	28e. PLACE OF	INJURY — Al hom	te, farm, i	street, factory, o	office	-	28f. LOCATIO	ON (Street at	nd Number c	or Rural Ros	ute Number,
ш	4 Nomicide determined	building, e	etc. (Specify)					City or To	own, State)			
COMPLETED	294. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of m	my knowledge, dear	th occurr	and at the time	date and place	and due	- the council	1 and man		WI I	
MY I		R: On the basis of sxa										manage of stated
	29b. SIGNATURE AND TITLE OF CERTIFIER			- Tourige	The many opening							
H	~	A.				29c. LICE	ENSE NUM	BER	-	29d. DATE	SIGNEO (A	Wonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMBI ETED CAUSE	2_0	AT (7	24.0	100	670	07		1	-31	74
	Dr. Ting P Lee	700 Buc	12 de DEAIN (ITEM	27) (Type,	Print)	1 0		,	_			/
- 1	Dr. Tung P. Lee	, /UU DUC	Kingnam	Dri	ve, Si	<u>lver</u> S	prin	g, Mai	rylan	d		
	FFR 0 1 1994	File Day	us signature	482								



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OF
DIVISION

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	pital or at	ed for use		
	by the hos	be detach		at once.
	retained	5 should		notified
-	6 тау Бе	octor, page		must be
	eath. Page	funeral dire		caminer
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	ithin 24 ho	etely filled	emation, o	nt, the m
	precuted w	and comp	burial, cr	natic eve
	ificate be e	physician	ane prior to	her traun
	death cert	attending	ental Hygie	iry, or ot
	s that the	ned by the	Iff and M	any inju
	aw require	s been sig	ept. of Hea	3 shows
	IAN: The I	rtificate ha	e State De	or item 2
	IG PHYSIC	ter this cer	ath with th	narked,
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Ae hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burta-transfr nermy and	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	SPITAL OR	VERAL DIF	hin 72 hou	VT: If iter
	THE HO	THE FUI	be filed with	MPORTA
	_	-	dia.	-

31. DATE FILED (Month, Day, Year)

INN 9 1 1994

12. REGISTRAP'S SIGNATURE

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DEP CERT	ARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIEN REG. NO.	LI I I	04697
3	1. DECEDENT'S NAME (First, Middle, Last) Beatrice	Goodman		2. DATE OF DEATH	8, 1992	3. TIME OF DEATH 10:15 A
_	9a. FACILITY NAME (If not institution, give street end	1 2 EF 81 YRE	9b. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) March 31, 1	8. BIR Cou	THPLACE (State or Foreign ntry) Sh. D.C.
DIRECTOR	15300 Beaverbro		Silver Spr	ing	Monto	gomery
	Md. Montgome		Silver Spring			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	15300 Beaverbrook		20906		U.S.	WHAT COUNTRY?
BY	1 Never Married 2 19 Married FOR	S DECEDENT EVER IN U.S. ARMED RCES? 1 YES 2 NO YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1  YES 2  NO Specify	en, Puerto Ricen, etc.)	Ble	CE — American Indien, ck, White, atc.
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete:  Elementary/Secondary (0-12)  College	(Give kind life. Do NO	T'S USUAL OCCUPATION of work done during most of working T use retired.)		SINESS/INDUSTRY	
E COMPL	17. FATHER'S NAME (First, Middle, Last)  Saul - Berms			AME (First, Middle, Meiden -	iome sumeme) Berma:	n
TO B	190. INFORMANT'S NAME (Type/Print) Charles H. Goodman		INO ADDRESS (Street end Number or Rural	D. J. M. A. Ob		
	20a. METHOD OF DISPOSITION 1 General 2 Comment of General from 4 Donation 5 Other (Specify)	20h BI ACE AND DA		, DATE	cation - city or rerdale.	IOWII, State
	21. SIGNATURE OF JINERAL SERVICE LICENSEE	1 #670	22. NAME AND ADDRESS OF FA	W.W.Ch	ambers	Co. Inc.
	25. PART I. Entar the diseases, or compiles ahock, or heart failure. Liet only IMMEDIATE CAUSE (Final disease or condition resulting in death)	etions that caused the death. Dy one ceuse on each line.  PNEUMONI  DUE TO (OR AS A CONSCOUENCE	o not anter tha moda of dying, suc	th as cardiac or respli	ratory srrest,	Approximate Interval Between Onset and Desth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE		DEMONT	TH	INDEF
MEDICAL	PART II. Other aignificant conditions contri	buting to death but not resulting	ig In the undarlying cause given in	Pert I. 24a. WAS AN PERFORM	MED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:		patient 2 ER/Outpatient 3 DOA	28. PLACE OF OEATH (C/C) OTHER: 4   Nursing Nome 5   Residence		HOSPIC	6
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)  e. PLACE OF INJURY — At home, terr	INJURY M 28c. INJURY AT WORK?  1 YES 2 NO  n, street, factory, office	28d. DESCRIBE HOW IN 28f. LOCATION (Street e)	NJURY OCCURED	
COMPLETED	4 Homicide determined	building, etc. (Specify) the best of my knowledge, death occ	urred at the time, date end place, end due	City or Town, State)		
COMI	one) 2 MEDICAL EXAMINER: On the	beele of examination end/or investige	ntion, in my opinion, death occured at the	time, date and place, and	d due to the couse	
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPL	ETED CAUSE OF DEATH (ITEMOT) (I	29c. LICENSE NUI	799	DATE SIGNE	(Month, Day, Year)

permit.

TO THE HOSPITAL OR AI TO THE FUNERAL DIREC DE filed within 72 hours IMPORTANT: If item
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL O TO THE FUNERAL D be filed within 72 ho IMPORTANT: If its
TO THE HO TO THE FU be filed wit

2

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 4 04698 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARGARET BLACK GIST DAY 26 01 94 MARGARE BLACK 5 C+157 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign Country) 1 - M 2 -YRS. Chicago, ILL 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Potomac Valley Nursing Home Rockville Montgomery 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Bethesda 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9444 Seven Locks Road 20817 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 24 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, etc. FORCES? 1 YES 2000 1 Never Married 2 Married BY 1 YES 2 XNO Specify: Specify: White 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) James Hamilton Black BE Maude Purvis 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William Gist 9444 Seven Locks Road Bethesda, MD. 20817 20a. METHOD OF DISPOSITION
1 Burlal 2A Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 🖟 🗆 Other (Specify) Mount Comfort Crematory 1/31/94 Alexandria, VA 21. SIGNATZING OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY

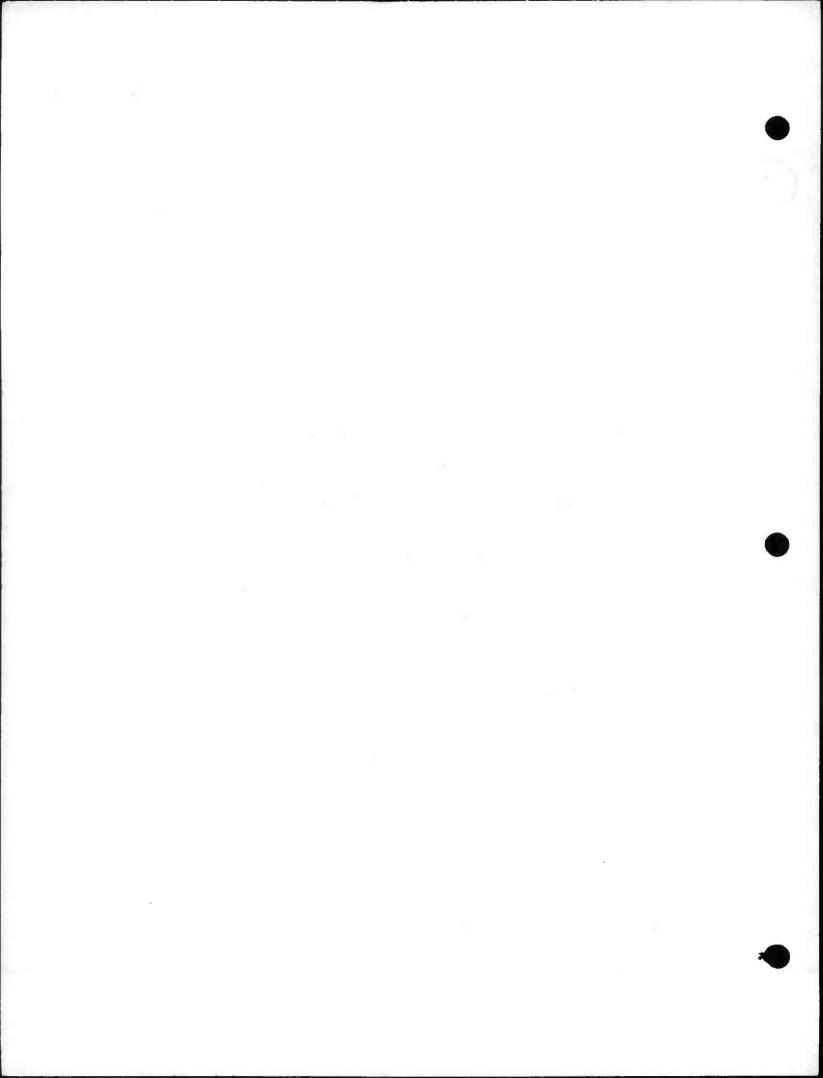
Joseph Gawler's Sons 20016 5130 Wisconsin Ave. N.W. Washington, D.C. 23. PART I. Entar the bise ses, or complications that caused the death. Do not anter the mode of dying, such se cardiec or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition\_\_\_ CEREBROVASCULAR resulting in death) CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **MAILABLE PRIOR TO COMPLETION DF CAUSE** nowsian 1 ☐ YES 2 ☐ NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c, INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural 5 Pending BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, atreet, tectory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Bural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 1 ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE

LETED CAUSE OF DEATH (ITEM 27) (Type, Print) /// 75

ATRAHOSIGNATURE RANDASE

MD ROKVILLE

29d. DATE SIGNED (Month, Day, Year, 26 DHMH-16 Rev 1/89



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	FOR STATE	STATE OF MA	RYLAND /	DEPARTME	NT OF H	FAITH AND	MENTAL H	T, T			1 177	
	1 - STATE REGISTRAR		CE	RTIFICA	E OF	DEATH		EG. NO.	(	94	146	90
- 8	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		3, TI	ME OF DEATH	-
	Harry Vi	ncent		Helwig			MONTH Jan	2.7	1994	EAR	0800	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lasi		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I		-		E (State or Foreig	lan
- 3	115 04 5001	ADMADE	ACCOMUNICATION TO SHARE	YRS. MONTH	1	HOURS MIN.	(Month, De	y, Year)		Country)		y.
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œ	THE STATE OF THE STATE OF	oot and number)					EATH		c. COUNTY	OF DEATH		
9	638 Gulf Stream			0	cean	City			Worce	ester		
E	10a. STATE 10b. COUNTY			10c. CITY, TOW	OR LOCAT	ION				10d.	INSIDE CITY	_
DIRECTOR	MARYLAND PRINCE	E GEORGES		BOW	TE						LIMITS? YES 2   NO	0
	10e. STREET AND NUMBER	d olongly		DOW		ZIP CODE		1	0g. CITIZEN			
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N	5711 OLD CRAIN DR	12. WAS DECEDENT E	VED IN II C AD	MED.	1 446 050	ENDENT OF HISPA	NO OPIONE CO		USA			
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ВУ	3 Widowed 4 Divorced	7/1/49 -	4/27/5	4	1 TYES	2 X NO Specif	fy:		,	Specify:		
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 001	TIMOTOR		18. MOTHER'S NA				711		_
	HERMAN HELV	JTC				HELEN			rigine)			
BE	19a. INFORMANT'S NAME (Type/Print)	WIG	191	MAILING ADDR	es /Street e	ncLen  nd Number or Rural		ANNON	Note 7in Co.	del		_
5	H. KURT HELWIG										22201	
	20a. METHOD OF DISPOSITION		T	ND DATE OF DISP		UINCY S'	DATE	ARLIN 20c. LOCAT				
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	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	LAKEM			D ADDRESS OF FA		DAVII	DSUNV	, كالملك	MD	
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	23. PART i. Enter the diseeses, or co shock, or heart fellure. Li	omplicatione that c	oueed the de-	eth. Do not ent	er the mod	de of dying, suc	ch as cerdiec	or respiret	ory srrest	,	Approximate	
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CERTIFICATION	Sequentielly list conditions, If any, leading to immediate	DUE TO (OF	AS A CONSEC	UENCE OF):								
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	thet initiated events	DUE TO (OF	AS A CONSEC	UENCE OF):								
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C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		ACE OF DEATH (C)	heck only one)					
YS		1 Inpatient 2 E		DOA 4 D	luraing Home	5 - Residence						
PHYSICIAN: MEDICAL	27. MANNER OF CEATH  1 Netural Strending	28a. DATE OF IN.	(URY Year)	28b. TIME OF	28c. INJU WO	JRY AT RK?	28d. DESCRI	BE HOW INJU	PRY OCCUR	ED UNKNI	NWC	
BY	2 XXAccident Investigation	Jan 27	1994	<del>0800</del> UNK	1 🗆 Y		under	100	ASIII	010	ubmerg	<del>je</del> G.
	3 Suicide 6 Could not be	26a, PLACE OF III building, atc	IJURY — At hor . (Specify)	ne, farm, street, f	actory, office	i	28f. LOCATIO	OCEAN	CITY,	MD.		
COMPLETED	4 Homicide determined	-at-home	V	VATER			638- G	ulf S	tream	AND I	AGOON	b
7		IAN: To the best of my	knowledge, de	nth occurred at th	e time, data	and place, and due	,					
8	one) 2 MEDICAL EXAMINER									use(a) and	menner aa state	ed,
ŌΙ	-1											
H	29b. SIGNATURE AND TITLE OF CERTIFIER	a. Chu			- 1	29c. LICENSE NU	MBER	29	ed. DATE SI	GNEO (Mont	h, Day, Year)	

Penn Street, Baltimore, Maryland 21201

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JAN 3 1

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with property. The HOSPITAL DR ATTENDING PHYSICIAN.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-traisst be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

**BALTIMORE, MARYLAND 21215-0020** 

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Christophen Fleming,

31. DATE FILEO (Month, Day, Year)

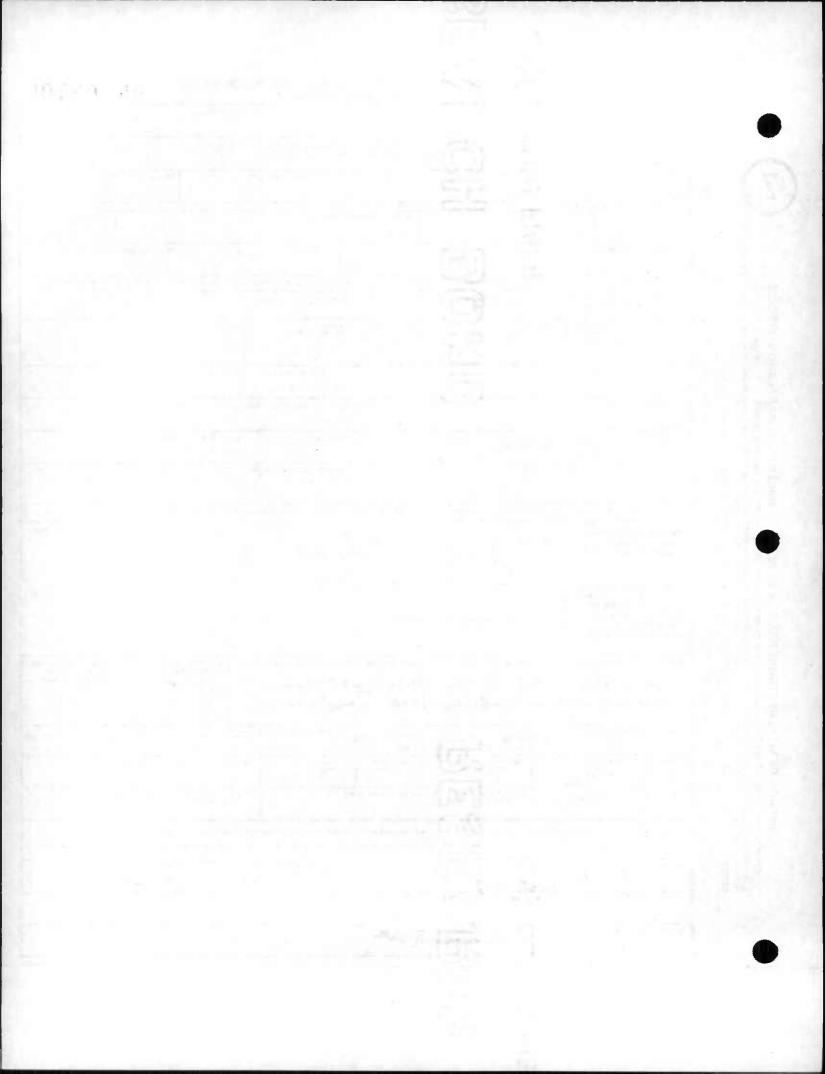
MD

610 Ninth Avenue.

32. REGISTRAR'S SIGNATURE Pandess

Brunswick. MD 21716

DECEDENT'S NAME (First, Middle, Last)  Gohn Hamilton "A  BOCIAL SECURITY NUMBER  16-14-5317  FACILITY NAME (# not institution, give s  Redenick Memonic  ESIDENCE OF DECEDENT  D. STATE  10b. COUNT  ANYLAND  N. Manyland Av  MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced  15. DECEDENT'S EDU	s. sex    Note   Section	B UNDER 1 YEAR MONTHS DAYS  9b. CITY, TOWN  Frede  TY, TOWN OR LOCATURES WICK	HOURS MM.	REG. NO.  2. DATE OF DEATH MONTH DAY  02  7. DATE OF BIRTH (Month, Day, Vear)  02/19/1925  ATH	1994 8. BIR Cou	10830 ITHPLACE (State or Foreign INSLUICK, ML EDEATH	
SOCIAL SECURITY NUMBER  16-14-5317  FACILITY NAME (If not institution, give a rederick Memoric SEDENCE OF DECEDENT OB. STATE 10b. COUNT AND AND AND AND AND AND AND AND AND AND	s. sex    Note   Section   68 YRS.	9b. CITY, TOWN Frede TY, TOWN OR LOCA	HOURS MM.	02 04 7. DATE OF BIRTH (Month, Day, Year) 02/19/1925	9c. COUNTY OF	10830 ITHPLACE (State or Foreign INSLUICK, ML EDEATH	
16-14-5317  FACILITY NAME (II not institution, give so redenick Memoric esidence of decedent to state 10b. count anyland Frede to street and number 10b. STREET AND NUMBER 10b. Maryland Av. MARITAL STATUS  Never Merried 2 Merried Wildowed 4 Divorced 15. DECEDENT'S EDU	NEM 2 □ F  street and number)  Al Hospital  Verick  Venue	68 YRS.	9b. CITY, TOWN Frede TY, TOWN OR LOCA	HOURS MM.	(Month, Day, Year) 02/19/1925	Bru 9c. COUNTY OF	inswick, Mi DEATH
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D. N. Manuland Av.  MARITAL STATUS  Never Merried 2 Merried  Wildowed 4 Divorced  15. DECEDENT'S EDU	enue		מים נווות וווווו				LIMITS?
MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced  15. DECEDENT'S EDU				IOI. ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?
MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced  15. DECEDENT'S EDU				21716		115A	
15. DECEDENT'S FOL	FORCES? 12 YES	IN U.S. ARMED 3 2 NO DATES	If yes, s			or No — 14. RA Bio	CE — American Indian, ack, White, etc. ec/ly:
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FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI			7
nony Hamilton Ha	thn		- 47	Lillie	Mae Hawes		
				t and Number or Rural R	loute Number, City or Town,		
	ALL LANGE	10 N.	Marylan	d Avenue,	Brunswick	, MD 21	716
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Pulmonay Mise	fort tailure	//	111 (7)				COMPLETION OF CAL OF DEATH? 1 YES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, F	PLACE OF DEATH (Che	ock only one)		
1 YES 2 NO			4 - Nursing Ho				
1 Natural 5 Pending	(Month, Day, Year)		JURY W	VORK?	28d. OESCRIBE HOW IN	JURY OCCUREO	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spo	Y — At home, ferm, ecify)		YES 2 NO	281. LOCATION (Street er City or Town, State)	nd Number or Run	Il Route Number,
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CERTIFIER Check only 1 CERTIFYING PHYS	ER: On the basic of examination						e(e) end manner as stat
CERTIFIER Check only 1 CERTIFYING PHYS	ER: On the basis of examinati				time, date and place, and	f due to the cause	e(e) end manner as stat ED (Month, Dey, Year)
	FATHER'S NAME (First, Middle, Last)  MONY Hamilton Ho  INFORMANT'S NAME (TyperPrint)  Lanche V. Hahn  METHOD OF DISPOSITION  Burlat 2 Cremation 3 Ren  Donation 6 Other (Specify)  SIGNATURE OF FUNERAL SERVICE LI  Banbana A.  PART I. Enter the diseases, or shock, or heart failure.  IMEDIATE CAUSE (Finel sease or condition suiting in death)  Auguentielly list conditions, any, leading to immediate use. Enter UNDERLYING  AUSE (Disease or Injury at initiated events suiting in death) LAST  WAS CASE REFERREO TO MEDICAL  EXAMINER?	FATHER'S NAME (First, Middle, Last)  mony Hamilton Hahn  I. INFORMANT'S NAME (TyperPrint)  Lanche V. Hahn  I. METHOD OF DISPOSITION  Burlet 2 Cremetion 3 Removal from State  Donation 6 Other (Specity)  SIGNATURE OF FUNERAL SERVICE LICENSEE  Banbana A. Williams, Owner  I. PART I. Enter the diseasea, or complications that cause ahock, or heart failure. List only one cause on sufficient in the cause on condition suiting in death)  DUE TO (OR AS)  AND LETO (OR AS)  LATT II. Other algnificant conditions contributing to death  WAS CASE REFERREO TO MEDICAL  EXAMINER?  I. UNS 2 NO  MANNER OF DEATH  288. DATE OF INJURY  288. DATE OF INJURY  288. DATE OF INJURY  288. DATE OF INJURY  288. DATE OF INJURY  288. DATE OF INJURY  288. DATE OF INJURY  288. DATE OF INJURY  288. DATE OF INJURY  288. DATE OF INJURY  288. DATE OF INJURY  288. DATE OF INJURY  289. DATE OF INJURY  289. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY  280. DATE OF INJURY	FATHER'S NAME (First, Middle, Last)  MORY Hamilton Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. INFORMANT'S NAME (Type/Print)  Lanche V. Hahn  I. Informant V. Lanche V. Lan	FATHER'S NAME (First, Middle, Leat)  mony Hamilton Hahn  INFORMANT'S NAME (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Informant's Name (Type/Print)  Infor	FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME  MONY Hamilton Hahn  190. MAILING ADDRESS (Street and Number or Rural R  10 N. Manyland Avenue,	TRATHER'S NAME (First, Middle, Least)  MONY Hamilton Hahn  19b. MAILING ADDRESS (Street and Number or Flurel Route Number, City or Town I O N. Manyland Avenue, Brunswick  Anche V. Hahn  20b. PLACE AND DATE OF DISPOSITION   Desired Committee of Committe	SIGNATI/NE CAUSE (First Micking Medican Surmanne)   19th MAILING ADDRESS (Street and Number or Plural Polymer Number (Pirat, Micking, Medican Surmanne)



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**BALTIMORE, MARYLAND 21215-0020** 

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TIEGIOTTALI				CITITIO	AIL OI	DEATH	REG. NO		
8	1. DECEDENT'S NAME (First	ton	Edith	EDITH	dreu	)5	RINGTON	Jan.	28,1	994 10:16 P M
	035-32-18	318	1 □ M 2 🖫 F	AGE (In yrs. Ia		HUNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MM.	7. DATE OF BIRTH (Month, Day, Year) JULY 25,]	1900	e. BIRTHPLACE (State or Foreign Country) R. I.
	Sa. FACILITY NAME (If not in	stitution, give :	treet end number)	. 11	7	b. CITY, TOWN	OR LOCATION OF DEA	TH	9c. COU	INTY OF DEATH
DIRECTOR	Shady GY	OUC	Adventisi	1-10	spital	ROC	KVILLE		MO	NTGOMERY
ш	10e. STATE	10b. COUNT	Y		10c. CITY, 1	OWN OR LOCA	TION			10d. INSIDE CITY
	MD.	МО	NTGOMERY				VILLE			1 X YES 2 NO
₹	10e. STREET AND NUMBER					. 10	f. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?
BY FUNERAL	13610 (	HEN M	ILL RD.				20850			U.S.A.
5	11. MARITAL STATUS		12. WAS DECEDENT EV	ER IN U.S.A	RMED	13. WAS DE	CENDENT OF HISPANIA	ORIGIN? (Specify Yes	or No-	14. RACE — American Indian.
ш.	1 Never Married 2	Married	FORCES? 1		NO	If yes, s	ecify Cuban, Mexican,	Puerto Rican, etc.)		14. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Dive	becom	IF TES, GIVE WAR	UR DATES		1 U YE	2 NO Specify:			Specify: WHITE
	46 DEC	EDENT'S EDU	CATION	1 40 . 5				1		
COMPLETED	(Specify onl	y highest grade	completed)	(0	ECEDENT'S US Give kind of worl	k done during m		16b. KIND OF BU	SINESS/INC	DUSTRY
iu	Elementary/Secondary (I	1-12)	College (1-4 or 5+)		e. Do NOT use n	etired.)				
<u>a</u>	12				HON	<b>TEMAKET</b>	2	A	T H	OME
8	17. FATHER'S NAME (First, M	liddle, Last)					18 MOTHER'S NAM	E (First, Middle, Maiden	Sumamal	
	TROM	ANT	DOME							4 7-4
BE	LEON		DREWS					RY EDNA		ENTREELLE
0	19a. INFORMANT'S NAME (			11	9b. MAILING AD	DRESS (Street	and Number or Rural Ro	ute Number, City or Tow	m, State, Zij	p Code)
F	VIOLA	FITZ	PATRICK		SAME	AS ]	TEM #10			
	20a. METHOD OF DISPOSIT	ION		20h BLACE	ANDDATEOF	A) MOITISOGRIF		DATE 20c. LO	CATION	City or Town, State
	1 Burial 2 Crematic	n 3 🗆 Rem	oval from State	competery cr	TY OAK	placel	me or			
	4 Donation 5 Other			KINOI	CTY OAK	CEMET	ERY 2/	2/94 CC	VENT	RY, R.I.
	21. SIGNATURE OF FUNERA	L SERVICE LI	DEMBEE	1		22. NAME A	ND ADDRESS OF FACI	LITY		
	2//11	Chi	amberio	MC MC	00091	W. W.	CHAMBERS	CO., RIV	ERDA	LE, MD. 20737
CERTIFICATION	23. PART I. Enter tha d shock, or h IMMEDIATE CAUSE (Findiaesse or condition resulting in death)  Sequentially list condition	eart fellure.	a. S'ENDUE TO (OR	AS A CONSE	EQUENCE OFF:	thias	ode of dying, such	as cardisc or resp	iratory an	Approximate Interval Between Onset and Death
E	if sny, leading to imme		DUE TO (OR	AS A CONSE	EOUENCE OF):					
2	cause. Enter UNDERLY: CAUSE (Disease or Inju		С							
느	that initiated events		DUE TO (OR	AS A CONSE	EQUENCE OF):					
돈	resulting in death) LAS	T .	d.							
ö										
7	PART II. Other significa	nt condition	s contributing to dea	th but not	resulting in	the underlying	g cause given in P			24b. WERE AUTOPSY FINDINGS
EDICAL	ren	al le	reluce					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	C-1	1-6.	hout	taile	311			1 G YES 2	XINO	OF DEATH?
Σ	Cery	nucu	July 1		щ_			<b>–</b> i		1 □ YES 2 □\H6"
z					•					
PHYSICIAN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL					LACE OF DEATH (Chec	k only one)		
Si	1 TES 2 NO		HOSPITAL:	/Outpatient		THER:	ne 5 🗆 Residence 6	Other (Preside)		
<b>\( \)</b>	27. MANNER OF DEATH		28e. DATE OF INJ		28b. TIME C			28d. DESCRIBE HOW	IN HIRV OC	YCUDED.
0	. /	Pending	(Month, Day, Y		INJUR	Y W	DRK?	zou, DESCRIBE NOW	INJUNT OC	CORED
BY		Investigation				-M 1 🗆	YES 2 NO			- 12
	3 Suicide 8	Could not be	28e. PLACE OF IN	JURY - At h	ome, farm, stre	et, factory, offi				r or Rural Route Number,
<u> </u>	4 Homicide	determined	building, etc.	(Spechy)				City or Town, State)		
E I	200 CERTIFIER									
집		TIFYING PHYS	CIAN: To the best of my	knowledge, d	leath occurred	at the time, dat	end place, and due to	the cause(e) and ma	nner as sta	Aed,
COMPLETED	one) 2 MED	ICAL EXAMINE	R: On the besie of exami	nation end/or	Investigation,	in my opinion,	Seath occured at the ti	me, date and place, ar	nd due to ti	he couse(e) and manner as stated.
	26. SIGNATURE AND TITLE					_			,	
H	And advantage with HILE	OF CENTIFIE	-//	~			29c. LICENSE NUME	ER	29d. DAT	TE SIGNED (Month, Day, Year)
	Hull /	Meli	with 1	W			319294	/	1	129/94
임	30 NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAUSE O	F DEATH (ITE	EM 27) (Type, Pr	int)				1/
	JOHN R.			^			GAITH	ERIBURG	R	nd 20879
	31. DATE FILED (Month, Day,		12 REGISTRAR'S	SIGNATURE	1.00	-				
	FEB 02	1994	grina David	Jon-Man	(Charles					

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fours after death. Page 6 may be retained by the	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be c	filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	

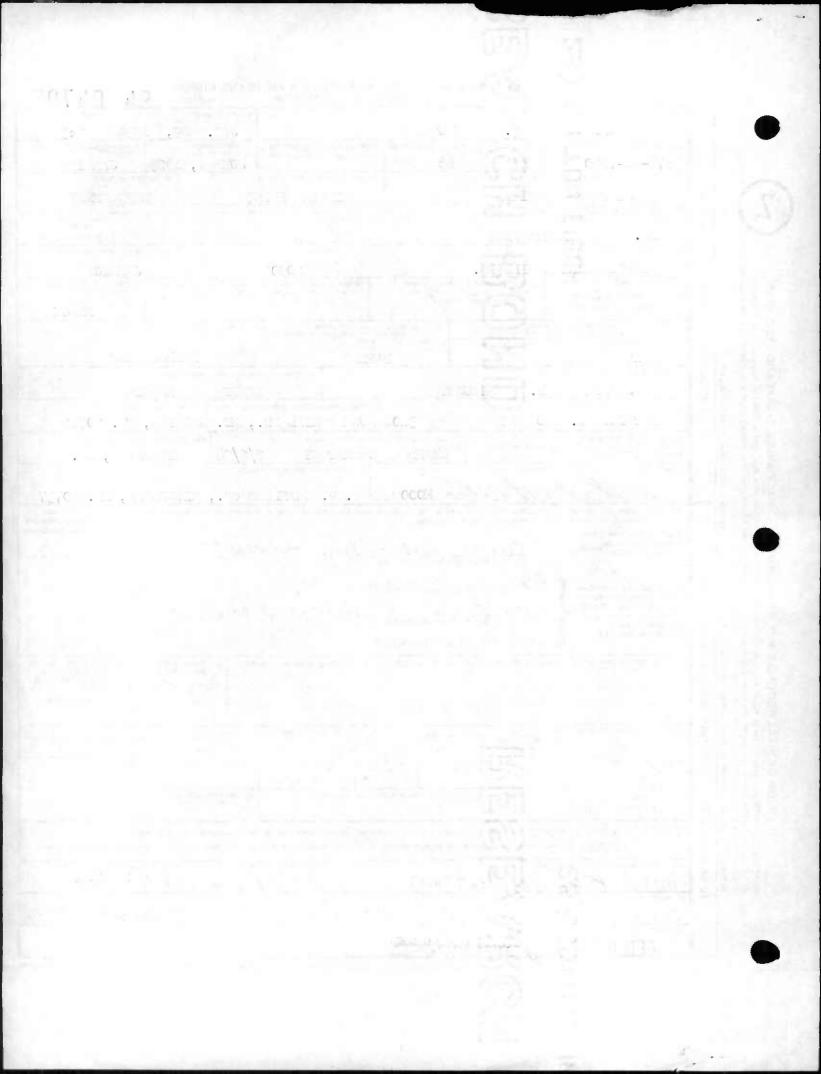
31. DATE FILED (Month, Day,

2 1994 3. REGISTRAR'S SIGNATURE

ina Davidson-Randall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1994 CLINTON HAUGHTON 0. JAN. 29 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. DAYS 578-86-7920 1 M 2 | F YRS. JUNE 1, 1925 JAMAICA 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. MONTGOMERY WHEATON 1 X YES 2 | NO 10e, STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12221 CENTER HILL RD. 20902 JAMAICA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 6+) 12 BARBER SHOP BARBER once. 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) JOSEPH HAUGHTON IRENE BE MORRIS notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 PATRICIA C. HAUGHTON 3108 BUNKER HILL RD., MT. RAINIER, MD. 20712 8 20s. METHOD OF DISPOSITION
1 □ Burlet 2 Tormetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — Cify or Town, State DATE must CHAMBERS CREMATORY 2/2/94 RIVERDALE. MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY M00091 W. W. CHAMBERS CO., RIVERDALE, MD. 20737 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the th disease or condition Respisatory event, resulting in death) DUE TO GA AS A CONSEDU Las fasis traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST neumone 0 injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO amy COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 23 shows 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 28 TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. (Check only one) 2 \_\_ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE May MM 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TR 8201 T. MD TONY KA



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DIVISION OF VITAL RECORDS, P.O. BOX 68760

60 BALTIMORE, MARYLAND 21215-0020	with hours after death. Page 6 may be retained by the hospital or attending phy	ppletely filled in by the funeral director, page 5 should be detached for use as the bu cremation, or removal.	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with frours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

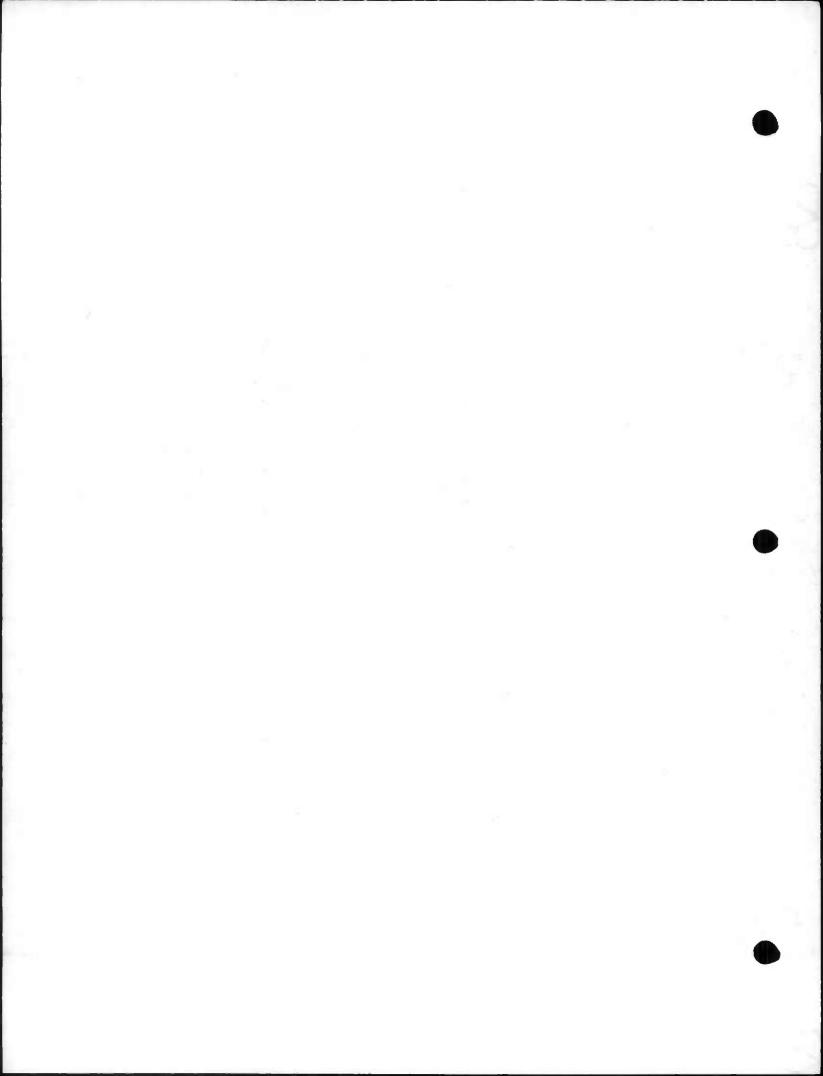
	1 - STATE REGISTRAR	STATE OF MA	ARYLAND C	DEPAR	TMEN ICAT	T OF H E OF	EALTH DEAT	AND N	MENTA	L HYGIEN		94	04703
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AY	YEAR 3	. TIME OF DEATH
	Kan Nan	Han								uary 3			11:30 AM
	4. SOCIAL SECURITY NUMBER 5	SEX 6	AGE (In yrs. le	st birthday)		R 1 YEAR	IF UNDER		7. DATE	OF BIRTH			ACE (State or Foreign
	214-82-7453-M <sup>1</sup>	<b>∑</b> M 2 □ F	76	YRS.	MONTHS	DAYS	HOURS	MIN.		. 9, 1	917	GOUNTY)	Korea
	9e. FACILITY NAME (If not institution, give street	and number)			9b. CIT	Y, TOWN C	R LOCATION	ON OF DE				INTY OF DEA	
8	Collingswood Nurs:	ing Cente	er		F	Rockv	ille				l M	lontgo	mery
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY												
	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					1	0d. INSIDE CITY LIMITS?
		ntgomery		<u></u>		Bethe							YES 2 X NO
FUNERAL	10e. STREET AND NUMBER					101	ZIP CODE	E			10g. CIT	IZEN OF WH	AT COUNTRY?
9	7604 Grenada Drive							2081	7			Kore	ea
E	11. MARITAL STATUS  1 Never Married 2 Merried	FORCES? 1	YES 2 7	RMED NO	13.					N? (Specify Yes Rican, etc.)	or No-	14. RACE - Black, 1	- American Indian, White, etc.
BY	3 X Wildowed 4 Divorced	IF YES, GIVE WAF	OR DATES					Specify		,		Specify:	Asian
	15. DECEDENT'S EDUCAT	ION	140 0	ECEDENT'S	HELIAL	NOON PATIO	***		L	VIII 07 511			ASTAIL
	(Specify only highest grade con	npleted)	(C	Give kind of u	vork done	during mo	st of workin	ng	100	. KIND OF BUS	SINESS/IN	DUSTRY	
2	Elementery/Secondary (0-12)	College (1-4 or 5+)			nemai					0.	YT.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			поп	ielila.	Ket	40 MOTI	UEO:C MAI	F (C)	Middle, Maiden	wn He	ome	
	Unknown									MIGGIE, Maigen	Sumeme)		
BE	19e. INFORMANT'S NAME (Type/Print)		1 40	h MAII INC	ADDOSS	O (Church o		cnown		ber, City or Tow	. 0 7		
임	The state of the s												
	Sang Min Lee							rive	_				20854
	1 X Buriel 2 ☐ Cremetion 3 ☐ Remova	from State	20b. PLACE cemetery, cri	ematory or o	ther place	ł.			DAT	71.1.		City or Town	
	4 Donetion 5 Other (Specify)	REF	Gate	OI HE	22	MANE AN	D ADDRE	DO OF EAC	W ITY	4 Sil	-		
	· Will Et	Brun	In MO	0672	Ro Ro Av	bert ckvi zenue	lle,	Pump	hrey lle	Funer 00 Wes Mary	al H	ome/ ntgom 2085	ery 0-2805
	23. PART I. Entar tha diseases, or conshock, or heart feiture. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sepsis	auaad tha do on each line R AS A CONSE	8.	iot ente	r the mo	de of dyl	ing, auch	aa car	diac or reapi	iratory ar	reat,	Approximata interval Between Onset and Daath
ERTIFICATION	Sequantially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initisted aventa resulting in death) LAST		R AS A CONSE										
AL C	PART II. Other significant conditions of						cause (	givan in I	Part i.	24a. WAS AN PERFOR			TERÉ AUTOPSY FINDINGS WAILABLE PRIOR TO
MEDICAL	Recurrent Strokes				ent.	ia,				1 - YES 2	NO ⊠	C	OMPLETION OF CAUSE F DEATH?
	Diabetes Mellitus	, Hypert	ension						_				YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Che	ck only o	nel			
Sic		OSPITAL:	R/Outpatient	3 DOA	OTHE	R:		sidence I					
Ή	27. MANNER OF DEATH	28e. DATE OF IN	JURY	28b. TIM	E OF	28c. INJ	URY AT			SCRIBE HOW I	NJURY OC	CURED	
	1 X Natural 5 Pending	(Month, Day,	Year)	INJ	URY		RK?	NO					
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF I building, etc	NJURY — AI ho c. (Specify)	ome, ferm,	street, fac					CATION (Street or Town, Stata)		r or Rural Rou	te Number,
ETE	200. CERTIFIER												
COMPL	(Check only												
<u>S</u>	2 MEDICAL EXAMINER: (	on the basis of exam	nination end/or	investigation	n, In my	opinion, d	eath occur	red at the t	ime, date	end place, en	d due lo l	he cause(e) e	end menner ee stated.
w I	29b. SIGNATURE AND TITLE OF CERTIFIER	0.0					29c. LICE	ENSE NUM	BER		. 11		fonth, Day, Year)
0 8	77 W2	1111)					I	2657	1		Ja	anuary	31, 1994
<b>⊢</b> II	30, NAME AND ADDRESS OF PERSON WHO C											_	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Irving Mizus,
31. DATE FILED (Month, Day, 1994
FEB 0 1 1994

<u>M.</u>D.

5413 Cedar Lane, #206C, Bethesda, Maryland 20814



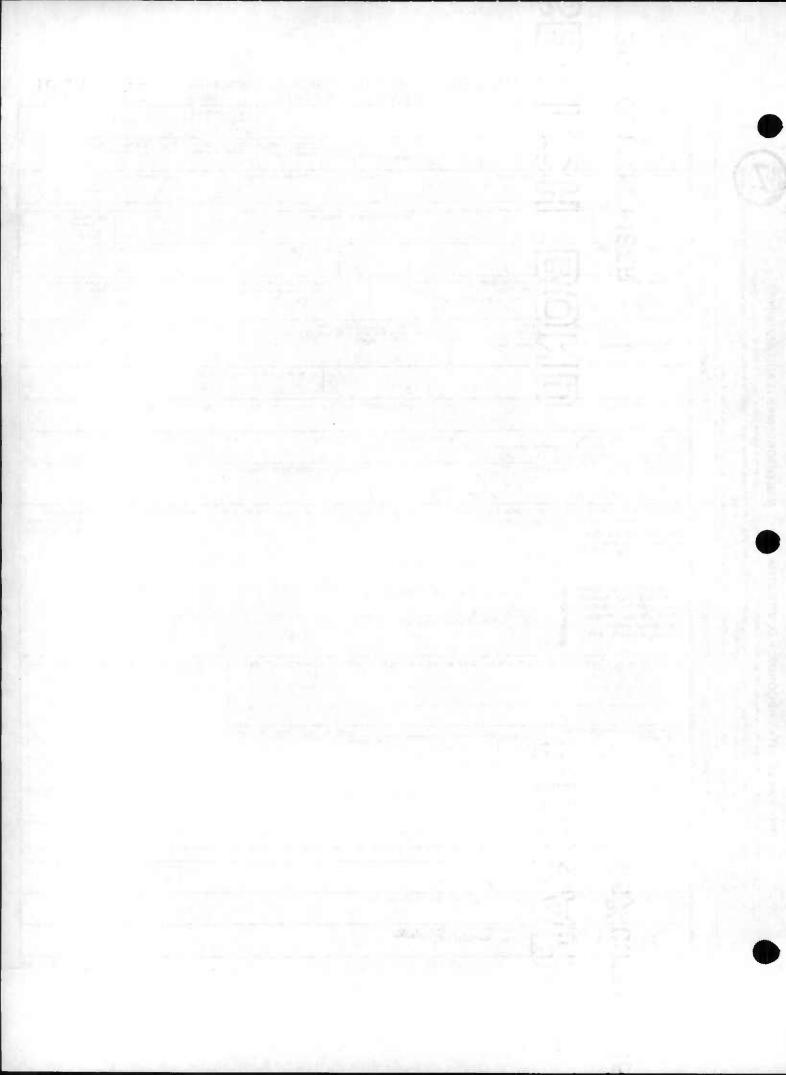
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	AND 21215-0020	ne hospital or attending physician.	letached for use as the burial-transit permit.
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TO BE COMPI		ERTIFICATION	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	PHYSICIA	ETED BY	COMPL	TO BE	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	vent, the medic	or other traumatic en	3 shows any injury,	ked, or Item 2	m 28 is mar	ANT: If Ite	IMPORT	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	npletely filled in by cremation, or rem	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s been signed by the att ept. of Health and Menta	his certificate ha with the State De	RECTOR: After the sirs after death	UNERAL DIF	TO THE F	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospita	within nours a	th certificate be executed	aw requires that the dear	HYSICIAN: The I	ATTENDING P	OSPITAL OF	TO THE H	
BALTIMORE, MARYLAND	60,	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L RECORDS,	OF VITAI	VISION	۵	1	

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.	94
Ĭ		2. DATE C	F DEATH	VEAD

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPART			MENTAL	HYGIEN	E 91	4 0	471	) [
1. DECEOENT'S NAME (First, Middle, Lan								AR	E OF DEAT	
4. SOCIAL SECURITY NUMBER		HUST GE (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	Janu 7. DATE 0				05	Р
239-58-9538  9a. FACILITY NAME (If not institution, given	1 X M 2 🗆 F	65 YRS.	ONTHS DAYS	HOURS MIN.	NOV.	Day, Year)		BIRTHPLACE Country) German		reign
	reater Laurel-Beltsville Hospital Laurel							ce Gec	rge'	s
New Jersey Mi	ddlesex		TOWN OR LOCAT	TION		) By	U	ISIDE CITY MITS? 'ES 2 X		
100. STREET AND NUMBER 2919 Woodbridge	Avenue		101	ZIP CODE	837			of what or		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 $\bigvee$ YES 2 $\bigcup$ NO If YES, GIVE WAR OR DATES 1954-1957				in, Puerto Ri			RACE — Am Black, White Specify: Whi	orican indi	in,
15. DECEOENT'S E (Specify only highest gro	DUCATION ade completed)	UCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) (Give kind of work done during most of working)					INESS/INDUST		.00	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Chief Electrician Manufactur:						ng	-	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA			Sumame)			
Adam Hust  19a. INFORMANT'S NAME (Type/Print)		Lan seen man	200000000000000000000000000000000000000	Barba:						
Melitta Hust				nd Number or Rural	Floute Numbe	r, City or Towi	n, Stete, Zip Coo	de)		
200. METHOD OF DISPOSITION	Same as 10  20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City of Town, St									-
1 Burial 2 Cremation 3 R. 4 Donation 6 Other (Specify)	amoval from State	Rosenili (			2-1		den, Ne		_	
21. SIGNATURE OF FUNERAL SERVICE		PP	Rapp	Funeral	Servi	ces,	P. A.			0
IMMEDIATE CAUSE (Final disease or condition resulting in death)  A Hepatic Failure  Oue to (or as a consequence of):  Bequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Onset and De  Onset and De  Onset and De  Onset and De										
	Ominal Aortic Angurysm					24a. WAS AN PERFOR 1 YES 2	PRMED?  AWULABLE PR COMPLETION OF DEATH?		BLE PRIOR ETION OF (	TO
								240		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			ACE OF OEATH (Ch	eck only one,					
EXAMINER?	HOSPITAL: 1 Ninpatient 2 ER/	Outpatient 3 DOA 4	OTHER:	e 5 🗆 Rasidence	6 🗆 Other	(Specify)				
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1 Ninpatient 2 ER/ 28e. DATE OF INJU (Month, Day, Ye	Outpatient 3 DOA 4	OTHER:  Nursing Horr OF 28c. INJ	e 5 🗆 Rasidence	6 🗆 Other	(Specify)	NJURY OCCUR	ED		
EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL: 1 Ampetent 2 ER/  28e. DATE OF INJU (Month, Day, 16  28e. PLACE OF INJ building, etc. (	Outpatient 3 DOA 4  RY 28b. TIME (INJUF  URY — At home, farm, str	OF 28c. INJ W 1	e 5 Residence URY AT RK? YES 2 NO	6 Other 28d. DE\$0	(Specify)	NJURY OCCUR		mber,	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not a determined  29a. CERTIFIER Check only	HOSPITAL:  1	Outpatient 3 DOA 4  RY 28b. TIME inJUE  URY — At home, farm, stri  Specify)  nowledge, death occurred	OTHER:  Nursing Horr  OF 28c. INJ  WC 1   Deet, factory, office  at the time, date	URY AT RK? YES 2 NO	6 Other 28d. DESC 26f. LOCAl City of	(Specify) RIBE HOW II FION (Street a Town, Stete)	and Number or F	Rural Route Nu		Mari
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not a determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	HOSPITAL:  1 LAmpetlent 2 ERA  28e, DATE OF INJU (Month, Day, 16  28e, PLACE OF INJ building, etc. (  YSICIAN: To the bast of my k  INER: On the basic of axamin	Outpatient 3 DOA 4  RY 28b. TIME inJUE  URY — At home, farm, stri  Specify)  nowledge, death occurred	OTHER:  Nursing Horr  OF 28c. INJ  WC 1   Deet, factory, office  at the time, date	o 5 Rasidence URY AT RK? YES 2 NO and place, and due	6 Other 28d. DESC 28f. LOCA City of	(Specify) RIBE HOW II FION (Street a Town, Stete)	and Number or F	Rural Route Nu	anner ea s	sted.
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not a determined  29a. CERTIFIER Check only	HOSPITAL:  1 LAmpetlent 2 ERA  28e, DATE OF INJU (Month, Day, 16  28e, PLACE OF INJ building, etc. (  YSICIAN: To the bast of my k  INER: On the basic of axamin	Outpatient 3 DOA 4  RY 28b. TIME inJUE  URY — At home, farm, stri  Specify)  nowledge, death occurred	OTHER:  Nursing Horr  OF 28c. INJ  WC 1   Deet, factory, office  at the time, date	o 5 Rasidence URY AT RK? YES 2 NO  and placa, and due eath occured at the 29c. LICENSE NUI	6 Other 28d. DESC 26f. LOCA City of	(Specify) RIBE HOW II FION (Street a Town, Stete)	and Number or F	Rural Route Nu	onner ea e	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not a determined 4 Homicide determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	HOSPITAL:  1 Lounpetient 2 ER/  28e. DATE OF INJU (Month, Day, 16  28e. PLACE OF INJ building, etc. (  YSICIAN: To the bast of my k  INER: On the basic of examin	Outpetient 3 DOA 4  RY 28b. TIME INJUF  URY — At home, farm, stri  Specify)  nowledge, death occurred atton end/or investigation,	OTHER:  Nursing Horr  No. 28c. IN.  WY  M 1   set, factory, offic  at the time, date in my opinion, c	o 5 Rasidence URY AT RK? YES 2 NO and placa, and due eath occured at the 29c. LICENSE NUI D 2358	6 Other 28d. DE\$C 28f. LOCA City of to the cause time, date a	(Specify)  RIBE HOW II  FION (Street a Fown, Stele)  e(a) end manual place, en	and Number or F	Rural Route Nu	onner ea e	Ť

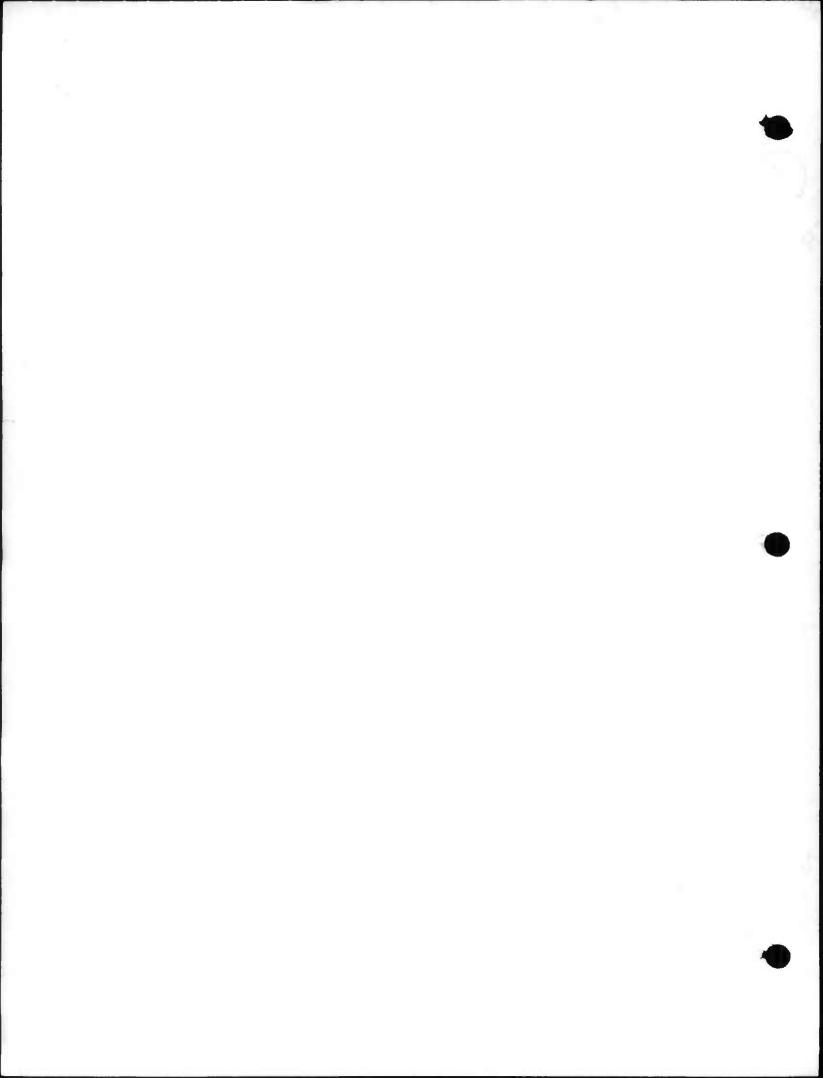


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BALTIMORE, MARYLAND 21215-0020	24 fours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page or removal	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death, Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 bruns after death with the State Death of Health and Mannal Hunjan price to brightnich or removed.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

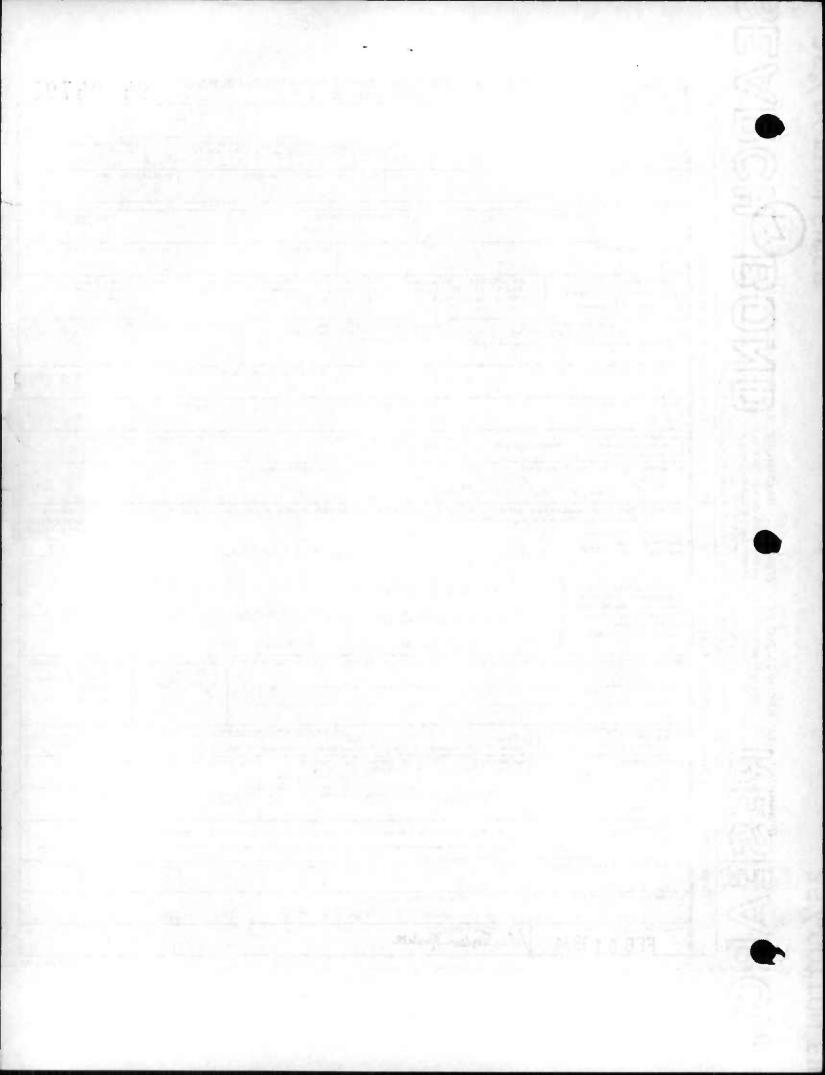
TE ISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91	047	05
ENT'S NAME (First, Middle, Last)		2. DATE OF DEATH		3. TIME OF DEATN	
Odelle E. Ha	arrison	January 27	1994	7:35	Ам

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTAL HYG		91	, 047	705
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT			3. TIME OF DEATI	N
	Odelle E. Ha	rrison				January	27 19	94	7:35	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or For	
	3.1. 10 1000								m rginia	
	Se. FACILITY NAME (If not institution, give street	et and number)		96. CITY, TOWN (	OR LOCATION OF D	_	9c. COUN			
8	Manor Care Nursing	Home		Silver	Spring		Mor	itgo	mery	
្រូ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10.00	TOWN OR LOCAT						
E	Maryland Montg	omory							10d. INSIDE CITY LIMITS?	
2	100. STREET AND NUMBER	Omery	211	ver Spr	. ZIP CODE				1 YES 2	10
BA	2900 Shanandale D	20		101	20904			EN OF V	WHAT COUNTRY?	
FUNERAL DIRECTOR		12. WAS DECEDENT EVER IN	II S. ADMED	12 WM 0 DEC		MIC ORIOINO M				
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.St.ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  14. MARITAL STATUS  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No— 1.  19. WAS DECENDENT OR HISPANIC OR HISP						Black	— American India , White, etc.	n,		
В	3 X Widowed 4 Divorced	IF TES, GIVE WAN ON DA	i ca	1 TES	2 NO Specif	ly:		Speci	™White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION	16a. DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIND OF	BUSINESS/INDU	STRY		
<u> </u>		College (1-4 or 5 +)		rk done during mo retired.)						
MP	12 Grade		Clerk -	Typist		D.C. P	ublic S	cho	01	
00	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Middle, Me	iden Sumame)			
BE	Julius Frank Eley					Jane Crum	-			
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or				
	Shirley Noble		2900 S	hananda	le Dr. S	Silver Sp	ring, M	ary.	land 209	04
	20a. METNOD OF DISPOSITION  1√□ Burlal 2 □ Cremation 3 □ Remove	al from State ceme	PLACE AND DATE OF	DISPOSITION (No	me of	DATE 200	LOCATION — C	ity or To	wn, Steta	
	Donation 5 □ Other (Specify)  H. SIGNATURE OF FUNERIAL SERVICE LIGEN		Ft. Line				Bladensburg, Maryland			nd
	21. SIGNATURE OF FUNERAL SERVICE LIGEN	W/\			ID ADDRESS OF FA		orol Uo	m o		
	( )aux ()	Bout		11800"	New Hamp	aldi Fun shire Av	e. Silv	er	Spring,	Md.
	22 PART I. Enter the diseases, Dr cor	mplications that caused	tha death. Do no	t entar the mo	da of dying, auc	h aa cerdiec or n	eapiretory arre	at,	Approxime	ta
	shock, or heart failure. Lis iMMEDIATE CAUSE (Final	it only one cause on as	ch iina.						interval Bar Onset and	
	disease or condition resulting in death)	PINEU	maNII	4						
			CONSEQUENCE OF):							
Z	Sequentially list conditions, b.									
Ĕ	if any, leading to immediata	DUE TO (OR AS A	CONSEQUENCE OF):							
길	CAUSE (Disease or injury	DUE TO (OR AC A	OCHEROLENOE OF							
Ē	that initiated events reaulting in death) LAST	DOE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	d									
AL	PART II. Other algnificant conditions	contributing to death bu	t not reaulting in	tha undariying	causa given in	Pert i. 24s. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FIN	
MEDIC							FORMED?		AVAILABLE PRIOR T	
ME									OF DEATH?	
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	100DITAL			ACE OF DEATH (Ch	eck only one)				
/SI		OSPITAL: Inpetient 2 ER/Outpe		Nursing Nom	5 🗆 Rasidenca	6 Other (Specify)				
E	27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME			28d. DEŞCRIBE HO	W INJURY OCCU	RED		$\neg$
BY	1. Netural 5 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,			ES 2 NO					
	3 Suicide 6 Could not be	28a. PLACE OF INJURY - building, etc. (Specif	At home, farm, str	eet, factory, office	1	281. LOCATION (Str City or Town, S		Rural R	oute Number,	
	4 Nomicide determined									_
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowle	dge, death occurred	at the time, date	and place, and due	to the cause(a) and	manner as atalec	1.		
3   Suitclee   6   Could not be determined   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)   28f. LOCATION (Street and Number or Rural Roc City or Town, State)								and menner as ste	rted.	
ш	SIGNATURE AND TITLE OF CERTIFIER	DR. RAJINI	DRA K. SA	RIN I	29c. LICENSE NUI	RER	29d. DATE	SIGNED	(Month, Day, Year)	-
00	Lajurdo fe . S.	DR. RAJINI			D1354	18	1		3.94	
2	AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P.	rine)			,			
	RATINDRA K-	SARIN 9	301 GEO.	RGIA F	IVE. S.	LUER .	SPRING	n	10 2090.	2
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE				-			$\neg$
	31. DATE FILED (Month, Day, Vois)  S2. REGISTRAR'S SIGNATURE  FEB 0 3 1994  Suite Davidson—Randall.									



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	18800TTRUT. If them 90 is sended as these 92 shows done in itself to send the modified according
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TAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	2 99
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	1 - FOR STATE REGISTRAR	STATE OF N		ARTMEN IFICAT				IENTAL HYGIEN REG. NO.	E 9	4 04706
	1. DECEDENT'S NAME (First, Middle, Last)	Daniel	Healey					January 2	9, 19 <u>9</u>	3. TIME OF DEATH 1:00 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birtho	MONTHS	ER 1 YEAR	IF UNDER 24	4 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	039-30-8047	1 💢 M 2 🗆 F	45 YR	S.				Feb. 25,	1948 F	Rhode Island
l oc	Se. FACILITY NAME (# not institution, give			96. CIT		R LOCATION				OF DEATH
DIRECTOR	Holy Cross Hospi	tal			511V	er Sp	rıng	]	Montg	jomery
1 2	10e. STATE 10b. COUNT	Y	10c.	CITY, TOWN	OR LOCAT	ION				10d. INSIDE CITY LIMITS?
		V	Vashin	ngton	, DC				NY YES 2 NO	
7₹	10e. STREET AND NUMBER				101.	ZIP CODE				OF WHAT COUNTRY?
FUNERAL	1525 Q Street,							0009		d States
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO 1 1 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify Cuben, Moxica 1 YES 2 NO Specify Cuben, Moxica 1 YES 2 NO Specify Cuben, Moxica 1 YES 2 NO Specify Cuben, Moxica 1 YES 2 NO Specify Cuben, Moxica 1 YES 2 NO Specify Cuben, Moxica 1 YES 2 NO Specify Cuben No Specific NO Specific N				NISPANI Mexican Specify:	C ORIGIN? (Specify Yes , Puerto Rican, atc.)	or No- 14	RACE — American Indian, Black, White, atc. Specify: White
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDE	IT'S USUAL				16b. KIND OF BUS	SINESS/INDUS	
E	Elementary/Secondary (0-12)	College (1-4 or 5+	life Do Ali	IT use retired.	) during mos	st or working				
COMPLETED		5+	Lawy	er				Law 0		
	17. FATHER'S NAME (First, Middle, Last)							IE (First, Middle, Malden	Sumeme)	
BE	Arthur Healey  190. INFORMANT'S NAME (Type/Print)		1 405 1441	INIO ADDDE	00 (0)		rbai	a Bailey oute Number, City or Tow		
2	G. Raymond Healey									lle, VA 22020
8	204, METHOD OF DISPOSITION		20b. PLACE AND D	TE OF DISPO	SITION (Na	me of	our c			y or Town, State
T SAC	1 A Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	St. Anne	or other place	mete:	ry		2-3 Crar	ston,	Rhode Island	
9	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	7			DADDRESS			D A	
a ka	> Ellen	W. /	app					Services, ue, Silve:		ng, MD 20910
200	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that	caused the death.							t, Approximate
	IMMEDIATE CAUSE (Final	Clat only one cau	se on auch line.							Interval Between Onset and Death
שווי, ווו	disease or condition resulting in death)	Q. E OF):	aspergillosis					2 wks		
2 2	Renal failure								IIWK	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEDUENCE OF):							C 1		
	cause. Enter UNDERLYING CAUSE (Disease or Injury	a Consi	OR AS A CONSEQUENCE	C.A	Dagi	clop	att	y		5 hays
RTI	that initiated events resulting in death) LAST	Acares	~ 1 in	- 01).	de.	G'ala		syndr		
CE CE	DART II ON II Aller III III III	a. Dieger						-	DIVIE	
CAL	PART II. Other algnificant condition	na contributing to	death but not result	ng in tha u	underlying	cause gl	ven in F	Part I. 24s, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDIC								1 YES 2	ONE	OF DEATH?
Z .								-		1 C YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DEA	ATN (Chec	ck only one)		
YSICI,	1 VES 2 NO	HOSPITAL:	ER/Outpetient 3 DC	A 4 N		e 5 🗆 Resi	idence 6	Other (Specify)		
HY H	27. MANNER OF DEATH	28e. DATE OF (Month, De		TIME OF	28c. INJU			28d. DESCRIBE NOW I	NJURY OCCUP	RED
BY I	Natural 5 Pending Investigation			М		ES 2 🗌	NO			
TED	3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE Of building,	F INJURY — At home, fa etc. (Specify)	rm, street, fe	ctory, office			2at, LOCATION (Street of City or Town, State)		Rural Route Number,
BE COMPLETED	29e. CERTIFIER Check only one) 1 CERTIFYING PNYS									ause(e) end manner ee stated.
B	266. SIGNATURE AND TITLE OF CERTIFIE		460			29c. LICEN	3 Z		29d. DATE 3	IGNED (Morith, Day, Year)
10			D. 8630	Type, Print)	n St				Sprin	9 MD 20910
	31. DATE FILED (Month, Day, Year) FEB () 1 1994	Juna Dec	D. 8630 - R'S SIGNATURE MillSON-AMAGE	2						, , , , , , , , ,

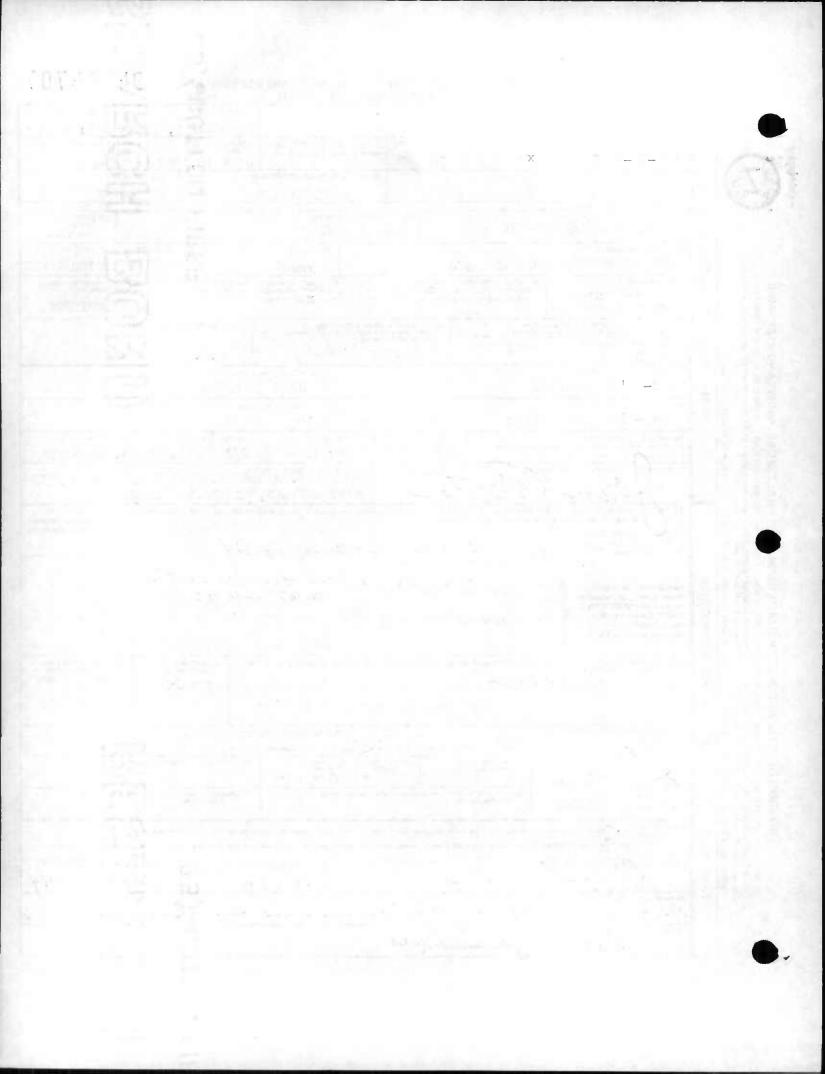


## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 - STATE REGISTRAR		CERTIF	FICATE OF	DEATH	REG. N	0.	, , , , , , , , , , , , , , , , , , , ,	
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH	
	YEN YU	HUA				FEBRUARY	1, 199		
	133-26-3893	1 📉 M 2 🗍 F	AGE (In yrs. lest birthday) 90 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) JUNE 10,		BIRTHPLACE (State or Foreign Country) CHINA	
CTOR	90. FACILITY NAME (If not institution, give FRIENDS NURSIN RESIDENCE OF DECEDENT				DY SPRIN		100	Y OF DEATH CGOMERY	
DIREC	10e. STATE 10b. COUNT	GOMERY SILVER SPRING						10d. INSIDE CITY LIMITS? 1  YES 2 NO	
FUNERAL	100. STREET AND NUMBER 15301 BEAVERBROO	K COURT	#2J	10	1. ZIP CODE 20906	14 1 29		N OF WHAT COUNTRY? D STATES AMERI	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO If YES, QIVE WAR OR DATES 13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mostcar 1 ☐ YES 2 ☑ NO Specify.					I. RACE — American Indian, Black, White, atc. Specify: CHINESE	
ETED.	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			18b. KIND OF BUSINESS/INDUSTRY		
COMPL	12	8	WRI	TER			GOVERN	MENT	
BE CO	17. FATHER'S NAME (First, Middle, Lest) TING-CH UNG HU	ING			JADE	LEUNG	on Sumame)		
TO B	190. INFORMANT'S NAME (Type/Print) Mei-Sien Chu	Huang		Same as †		Route Number, City or To	own, State, Zip Co	ode)	
		e. METHOD OF DISPOSITION  Burfel 2 A Cremation 3 Removal from State  20b. PLACE AND DATE DISPOSITION (Name of particular complete							
	4 Donation 5 Other (Specify)	CENSES	PIETROP OD.					IA, VIRGINIA	
	* John	6 (1/1)	More			RBER FUNER MARYLANI		E POBOX 5038	
NCAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	PLATED  RAS A CONSEQUENCE OF AS A CONSEQUENCE		DOMOPA ND ARD HEMRT	MY MOSCLER DISCUSE	orid		
MEDICAL C	PART II. Other significant condition	na contributing to de	eath but not resulting	in the underlyin	g cause given in	Part I. 24s. WAS A PERFO	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	neck only one)		1	
rsic	EXAMINER?	HOSPITAL:	R/Outpetient 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,		IJURY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
ED	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At home, farm, c. (Specify)	, street, tectory, offic	•	28t. LOCATION (Stree City or Town, State	t end Number or	Rural Route Number,	
COMPLET	anal .		y knowledge, death occur nination end/or investigat					. cause(s) and manner se stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	sleve )	OF DEATH (ITEM 27) (Type	oe, Print)	29c. LICENSE NU	41	FE	BIGNED (Month, Day, Year) B 2 1994	
	ROBERT L. KRIC	HMAR M	D 3305	NOLETSON	EWORLD	Bell :	Sauns	MW6 M820906	
	FEB 0 3 1994	32. REGISTRAR	s signature vidson-Randal	2					

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physici TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPA CERTII					MENTA	L HYGIEN REG. NO.	-	4	14708
1. DECEDENT'S NAME (First, Middle, Last JAMES	AUBREY	HOWES					MONT			YEAR 3.	9:30 A
4. SOCIAL SECURITY NUMBER 214-28-9636	5. SEX 8. AC	GE (In yrs. last birthday, 61 YRS.	MONTHS	R 1 YEAR DAYS	HOURS	MIN.	(Mon	of BIRTH th, Day, Year) E 6,19:		Country)	ACE (State or Foreign INGTON, D. C
Sa. FACILITY NAME (If not institution, give	21	O1		Y, TOWN C		ION OF DI		0,19.		TY OF DEAT	
26011 BRIGADIER	PLACE		D	AMAS	CUS				МО	NTGON	ŒRY
10s. STATE 10b. COU		10c. Cl	DAMA	OR LOCAT							Dd. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				101	ZIP COD					EN OF WHA	AT COUNTRY?
	DIER PLACE					208					TATES
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, OIVE WIR OI 1 9 5 3 - 1 9 5	ES 2 NO R DATES			ecity Cubi	in, Mexica	in, Puerlo	N? (Specify Yes Rican, etc.)	or No-	14. RACE — Black, V Specify:	American Indian, White, etc.
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	DUCATION	16a. DECEDENT' (Give kind o	f work done	during mo	ON st of world	ing	184	. KIND OF BUS		ISTRY TRUCT	
1.1 17. FATNER'S NAME (First, Middle, Last) UNKNOWN	0	Ontu	ENVIEW	v	18. MOT		ME (First,	Middle, Meiden		111001	1014
190. INFORMANT'S NAME (Type/Print) DEBBIE L. DWYER		19b. MAILIN						TOWN, I			Ar Hi
20a. METHOD OF DISPOSITION  1		206. PLACE AND DATE				RY	1		CATION — C		
21. SIGNATURE OF FUNERAL SERVICE			22. N	NAME AN	EL H	BA	RBER	RUNER	AL HO	ME	20882
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO GORA	S A CONSEQUENCE	atio	n							Onset and Death
PART II. Other algnificant conditi	d.	h but not reaulting	j in the u	nderlyln	) cause	given in	Part I.	24s, WAS AN PERFOR			ERE AUTOPSY FINDINGS
							_	1 🗆 YES 2		OI OI	OMPLETION OF CAUSE F DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF E	DEATH (Ch	eck only o	ne)			
1 Fes 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2 ER/C 28s. DATE OF INJUI (Month, Day, Yes	RY 28b. TI	4 🗆 Nu	28c. INJ WO				SCRIBE HOW I	NJURY OCCI	URED	
2 Accident Investigatio 3 Suicide 6 Could not 6 4 Homicide determined	28e. PLACE OF INJU-	JRY — At home, ferm Specify)					281. LOI City	CATION (Street of Town, State)	and Number o	or Rural Rout	te Number,
onel	YSICIAN: To the best of my kr										nd manner as stated.
296. SIONATURE AND TITLE OF CERTIF	Anderse	n out	)		29c. LIC	ENSE NUI	MBER 9	2	29d, DATE	SIGNED (M	login, Day, Year)
Dr. Daniel L.		DEATN (ITEM 27) (Tyr. 2902 Olne		ndy	Spri	ng R	oad	Olney	, Md.	208	332
JAN 3 1 1994	Julia Davidson										

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Daniel L. Anderson 100 00 1572 1/27/44

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BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	y be retained by the hosp	age 5 should be detached		be notified at once.	
4	TO THE HUSPITAL OF A LENDING PHYSICIAN: The law requires that the death certificate be executed within though a new death of the relatined by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	e executed within more	an and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	umatic event, the m	
	The death certingale by	by the attending physicia	nd Mental Hygiene prior	Injury, or other tra-	
	N: The law requires tha	ficate has been signed	State Dept. of Health a	Item 23 shows any	
0.00	ALIENDING PHYSICIAL	ECTOR: After this certif	rs after death with the	n 28 is marked, or	
	TO THE HOSPITAL OF	TO THE FUNERAL DIF	be filed within 72 hou	IMPORTANT: If Iter	

FOR STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIEN		04709
1. DECEDENT'S NAME (First, Middle, Le MARTE DOR		MORTHE			2. DATE OF DEATH MONTH JANUARY 26		3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER		NSTINE	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		1:05 P. N
719-16-3990 Se. FACILITY NAME (If not institution, gi	1 - M 2 - F   8	1 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) FEB. 21, 19	12 P	Country) ENNSYLVANIA
MAGNOLIA GAR	DENS NURSING	R LOCATION OF DI	EATN	PRIN	CE GEORGES		
RESIDENCE OF DECEDENT		10c CITY	TOWN OR LOCATI	ON			10d. INSIDE CITY
MADNI AND							LIMITS?
	ONTGOMERY	SII	LVER SPR			T	1 TES 2 NO
100. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
10800 GEORGIA A				20902		US.	
10800 GEORGIA A  11. MARITAL STATUS  1 Never Married 2 Married  3 XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, spe		NIC ORIGIN? (Specify Ye in, Puerto Rican, atc.) y:	a or No— 14.	RACE — American Indian, Black, White, atc. Specify: WHTTE.
15. DECEDENT'S E	EDUCATION	16a. DECEDENT'S U			16b. KIND OF BU	SINESS/INDUS	
(Specify only highest green for the state of	Coflege (1-4 or 5+)	(Give kind of wo	rk done during mos retired.)	t of working			
12	0011090 (1-4 01 0 +)	HOME	EMAKER				
17. FATHER'S NAME (First, Middle, Last)		HOITI	J. HARCER	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumamal	
BOT OIL DI	NDICK					Gurierrey	
MICHAEL U  19a. INFORMANT'S NAME (Type/Print)	NDICK	Lan mana	22222		ZABETH		
	au.				Route Number, City or Tov		
ANNA MARIE ONDI			WHATAN				MARYLAND 2078
20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 R	ternoval from State 08	b. PLACE AND DATE OF imetery, crematory or other	er place)		1		or Town, State
4 Donation 6 Other (Specify)	G.	ATÉ OF HEA	VEN CEM		1/31 SIL	VER SP	RING, MARYLAND
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		FRANCT	ADDRESS OF FA	CLINS FUNE	DAT HO	ME INC
1 month	110916	2.01					PR., MD. 20901
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A COMPENIENCE OF	ebral	Info	ercts.		
PART II. Other eignificant conditions  Obstruct  Aspiration  Pressure	n Preumo	) isease	the underlying  An  Post	ceuse given in	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH			26. PL	CE OF DEATH (CA	eck only one)		
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out		OTHER:	E - Beeldenee	6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY				28d. DESCRIBE NOW	IN ILIEN OCCUE	)FO
4 Matural # Doubles	(Month, Day, Year)		RY WOI	RK7	Esta. Describe NOW	moon occor	ico
2 Accident Investigation				ES 2 NO			
3 Suicide 6 Could not 4 Homicide determined	building, etc. (So	tY — At home, farm, str ecify)	eet, factory, offica		281. LOCATION (Street City or Town, State	and Number or . )	Rurel Route Number,
200 MEDICAL EXAM	WHO COMPLETED CAUSE OF D	Cove Phys	in my opinion, de	29c. LICENSE NU	MBER	29d, DATE S	2 7 94 Dr. #430
	VKENLILE'V	1.0.	Gree	nbelt	, md. 2	077	٧.
JAN 3 1 1994	32 REGISTRAR'S SIG	n-Aandall					

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( Z	3 should
	Pages 1, 2
	permit.

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

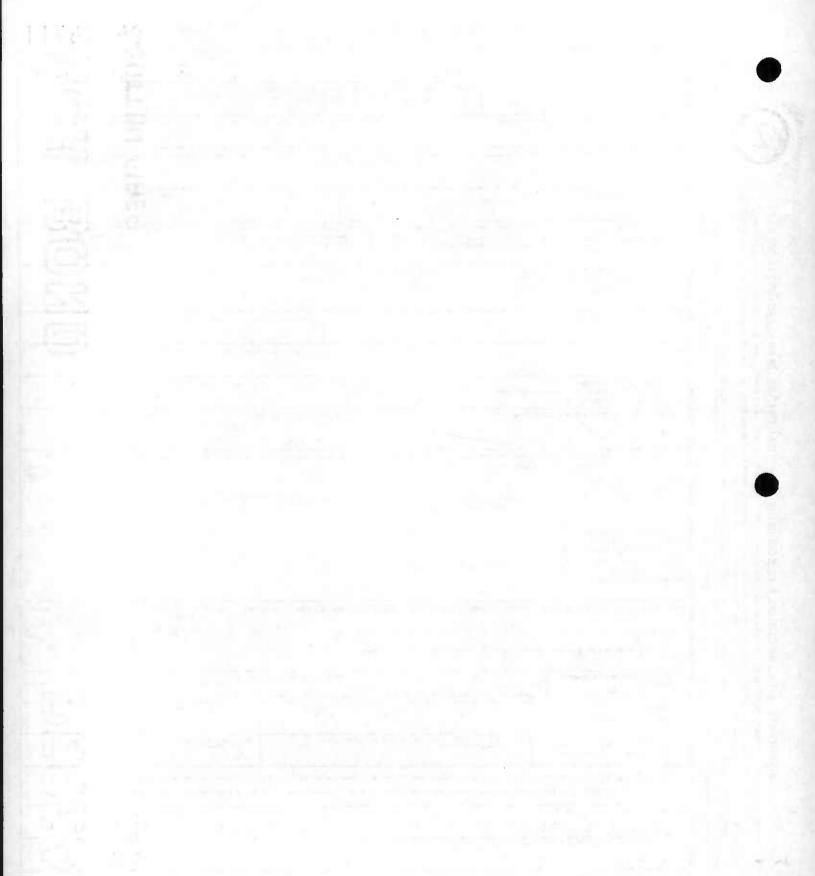
	REGISTRAR		CE	RTIF	ICAT	E OF	DEATH	MENT	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH			3. TIME OF DEAT	M
- }	CLARA M.	HILLENB	RAND					T A NIT	JARY 29		YEAR	11:45	Рм
į	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	t birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	_	OF BIRTH	, 10		HPLACE (State or Fo	
1	577-10-7872	1 🗌 M 2 💢 F	104	YRS.	MONTHS	DAYS	HOURS MIN.	(Mon	T. 13,	1889	Count WA:	SHINGTON	, DC
DIRECTOR	9a. FACILITY NAME (If not institution, give BERLIN NURSING		96. CITY, TOWN OR LOCATION OF DEATH BERLIN					9c. COUNTY OF DEATH WORCESTER					
ַ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT												
2		10c. CITY, TOWN OR LOCATION SOUTH BETHANY						10d. INSIDE CITY LIMITS?					
	DELAWARE  100. STREET AND NUMBER	S	JUTH							1 YES 2	NO		
FUNERAL	148 ANCHORAGE	DRIVE				101	. ZIP CODE	30			USA	ZEN OF WHAT COUNTRY?	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XDivorced	12. WAS DECEDENT EV FORCES? 1 1	YES 2 XN	MEO IO		If yes, sp	ecify Cuban, Maxica 2 NO Specifi	en, Puerto		or No-	14. RACI Bleck Spec	E — American India k, White, atc. #y: WHITE	n,
	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL O	CCUPATION	ON	164	b. KIND OF BUS	INESS/INI	MISTRY	WHILE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(GI	ve kind of Do NOT us	work done	during mo	ist of working		a Killo Or Bos	111111111111111111111111111111111111111	JOSINI		
7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	College (1-4 of 5+)	ВО	OK B	INDE	3			COUEDM	יוידאיזווי			
8	17. FATNER'S NAME (First, Middle, Last)						16. MOTHER'S NA		GOVERNI		_		
		MONTECON	(EDV					CLAR.					
8	JAMES M.  19a. INFORMANT'S NAME (Type/Print)	MONTGOM		MAILING	ADDRES	C /Ctmat a	Ind Number or Rural				0.11		
임												10000	
	WALTER G. WARD 20a. METNOD OF DISPOSITION		20b. PLACEA				DRIVE,					19930	
- 1	1 Donation 8 Other (Specify)	oval from Stata	PARKI					2/2			City or To		
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	PARKI	LAWN	_		I ADDRESS OF FA		RUC	VIL.	LE, I	ענויי	
	Suntanil	4 Cand	-111		FI	RANC	IS J. CO	LLIN	S FUNE	RAL [	HOME	, INC.	2000
	23. PART I. Enter the diseases, or	complications that ca	used the da	ath. Do r	ot anter	the mo	NIVERSIT	h se car	VD., W	etopy or	LL. i	Approxima	
	shock, Dr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	DII	PI	410		Pnec					interval Ba Onset and	tween
NC	Sequentially list conditions,	a Jer	n'le	EQUENCE OF:  e bom in his  EQUENCE OF:  Dr Ferios cle  ROUENCE OF:						Jen	4		
CAT	if sny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury	a 124-	1/1				1410	11		214	, ,		
CERTIFICATION	that initiated events resulting in death) LAST	d	AS A CONSISO								104	7	
DICAL O	PART ii. Other significant condition	is contributing to dee	eauiting	n the ur	nderlying	g ceuse given in	Part I.	24a. WAS AN A PERFOR	MED?	24b	WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA OF OEATH?	O	
BY PHYSICIAN: ME												1 - YES 2 N	0
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOEBITT					ACE OF DEATH (Ch	eck only or	ne)				
5	1 TYES 2 NO	HOSPITAL: 1   Inputient 2   ER/	Outpetient 3	□ DOA	OTHER		e 5 🗆 Residence	8 🗆 Othe	w (Specify)				
£	27. MANNER OF DEATN	28a. DATE OF INJU (Month, Day, Ye		28b. TIM	E OF URY	28c. INJ	URY AT RK?	28d. DE	SCRIBE NOW IN	JURY OC	CURED		
-	1 Natural 5 Pending 2 Accident Investigation	(month, bay, re	rar y	ING	M		ES 2 NO						
ED	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJ building, atc.	JURY — At hor (Specify)	ne, ferm, s	treet, fact	lory, offic		281. LOC City	CATION (Street a or Town, State)	nd Number	or Rural F	Route Number,	
COMPLET		ICIAN: To the best of my k										) and manner as etc	eled.
	29b. SIGNATURE AND TITLE OF CERTIFIE												
BE	/200	, 1 ~	-	>			D02026				SIGNEO 3	(Month, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON WN Federico G. Art					nes,	Berlin,	Md.	21811	41	0-64	1-6363	
	31. DATE FILED (Month, Day, Year) FFR 0 2 1994	102 REGISTRAR'S	SIGNATURE Mande	182				_					
- 1		//											

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020	h. Page 6 may be retained by the hospital or attending physician.	eral director, page 5 should be detached for use as the burial-transit permit
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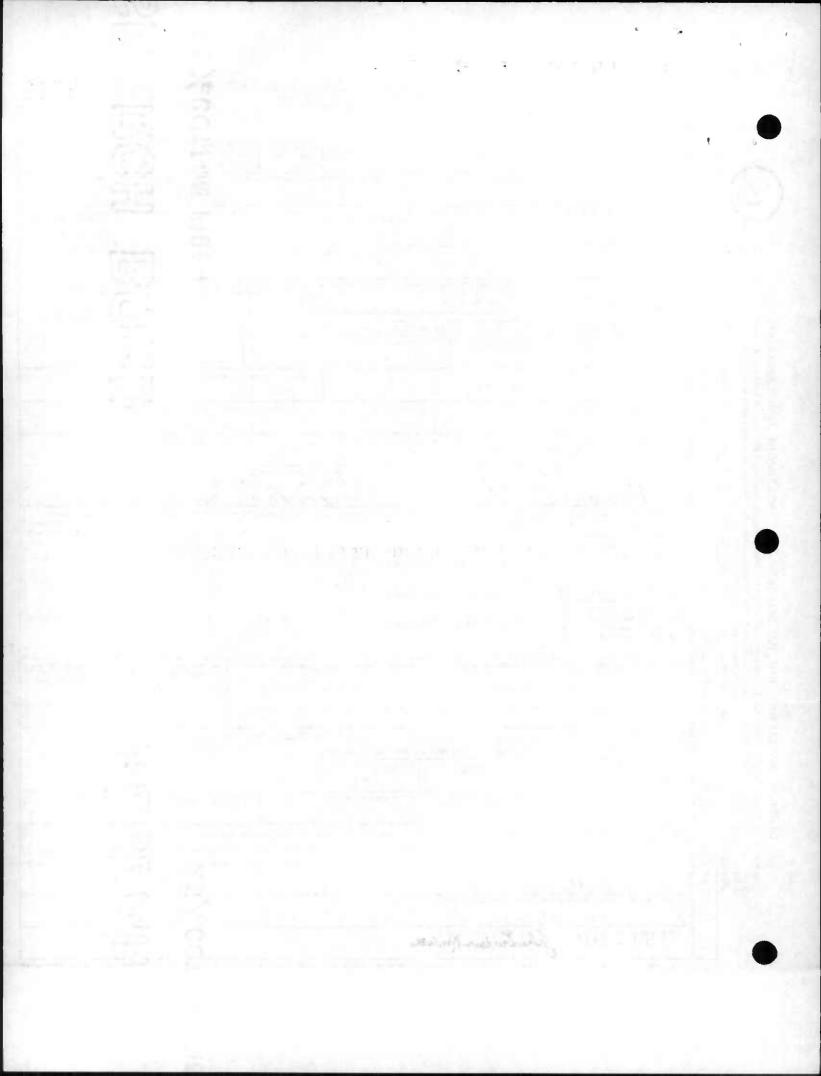
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Fours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF I					EALTH AND	MENTAL	HYGIEN REG. NO		4	0471	
- 1	1. DECEDENT'S NAME (First, Middle, Last)	E (First, Middle, Last)							F DEATH			3. TIME OF DEATH	
	GEORGE	TRV	NIN					MONTH			EAR 54	1: 40 A	) и
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of	F BIRTH Day, Year)	8.	BIRTHE	PLACE (State or Foreign	)
	218-25-0460	1 🖾 M 2 🗆 F	6	8 YRS.	Months	UATS	NOOKS MIN.	Sept.				eland	
~	9e. FACILITY NAME (If not institution, give s						OR LOCATION OF D	EATH		9c. COUNTY	OF DE	EATH	- 1
DIRECTOR	Holy Cross Hospit	al			Silv	er S	Spring,			Montg	ome	ry	
EC	10a. STATE 10b. COUNTY	r		10c, CIT	TY, TOWN	OR LOCAT	ION					10d. INSIDE CITY	-
PI	Maryland Montg	omery		Sil	ver	Spri	ng					LIMITS?	
AL	10e. STREET AND NUMBER						ZIP CODE			10g. CITIZE	OF W	HAT COUNTRY?	
FUNERAL	1100 Orchard Way						20904			U	SA		
5	11. MARITAL STATUS		T EVER IN U.S. AF				ENDENT OF HISPA			or No- 14	. RACE	- American Indian, White, atc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES				2 NO Specif		, www.,		Specify		
	15. DECEDENT'S EDU	CATION	16a, DF	CEDENT'S	LUSUAL O	CCUPATIO	ON .	165.1	OND OF BU	SINESS/INDUS	TOV	wiiite	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 8	(6	ilve kind of . Do NOT u	work done se retired.)	during mo	st of working	100.		01112307111200			
립	12	College (1-4 of 6		lf-en	ploy	ed c	ontract	or	Cons	struct	ion		
Š	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	AME (First, Mic	ddle, Meiden	Surname)			
BE (	Francis Irwin						Cather	ine Ca	rden				
10	19e. INFORMANT'S NAME (Type/Print)						nd Number or Rural						
-	Margaret Irwin		1.	100 0	rcha	rd V	lay Sil	ver Sp	_		_		
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	oval from State	20b. PLACE cemetary, cre					DATE		CATION — CIT			
	4 Donation 5 Other (Specify)	Track Control	Leig	ue C				2/7		lina,	Ire	land	
	21. SIGNATURE OF FORENAL STREET	1		-			New Ha				ru	merar nom	ie
	all).	14					r Spring						
	23. PART I. Enter the diseesea, or a ahock, or heart failure.	complications the	et coused the de	eath. Do	not enter	the mo	de of dying, aud	ch as cardle	c or reap	iratory arrea	t,	Approximate interval Between	nen
	IMMEDIATE CAUSE (Final disease or condition											Onset and Da	
	resulting in death)	· Oxe	estric	ب	an	cer	, me	tas	rali	C		2 year	2
_		LUJE TO	(OH AS A CONSE	OUENCE C	M-):		i						
é	Sequentially list conditions, if any, leeding to immediate	b DUE TO	(OR AS A CONSE	OUENCE C	NF):								
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
E	that initiated events	DUE TO	(OR AS A CONSE	OUENCE C	PF):								
CERTIFICATION	resulting in death) LAST	d											
L'C	PART II. Other algnificent condition	a contributing to	deeth but not	reaulting	In the ur	nderlyln	cause given in	Part I. 2	4a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDIN	GS
	Charge and	o.oli.v		4					PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE	E
E	Achroli	8	001111						1 TYES 2	2 JEPHO		OF DEATH?	А
- F	- Property	35		2012	4.43.			_				1 123 2 1 10	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL					26. Pt	ACE OF DEATH (C)	heck only one)					
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	DOA	4 Nur		e 5 🗆 Residence	6 Other	(Specify)				
E	27. MANNER OF DEATH	28a. DATE OF		28b. TIR	IE OF	28c. INJ	URY AT	28d. DESC	RIBE HOW	INJURY OCCUP	RED	11/2/10/3	
BY	1 Netural 5 Pending 2 Accident Investigation				М		YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE ( building.	OF INJURY — AI ho , etc. (Specify)	ome, farm,	street, 1ac	tory, offic		281. LOCAT City or	TON (Street Town, State)	and Number or	Rural Ro	oute Number,	
E	AA- CERTIFIER A										_		
COMPLETED	(Check only one)												
00	2   MEDICAL EXAMINE		examination end/or	Investigati	on, in my o	opinion, d	eath occured at the	e Ilme, date a	nd place, er	nd due to the o	ause(s)	end manner es stated	i.
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	· Tare	M,M.	0 .			29c. LICENSE NU	- 4	2	29d. DATE S		(Month, Day, Year)	
0	JISTUT 7 - T	O COMO	05.05.05.05	14.00			D 38	588	3		1 3	0/1594	
	30. NAME AND ADDRESS OF PERSON WH					10				Ro	CKI	rlb	
	31. DATE FILED (Month, Day, Year)	DE JA		MD	14	805	Physica	on 5 l	en	- M	0 2	0780	_
	FFB 0 1 1994	Tulia Da	AR'S SIGNATURE	della			1 1						
	120 11001			and a									



ITEMS: 23 PART I, 27, PER MEO FILM G-708 2/17/94 t.t

	1. DECEDENT'S NAME (First,	Middle, Last)					SR		OF DEATH	N/c O	MEAN	TIME OF DEATH
,	RONALD  4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (in yrs. les		NDER 1 YEAR	IES S.R.	7. DATE	OF BIRTH		, BIRTHPLA	CE (State or Foreign
	222-32-508		tX M 2 D F	43	YRS. MONT		PR LOCATION OF D	5-6	-50		NC Y OF DEAT	
OR	KENT & QUEEN	N ANNES		AL .		ESTER	The same of the sa	EAIH	27	3.00	COUN	
DIRECTOR	DE	10b. COUNTY	Castle		Wilmi				15			I. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	3902 Jeff	fersor	Street	t		101	1980:	2	13	U.S		COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 ] IF YES, GIVE WA		RMED	II yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 NO Speci	en, Puerto		or No 14	Black, W	American Indien, nite, etc. Black
PLETED		EDENT'S EDUC y highest grade o		(G life.	CEDENT'S USUA live kind of work do Do NOT use retire	one during mo	ON est of working		Autom			
ECOMPL	17. FATHER'S NAME (First, MI Wilbe		mes, Si	r.			16. MOTHER'S N.		Middle, Meiden (Mill		ıff	
TO B	190. INFORMANT'S NAME (7) Dorothy Hu						p St. V					
	20a. METHOD OF DISPOSITI 1 Suriel 2 Cremetio 4 Donation 5 Other	n 3 🗆 Remo	val from State	20b. PLACE I	AND DATE OF DIS	POSITION (Na		OAT		CATION — CH	ly or Town,	
	The second secon											
	21. SIGNATURE OF FUNERAL  AOGUA  23. PART I. Enter the di	ude	?. Ste	rendan		STER QUE	NO ADDRESS OF FA	1 F1	Zow !	Advi	EA	£ 19901
	23. PART I. Enter the di	iseeses, or co	omplications that list only one coust.	coused the dese on each line	eath. Do not er	22. NAME AN STER QUE nter the mo	NO ADDRESS OF F.	AZI ch ss cen	ZOV diec or respi	Adultinatory stress	<i>SCD</i> at,	Approximate Interval Between Onset and Deat
SATION	23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list conditi if any, leading to immediate.	iseeses, or creert failure. L	omplications that lat only one ceus	coused the dese on each line	IOSCLEROT	22. NAME AN STER QUE nter the mo	NO ADDRESS OF F.	AZI ch ss cen	ZOV diec or respi	Adultinatory stress	SCD st,	Interval Between
RTIFICATION	23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list conditi if any, leading to immediate the condition of the	Iseeses, or coefficient to be a lone, diets NG coefficient to be a lone, diets NG coefficient to be a lone, lone, diets NG coefficient to be a lone, l	DUE TO (	coused the dese on each line	IOSCLEROTOUENCE OF):	22. NAME AN STER QUE nter the mo	NO ADDRESS OF F.	AZI ch ss cen	ZOV diec or respi	Advisory street	SC D	Interval Between
MEDICAL CERTIFICATION	23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list conditi if any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events	Iseeses, or creeri failure. Lai	DUE TO (	coused the dese on each line  I VE ARTER OR AS A CONSECTION AS	IOSCLEROTOUENCE OF):	22. NAME AI STATE QUE Inter the mo	NO ADDRESS OF FI	Ch ss cen	ZOV diec or respi	AUTOPSY MED?	24b. WE AM CO	Interval Between Onset and Deat Part Part Part Part Part Part Part Pa
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: MEDICAL	23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list conditi if any, leading to immediate. CAUSE (Disease or injust that initieted events resulting in death) LAS:	iseeses, or coert failure. Lai	DUE TO (	ceused that de se on each line  IVE ARTER (OR AS A CONSECTOR AS A	OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):	22. NAME AIS TO UE.  OUE.  THE THE THE THE THE THE THE THE THE THE	NO ADDRESS OF FI	AR DIS	diec or respirate diec or resp	AUTOPSY MED?	24b. WE AM CO	Interval Between Onset and Deat Part Part Part Part Part Part Part Pa
PHYSICIAN: MEDICAL	23. PART I. Enter the dishock, or he immediate Cause (Fin disease or condition resulting in death)  Sequentially list condition in any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAST PART II. Other significations of the immediate in the immedia	iseeses, or creert failure. Linei	DUE TO (	coused the dese on each line  I VE ARTER OR AS A CONSECTION AS	OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):	22. NAME AI STATE OUE THE THE MC TIC CAR  24. PI HER: Nursing Hon 26. PI	DIOVASCULA  g ceuse given in  ACE OF DEATH (C)	h Part I.	diec or respirate diec or resp	AUTOPSY MED?	24b. WE AWO CO OF	Interval Between Onset and Deat Part Part Part Part Part Part Part Pa
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the dishock, or he immediate CAUSE (Findisess or condition resulting in death)  Sequentially list condition for the immediate cause. Enter UNDERLYI CAUSE (Disesse or injust that initiated events resulting in death) LAS:  PART II. Other signification of the immediate in the initiated events resulting in death) LAS:  25. WAS CASE REFERRED TO EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH  1 Natural 5 Accident  3 Suicide 8	iseeses, or coert failure. Lesi	DUE TO (  OUE TO	coused the dese on each line  I VE ARTER OR AS A CONSECTION AS	DOBNICE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  TOSCLERO?  OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):	22. NAME AI STATE QUE THE THE MC TIC CAR  24. PI HER: NUMBING HON M 1	DIOVASCULA  Georgia Given in  ACE OF DEATH (C)  BY STATE OF THE CONTROL OF THE CO	heck only on 28d, DE:	diec or respiration of the control o	AUTOPSY IMED?	24b. WE AM COOP 1 {	Interval Between Onset and Deat Part Properties of Consets and Deat Part Properties of Consets of C
D BY PHYSICIAN: MEDICAL	23. PART I. Enter the di shock, or he immediate CAUSE (Findiseese or condition resulting in death)  Sequentially list conditi if any, leading to immediate cause. Enter UNDERLY! CAUSE (Disesse or injut that initiated events resulting in death) LAS:  PART II. Other signification of the immediate	Iseeses, or creert failure. Lesi	DUE TO (  OUE TO	ceused the dese on each line  IVE ARTER OR AS A CONSECTION OF AS A CON	DOUBNCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  Tesulting in the department of the least occurred at the	22. NAME ALL STATES AND ALL STATES A	g ceuse given in  ACE OF DEATH (C)  ACE OF DEATH (C)  THE CONTROL AT  THE CONTROL ACE OF DEATH (C)  THE CONTROL ACE OF DEATH (	heck only or  281. Loc City  e to the ce	24a. WAS AN PERFOR 1 YES 2  ATION (Street or Town, State)	AUTOPSY IMED? I NO  NUTRY OCCU and Number or	24b. WE AMO CO OF 1 [	Interval Between Onset and Deat Part Property Pindings (LABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO



DIRECTOR

FUNERAL

BY

COMPLETED

BE

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PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE 2 25.

27.

burial-transit

use as the

FOR STATE REGISTRAR 94 04713 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Edward FEBRUARY 6, 1994 JUCHNIEWICZ Jr 11:58A 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign DAYS HOURS 1 🔯 M 2 🗌 F 09-23-1987 218-17-3965 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Harford Edgewood 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 451 Buxton Court 21040 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 0 Student School 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumame) Lee Edward Juchniewicz, Sr. Lynda Sue Pelton 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) M/M Lee E. Juchniewicz. 451 Buxton Ct., Edgewood, 20a. METNOD OF DISPOSITION
1 🔀 Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Angel Hill Cemetery 2/10 4 Donation 5 Other (Specify) Havre de Grace, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197

23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximats ahock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition\_ resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (QRI AN A CONSEQUENCE OF): CAUSE (Disesse or injury that initiated events resulting in death) LAST NGS

RT II. Other algoriticant condition	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO								
WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)								
1 YES 2 NO	HOSPITAL: 1) inputient 2 - ER/Outputient 3 - DO/	OTHER:	6 Other (Specify)							
MANNER OF DEATN  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	TIME OF 28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCU	IRED						
Suicide 8 Could not be	28a. PLACE OF INJURY — At home, fam building, etc. (Specify)	^	28f. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,						

29e. CERTIFYING PHYSICIAN: To the best of my knowledge,

MEDICAL EXAMINER: On the

296. SIGNATURE AND TITLE OF DEAT 26c. LICENSE NUMBER

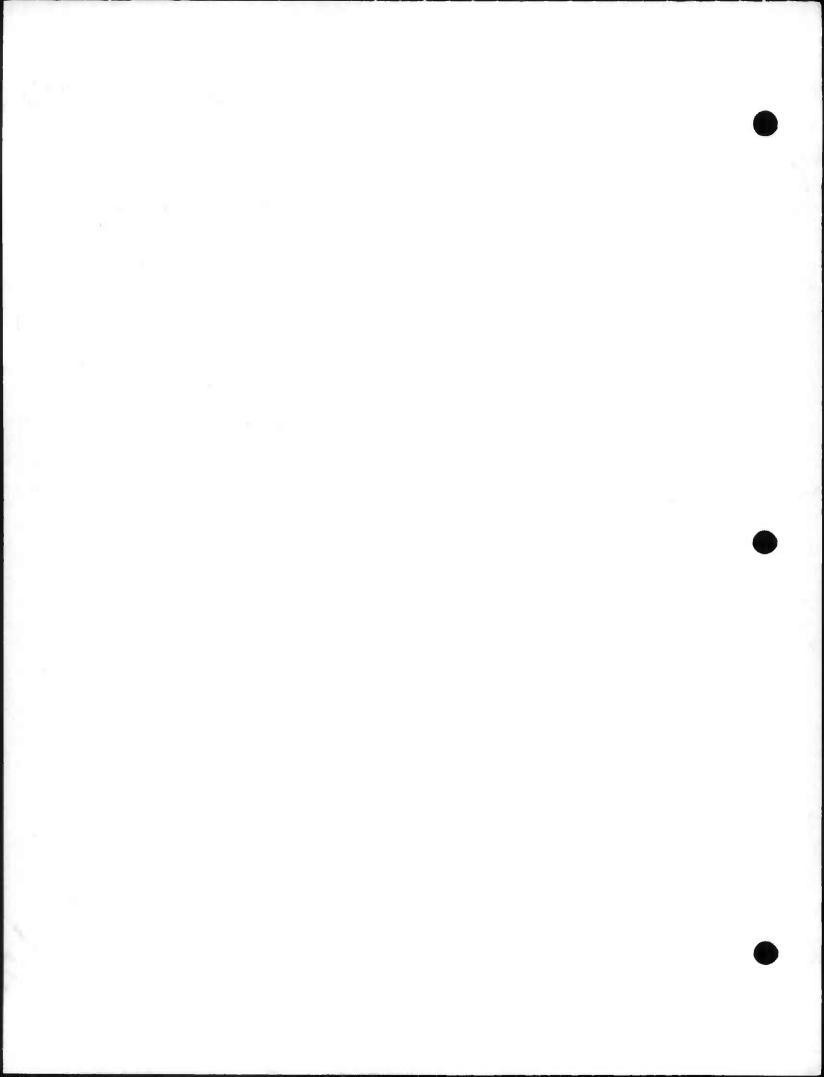
30. NAME AND AGGRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Gulia Davidson Randalle

DNMH-16 Rev 1/89

		8	-
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit permit.	. or remova
Ţ	5	etely fi	mation
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. hours after death. Page 6 may be instained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	s filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to bunial, cref
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1 - FOR STATE REGISTRAR		STATE OF MARYL		ARTMENT OF H		MENTAL HYGIEN		94 04	7	
t. DECEDENT'S NAME (Fin	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DE	ATH	
DOROTHY	DOROTHY I. JOHNSON					JANUARY 27, 1994 7:55				
4. SOCIAL SECURITY NUM	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)					7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Country)	Foreign	
217-09-353	<u> </u>	<sup>1 □ M 2</sup> X F 83	YRS	MONTHS DAYS	HOURS MIN.	FEB.10.19	10 М	ARYLAND		
Se. FACILITY NAME (# not	institution, give stre	set end number)		9b. CITY, TOWN (	OR LOCATION OF DE			Y OF DEATH		
	HILLHAVEN NURSING HOME ADELPHI PRINCE GEORGES									
RESIDENCE OF DECEDENT  100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION								10d. INSIDE CI	TV	
MARYLAND	MONT	rgomery					LIMITS?			
		IGUMERI		ROCKVI	LILE ZIP CODE		10a CITIZE	N OF WHAT COUNTRY		
17609 OLNEY	7 TANE			1						
11. MARITAL STATUS		12. WAS DECEDENT EVER II	N U.SARMED	13. WAS DEC	20853 ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	USA	I. RACE — American In	dlen.	
III . I MOTOL MOTION 2		FORCES? 1 YES		If yes, sp		n, Puerlo Ricen, etc.)		Black, White, etc. Specify:		
3 Widowed 4 Div	bearo	CITACO OS CITACOS			Z Mrs speemy			WHITE		
W	CEDENT'S EOUCA		16a. DECEDENT	'S USUAL OCCUPATION of work done during mo	ON est of working	166. KIND OF BUSINESS/INOUSTRY				
Elementary/Secondary	(0-12)	College (1-4 or 5+)	IIIe. Do NO	use retired.)	•					
17. FATHER'S NAME (First,		1	HC	USEWIFE						
					18. MOTHER'S NA	ME (First, Middle, Meiden	Sumame)			
PLUMMER A		5			LOUISE		rehous			
O 190. INFUHMANT'S NAME			10000			Toute Number, City or Tow		ode)		
EDWARD JO	HNSON			AL DELIVE		TON MARYLA		0627		
20e. METHOD OF DISPOSI 1   Burlel 2   Cremat	ion 3 🗆 Remon	ral from State cen	netery, crematory o			1		y or Town, State		
4 Donation 5 D Other	4 Donation S Other (Specify) METROPOLITAN CREMATORY 1/29 ALEXANDRIA, VIRGINIA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE									
	FRA						RAT, HO	ME. INC.		
FRANCIS J. COLLINS FUNERAL HOME, I 500 UNIVERSITY BLVD., W. SIL.SPR., M								162		
Sequantially list cond if any, leading to imm cause. Enter UNDERLY	DUE TO (OR AS A CONSEQUENCE OF):  Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
	d.									
	ant conditiona	contributing to death b	out not reaultin	g in the undarlyin	g csuse given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION OF OF DEATH?  1 YES 2	F CAU	
25. WAS CASE REFERRED EXAMINER? 1	-	HOSPITAL:		28. PI	ACE OF OEATH (Che	ock only one)			_	
1 TYES 2 NO		1 Inpatient 2 ER/Out		4 Nursing Hom	e 5 🗆 Reeldence	6 Other (Specify)				
27. MANNER OF DEATH	Pending	(Month, Day, Year)			PK?	28d. DESCRIBE HOW I	NJURY OCCU	RED		
2 Accident	Investigation	284 BLACE OF MUSEUM	( 40 5		YES 2 NO					
1 4 Homicide	Could not be determined	28e. PLACE OF INJURY building, atc. (Spe-	city)	n, strem, rectory, offic	•	28t. LOCATION (Street City or Town, State)	end Number or	Hural Route Number,		
n i									_	
(Check only		IAN: To the best of my know								
2   ME	JIGAL EXAMINER	On the basis of examination	n end/or investige	ition, in my opinion, d	leath occured at the	time, date end place, en	d due to the	cause(e) end manner ee	state	
29b. SIGNATURE AND THE	E OF CENTIFIER	1110 - 11	D		29c. LICENSE NUN	IBER	29d. DATE S	SIGNED (Month, Day, Yes	1)	
	WIAN	was m	V		D 315	63	1,	/28/94		
30. NAME AND ADDRESS (		COMPLETED CAUSE OF DE								
CHARLES M.	BENNER	, M.D. 112	51 LOCK	WOOD DRIV	E SILVE	R SPRING,M	ARYLAI	ND 20901		
31. DATE FILEO (Month, Day	Year)	932 REGISTRAR'S SIGN	Jande De							



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BALTIMORE, MARYLAND 21215-0020

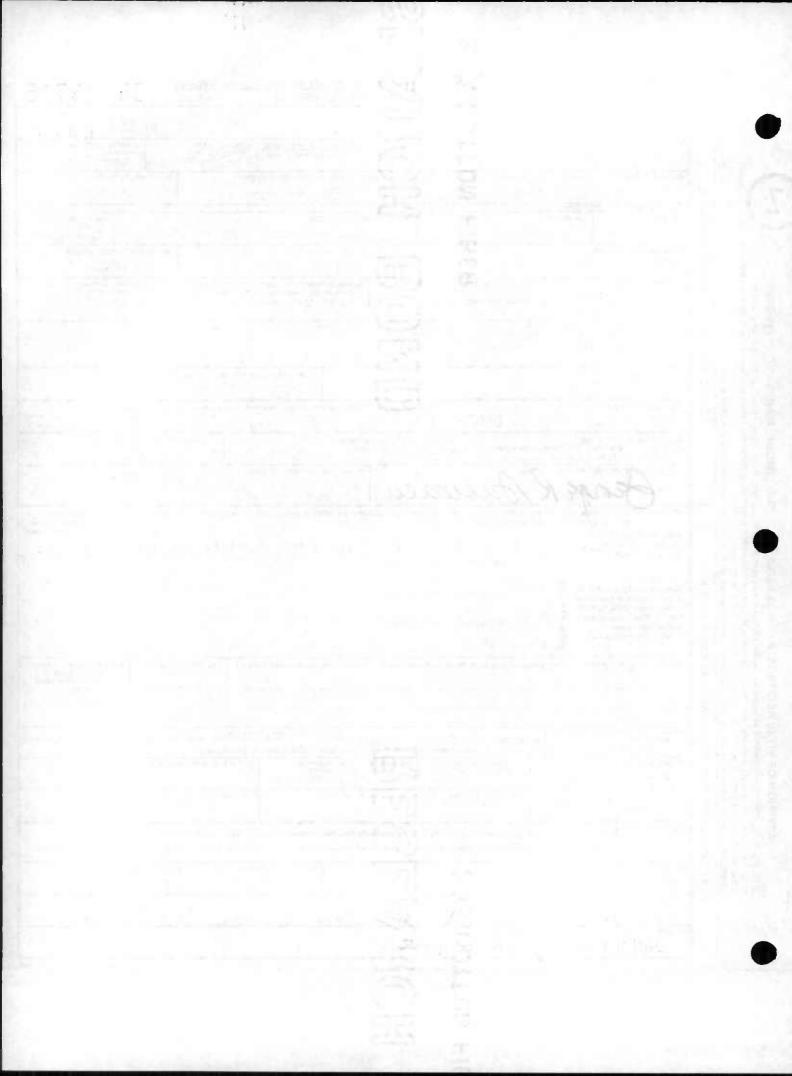
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	C	ERTIFIC	CATE OF	DEATH	REG. NO	. )	9 04110		
15	DECEDENT'S NAME (First, Middle, Last)     CARRO	LL I.	JOHN	NSON		2. DATE OF DEATH MONTH Jan. 26	, 19§	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 217-28-8275 1X M 2 - F	6. AGE (In yrs. I		DITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-13-19	DATE OF BIRTH (Morith, Day, Year)  8-13-1920  8. BIRTHPLACE (State or Foil Country) Maryland			
OR	98. FACILITY NAME (If not institution, give street and number) 17600 Sequoia Drive,		hersbul							
DIRECTOR	10a. STATE 10b. COUNTY Maryland Montgomer		rown on Loca Gaithe	rsburg			10d. INSIDE CITY LIMITS?			
FUNERAL E	10. STREET AND NUMBER 17600 Sequoia Drive,			2087°	7		DF WHAT COUNTRY?			
BY FUNE	11. MARITAL STATUS  1 Never Merried 2 Merried FORCES?  3 Widowed 4 Divorced FYES, GIVE		If yes, sp		NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) fy:					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	1 1	Give kind of wor	SUAL OCCUPATE k done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUST	RY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 1)	5+)	Press			Dry	Clean	er		
CON	17. FATHER'S NAME (First, Middle, Last) William Johnson			ME (First, Middle, Malden Beander	Surname)	S. BIRTHPLACE (State or Foreign Maryland  Sec. COUNTY OF DEATH  MONTGOMERY   10d. INSIDE CITY LIMITS? 1 No 12 YES 2 No  10g. CITIZEN DF WHAT COUNTRY? U.S.A.  TNO 14. RACE — American Indian, Black, White, etc. Specify: Black  Sess/INDUSTRY  Cleaner  Fromme)  State, Zip Code) Sburg, MD 20877  TION — City or Town, State Ckville, MD  TOPSY AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
TO BE	19a. INFORMANT'S NAME (Type/Print) Dorothy M. Johnson (w					Route Number, City or Tow				
	20e. METHOD OF DISPOSITION 1\(\times\) Buriel 2 \(\to\) Cremation 3 \(\to\) Removal from State 4 \(\to\) Donation 5 \(\to\) Other (Specify)	EANDDATEOF	DISPOSITION (N	me of	DATE 20c. LO	CATION — City	or Town, State			
	12 Burlel 2   Cremation 3   Removal from State   Camelony or other place)   Parklawn Memorial Pk. 1/31   Rockville, MD									
		euse on asch lir	EAL			SMLL C		interval Between		
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):									
L CEI	PART II. Other aignificant conditions contributing t	o desth but not	resulting in	the underlyin	g csuse given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
: MEDICA						PERFOR		COMPLETION OF CAUSE OF DEATH?		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			26. P	ACE OF DEATH (C)	heck only one)				
	1 ☐ YES 2 MND	ER/Outpetlent  OF INJURY  Day, Year)	3 DOA 4	Nursing Hon OF 28c. IN.		6 ☐ Other (Specify)  28d. DE\$CRIBE HOW I	OW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State) 28s. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State)							ural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best 2 MEDICAL EXAMINER: On the basis of							use(s) and menner as stated,		
TO BE C	Caraly Hundreh M	M.	[[0]		29c, LICENSE NU	736	29d. DATE \$40	NNED (Month, Day, Year) 31/94		
I	30. NAME AND ASSESSED OF PERSON WHO COMPLETED CA	Mo	EM 27) (Type, P)	8 P44	SICUMS	LANE HO	1/2 Re	MD 20850		
	JAN 3 1 1994 Sulia Day	ran's signature	delle.							

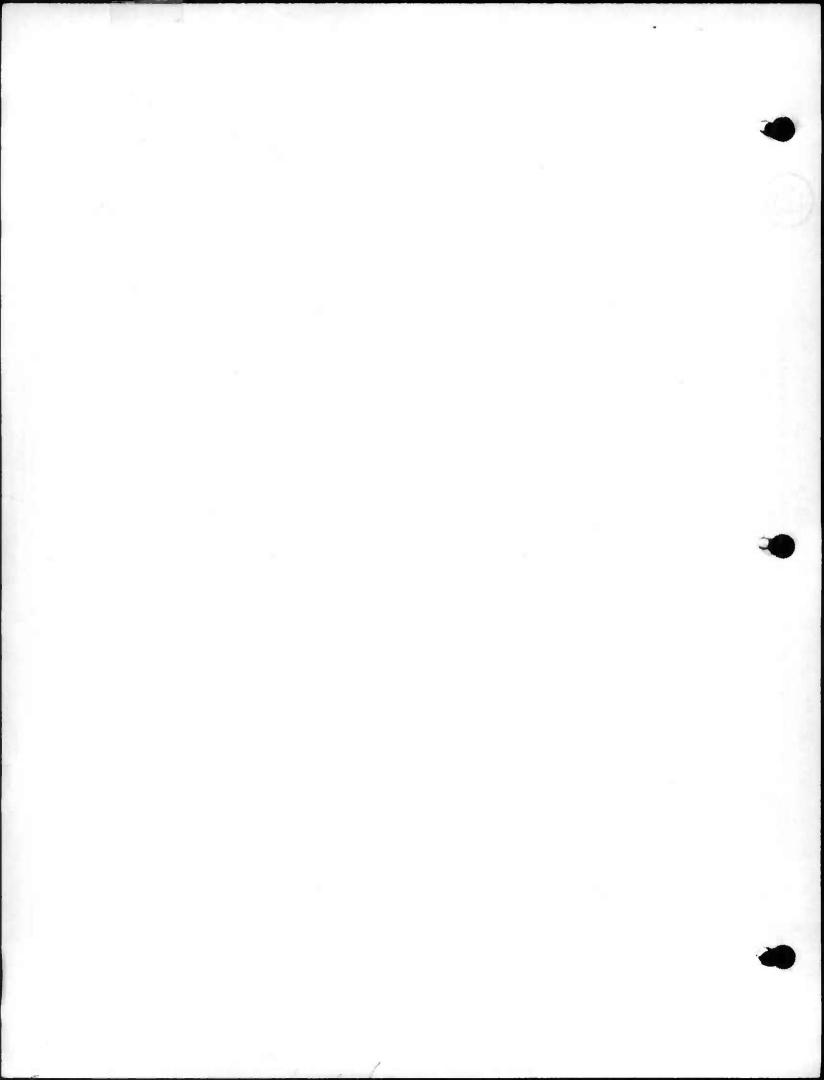


DALLIMORE, MARTLAND	ithin of rights after death. Page 6 may be retained by the hos	letely filled in by the funeral director, page 5 should be detach emation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fair death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely infed in by the funeral director, page 5 should be detachy to filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last) J.	W.J	m Jacob	1		OF		MONT		MY Y	3. TIME OF D		
	JOIHN  4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER		IF UNDER 24 HRS	ZDATE	ರ್ BIRTH		BIRTHPLACE (State of	T A I	
	Charles and a section of the Control	1 1 M 2 □ F		YRS.	MONTHS		HOURS MIN	(Mont	th, Day, Year)		Country		
	9a. FACILITY NAME (If not institution, give atre		89	1 /44	9h CITY	TOWN OR	LOCATION OF	DEATH	22 1		ashington	, D.	
5	VANTAGE HOUSE COLUMS, A HOWARD												
DINECTOR	TOB. STATE 10b. COUNTY					OR LOCATIO	PI				10d. INSIDE (	YTK	
i	MA Hou	UAND		Col	NM	BIA					1 YES 2	□ NO	
	156. STREET AND NUMBER	^	Λ			101. 2	CIP CODE			10g. CITIZE	N OF WHAT COUNTR	٧?	
	5400 VANTALIE	POINT K	040			0	2104	4			U.S.		
	III. MARITAL STATUS  I Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	YES 2 T			If yes, spec	NDENT OF HIS Hy Cuban, Ma NO Sp	ican, Puerto		e or No- 14	Black, White, etc.  Specify:		
	15. DECEDENT'S EDUCA	TION	16e. DF	CEDENT'S	USUAL O	CCUPATION		161	KIND OF BU	SINESS/INDUS	Whit	8	
	(Specify only highest grade co	College (1-4 or 5+)	(Gillte.	ive kind of v Do NOT us	work done se retired.)	during most	of working		a Auto of Bo	01112001111000			
		5+	Off	icer	Pi.					litary	7 -		
	17. FATHER'S NAME (First, Middle, Last)	\					18. MOTHER'S	NAME (First,	Middle, Maider	Surname)			
	SATURE L JALO B Sara Beall  196. INFORMANT'S NAME (Typo/Print)  196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Co												
	19a. INFORMANT'S NAME (Type/Print)		190 A	b. MAILING	ADDRES	S (Street and			ber, City or Tox	vn, State, Zip Co	ode)	21014	
	HAMIETT JACO	6	A	PT 6	of.	\$ 40	O VAH	17463	1600	15 KM	CoLUM	BIA.	
	20a. METHOD OF DISPOSITION  1. Burial 2 Cremation 3 Remove	al from State	20b. PLACE other pla	OF DISPOS	SITION (N	ame of come	tery, cremetory	or	20c. L0	OCATION CH	y or Town, State		
	4 Donation 5 Other (Specify)		Arlin	gton	Nat:	ional	Cemet	ery	Ar1	ingtor	ı, VA,		
	21. SIGNATURE OF FUNERAL SERVICE LICES	NORE	0				ADDRESS OF	FACILITY					
	> 2 Com H. hax	+ 1				-	Gaw1e				2001	-	
	1 target all	rec	_								ngton. D		
	23. PART I. Enter the diseases, or co- shock, or heart feliure. Li-	mplications that ist only one caus	caused the de se on each line	eath. Do r a.	not enter	r the mode	o of dying, a	uch as car	diac or reap	piratory arres		kimate il Betwee	
	IMMEDIATE CAUSE (Final					_						and Dea	
	disease or condition resulting in death)	mes	askan	i M	LOST	see	CAR	INO	ha		no	wks	
			OR AS A CONSE										
											ļ		
	Sequentielly list conditions, If any, leeding to immediate	DUE TO (	OR AS A CONSE	QUENCE O	F):								
	ceuse. Enter UNDERLYING										ļ		
	CAUSE (Disease or injury that initiated events	DUE TO (	DR AS A CONSE	QUENCE O	F):								
	resulting in death) LAST												
	PART II. Other significant conditions	contributing to	death but not r	resulting	in the u	nderlying	cause given	in Part i.	24a, WAS A	NAUTOPSY RMED?	24b. WERE AUTOPS		
						_			1   YES		COMPLETION OF DEATH?		
											1 TES 2	□ NO	
								_			1		
			-			24 Dt A	CE OF DEATH	Mhaak aab. a		-			
	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:			OTHE	B:	CE OF DEATH						
		1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)											
	EXAMINER?	_	28a. DATE OF INJURY 28b. TIME OF 28c. INJU WOR INJURY					JURY AT 28d. DEŞCRIBE			CRIBE HOW INJURY OCCURED		
	EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	28e, DATE OF		M 1 YES 2 NO									
	EXAMINER?	28e. DATE OF (Month, De	y, Ybar)		М		2 NO	-					
	EXAMINER?  1 YES 2 HO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be	28e. DATE OF (Month, De			M street, fac		2 NO	281. LO	CATION (Street or Town, State	and Number or	Rural Route Number,		
	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De	y, Year) FINJURY At he		M street, fec		2 NO	281. LO	CATION (Street or Town, State	and Number or	Rural Route Number,		
	PEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER 1 CERTIFYING BUYSICI	28e. DATE OF (Month, De	y, Year)  FINJURY — At he atc. (Specify)	ome, farm,		tory, office		C/h	or Town, State	)			
	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER Check only	28e. DATE OF (Month, De 28e. PLACE OF building, e	F INJURY — At ho etc. (Specify)	ome, farm,	ed at the	tory, office	ind place, and	C/h	or Town, State	nner as stated	l.	as stated.	
	EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Naturel 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER:	28e. DATE OF (Month, De 28e. PLACE OF building, e	F INJURY — At ho etc. (Specify)	ome, farm,	ed at the	tory, office time, date a opinion, dec	ind place, and ath occured at	c/h	or Town, State	nner as stated and due to the	l. cause(a) and manner		
	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER Check only	28e. DATE OF (Month, De 28e. PLACE OF building, e	F INJURY — At ho etc. (Specify)	ome, farm,	ed at the	tory, office time, date a opinion, dec	ind place, and ath occured at 29c. LICENSE	c/h	use(a) and ma	nner as stated and due to the	l.		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print)

LEVINE, MD 1/055 Lettle 31. DATE FILED (Morith, Day, Year)
FEB 0 1 1994 oluntin 32 REGISTRAR'S SIGNATURE Fulia Daydon Pandale



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DIVISION OF VITAL RECORDS, P.O. BOX 687

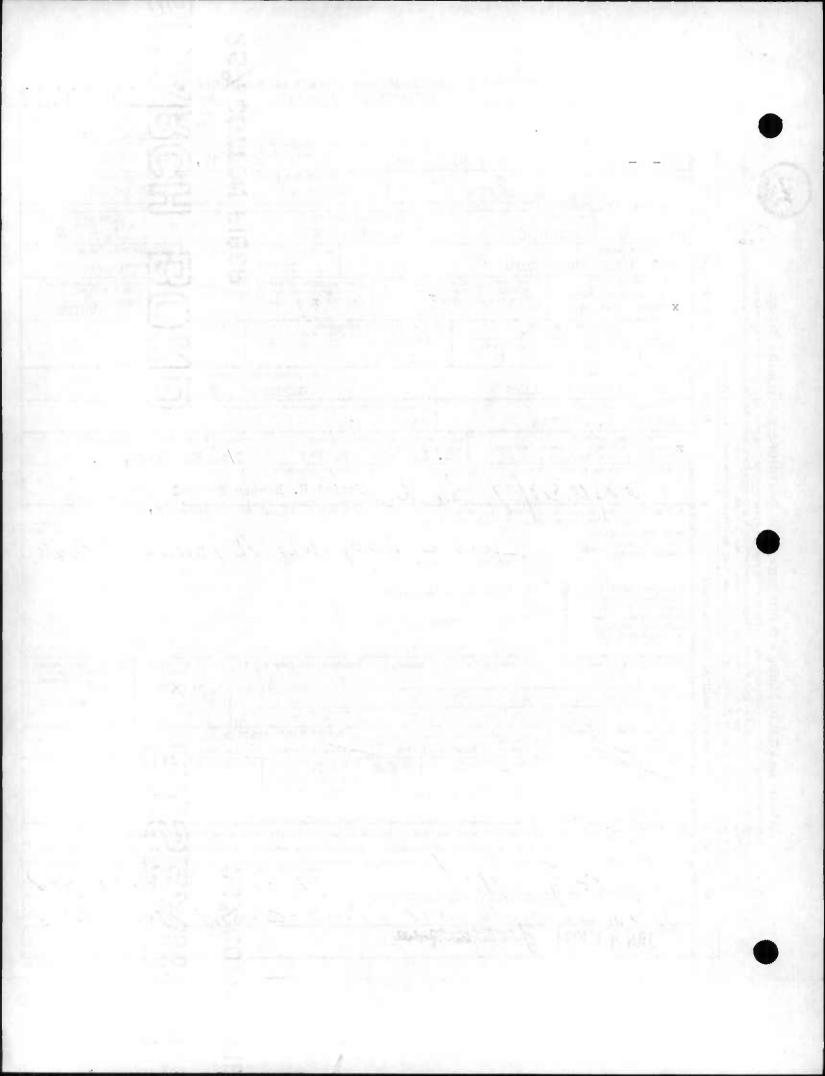
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STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OI	F DEAT	H		REG. NO.

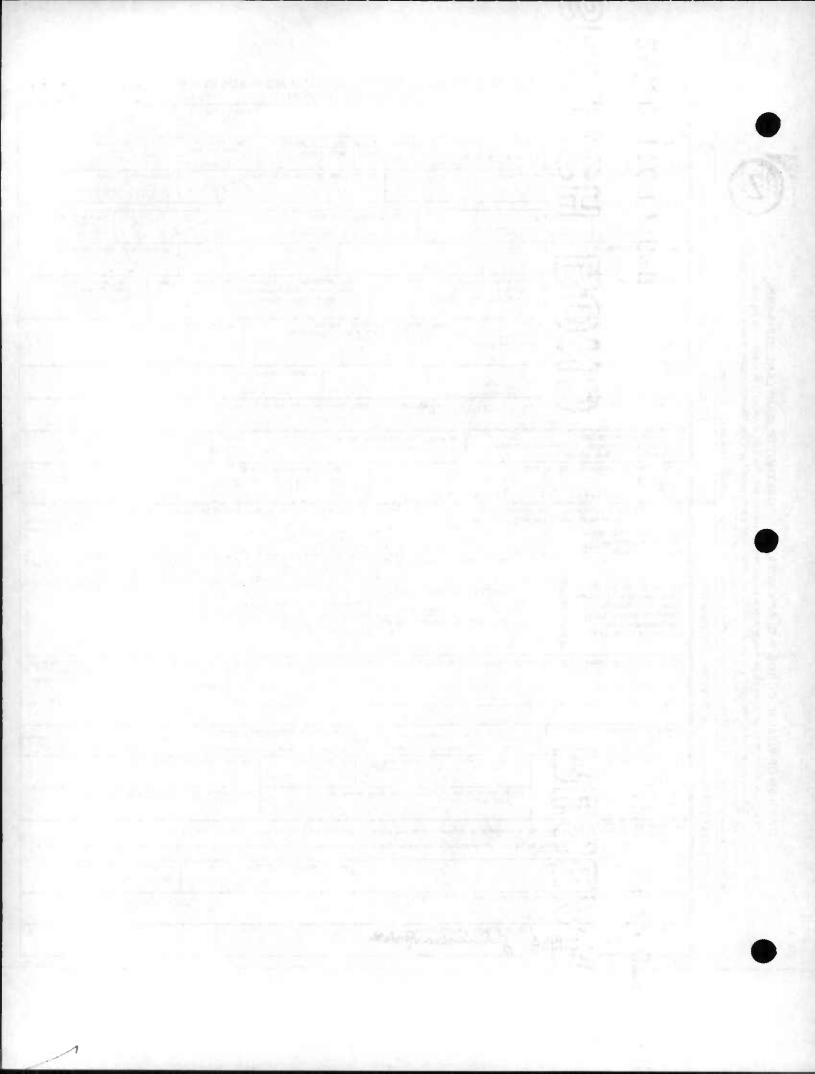
1 - STATE REGISTRAR	STATE OF N				OF HEAD		MENTA	L HYGIEN		91	01.7	
1. DECEDENT'S NAME (First, Middle, Lease MARGUERITE		JENKINS						OF DEATH	DAY	YEAR	3. TIME OF DEATH	P
4. SOCIAL SECURITY NUMBER 577-42-3972	5. SEX 1  M 2  F	6. AGE (In yrs. Is		IF UNDER 1	DAYS HO	INDER 24 HRS.	7. DATE (Mont) JUNE	OF BIRTH	1898	8. BIRTH	PLACE (State or For	eign
9a. FACILITY NAME (If not institution, give WILSON HEALTH		ER			GAITHE					NTGC	MERY	
10s. STATE 10b. COU	TGOMERY		- 200		R LOCATION			10d. INSIDE CITY LIMITS?	NO			
100. STREET AND NUMBER 8539 EMORY GROV	E ROAD				101. ZIP	2087	7			N OF WHAT COUNTRY? ED STATES		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. A YES 2 AR OR DATES		10	yes, specify	Cuban, Maxic	an, Puerto	f? (Specify Ye Rican, etc.)		14. RACI	E — American India k, White, stc.	n,
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 1 2	College (1-4 or 5 +	5	Give kind of w	ork done do retired.)	CUPATION uring most of	vorking	160	KIND OF BU	DUCAT			
17. FATHER'S NAME (First, Middle, Lest)			-23210		16.	MOTHER'S N	AME (First,	Middle, Maidei		TON		
REUBEN WALTER  19a. INFORMANT'S NAME (Type/Print)  BERNARD L. JENK	LANE					GERTR		FURM		Code)		
20s. METHOD OF DISPOSITION  10 Burlel 2 Cremation 3 Re 4 Denation 6 Other (Specify)		20b. PLACE	SAME	F DISPOSIT	TION (Name of EMETER	v	DAT 2/		ocation —	-		
21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, of	400 dl	Ba	rke	Mu	ame and a	н. Ва	rber	Funer	al Ho	me <sub>Ma</sub>	20882	Ì
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A CONSI	EQUENCE OF	): /	YFR	YUA .	As	450	tole		Onset and	Dee
PART II. Other algorificent condition	ona contributing to	death but not	reaulting is	n the unc	derlying ce	ise given in	Part I.	24a. WAS AI PERFO 1 TYES	PMED?	246	WERE AUTOPSY FIT AMAILABLE PRIOR SCOMPLETION OF COFF DEATH?	TO AUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		OF DEATH (C	heck only or	ne)		_		
1 TES 2 AND	1 Inpatient 2 I		3 DOA	4 North	mg Home 5 28c. INJURY	10000		or (Specify) SCRIBE HOW	IN ILIBY OC	TIREN		
1 Natural 5 Pending 2 Accident Investigatio	(Month, D	ay, Yoar)	INJ	M	WORK?			VOITIBE TO T		JOILED		
3 Suicide 6 Could not 8 determined	28e. PLACE O building,	F INJURY — At P etc. (Specify)	iome, farm, s	treet, facto	ery, office			ATION (Street or Town, State		or Rural I	Route Number,	
2 MEDICAL EXAM	(SICIAN: To the best of NER: On the basis of sa										s) and manner as st	ated.
296. SIGNATION AND ADDRESS OF PERSON	4 14	PA DE PEATH OF	FM 27 /3	Prime1	290	144	S S	/	29d. BAT	SIGNED	(Month, Day, Year)	4
TI have to	THE CAUSE	2 cla III	( /ype,	(1111)	516	1/	0-	= 1	1.1		14	
31. DATE FILED (Month, Day, Year) 994	a deciented	RS SIGNATURE	1/	//	107	60	ore	SAF	1500	sal	unc	14



DIVISION OF VITAL RECORDS, P.O. BOX 88180.	TO THE HOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within Fours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	OR AT	DIRECT Nours a	tem 2
	PITAL	ERAL 0 72 P	11.11
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	D THE	D THE	MPOF
	=	- 4	=

	FOR 1 - STATE REGISTRAR	STATE OF MA		PARTMENT FIFICATE			MENTA	L HYGIEN	E 0	l.	047	18
	1. DECEOENT'S NAME (First, Middle, Lest) Edith	E. Jo	ohnson				2. DATE MONT Jai		, 199	EAR	TIME OF DEAT	
	4. SOCIAL SECURITY NUMBER  218-38-7591  98. FACILITY NAME (If not Institution, give a	1 M 2 XF	AGE (In yrs. lest birth	RS. MONTHS	DAYS	HOURS MIN.	Se]	of BIRTH th, Day, Year)		Country) Mar		reign
TOR	12908 Walnu	t View Ct	t,			ntown					mery	
DIRECTOR	Maryland Monte	gomery	100	Germa					10d. INSIC LIMIT 13/21 YES			
FUNERAL	100. STREET AND NUMBER	nut View	Court.		101.	20874		T.A.	10g. CITIZEN OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR		f yes, spe	ENDENT OF HISPAI city Cuban, Mexica 2500 Spects	in, Puerto			. RACE Block, V	- American India Whita, etc.	in,	
COMPLETED	18. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)  11th Grade	ighest grade completed)  (Give kind of work done during most of will. Do NOT use retired.)  2)					16/	NO1		TRY		
Š	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)			
BE	Howard C.	Duvall			1	Edi	th	Tay:	lor			
TOB	190. INFORMANT'S NAME (Type/Print) (Granddaughter). MAILINO ADDRESS (Street and Number or Flural Floure Number, City or Town, State, Zip Code) 20874 Miss Laura Duvall 12908 Walnut View Ct, Germantown, Md											
	20a, METHOD OF DISPOSITION 2. Burlel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	ovel from State	20b. PLACE AND D	ATEOF DISPOS Wor other place) GYOVE	Chu	rch Ce	m2/	4 Gai	cation - ch chers	or Town	g, Md	
	21. SIGNATURE OF FUNERAL SERVICE LIC	I Snan	Ane	5	Snow	den Fu N. Was	nera	rton 9	St. R	pck.		. Mc
CERTIFICATION								le Mýc	eloma	7	Styl	
	PART II. Other algnificant condition	d	eth but not reguli	ting in the un	derlylna	cause given in	Part I	24a, WAS AN	AUTOREV	I 24b W	ERE AUTOPSY FIL	MUNIOR
PHYSICIAN: MEDICAL								PERFOR	MED?	Al C	WAILABLE PRIOR OMPLETION OF C F DEATH?	TO CAUSE
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (Ch	eck only o	ne)	-			
	1 - YES 2 ONO	1 Inpatient 2 EF	R/Outpatient 3 🗆 Di	OA 4 Nur		8 - Residence	8 20 Oth	er (Specify)	1/431	hic	2 1	
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJ Month, Deys		N. TIME OF INJURY	28c. INJU WOF 1 Y		28d. DE	SCRIBE HOW I	NJURY OCCUP	RED		
9	3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	JURY — At home.	arm, street, tact	ory, offica		28t. LOI C/ty	CATION (Street in or Town, State)	and Number or	Rural Rou	rte Number,	
COMPLET	ama)	CIAN: To the best of my									nd manner as si	tated,
BE	296 SHOWATURE AND TITLE OF CERTIFIES	m	D.			29c. LICENSE NU		0	29d. DATE S	IGNED (M	forth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	3 AND A	OF DEATH (ITEM 27)	(Type, Print) 5225	Shac	dy Grov			ckviĺ	120	850 Md	
	31. DATE: FII ED (Month, Fry, Year)	32. REGISTRAR'S	SIGNATURE DEVISION-PO	ndese				7-1			100	

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OF VITAL RECORDS, P.O. BOX 68760,	
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BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physici	y filled in by the funeral director, page 5 should be detached for use as the burial-ition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be rotatined by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

29b. SIGNATURE

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 5:30 P Victoria Josephine Kaplin

4. SOCIAL SECURITY NUMBER

5. SEX January 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS DAYS 1 M 2 F June 21. 216-76-1588 Baltimore 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Thompson Road Piney Point St. Mary's 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Anne Arundel 1 YES 2 NO Maryland Millersville FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 8256 Lethbridge Road 21108 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yea or No—
If yes, specify Cubun, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5 +) Horse Trainer Fauestrienne 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Alexander Kaplin Helen Davis 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Esther A. Welsch 8256 Lethbridge Road, Millersville, Maryland 21108 20a, METHOD OF DISPOSITION
1 Buriel 2 & Cremetton 3 Re
4 Donatton 5 Other (Special States)
21. Signature | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Brune | Bru 26c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Metropelitan Crematory 1/29/94 Virginia 22. NAME AND ADDRESS OF FACILITY Brinsfeld, Brinsfield Funeral Home M00052 59 N. Washington Street, Leonardtown. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition 55W-Suicide resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CERTIFICATION

PART II, Other aignificent condition	a contributing to death but no	t resulting in ti	ha underlying cause given i	n Part i.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (	Check only o	one)	
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient	3 DOA 4	ther (Specify) CAR			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)				ESCRIBE HOW INJURY OCCU	
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, atree		OCATION (Street and Number or Rural Route Number, Zity or Town, State)		

29c. LICENSE NUMBER

DUE TO (OR AS A CONSEQUENCE OF)-

DUE TO (OR AS A CONSEQUENCE OF):

to uno

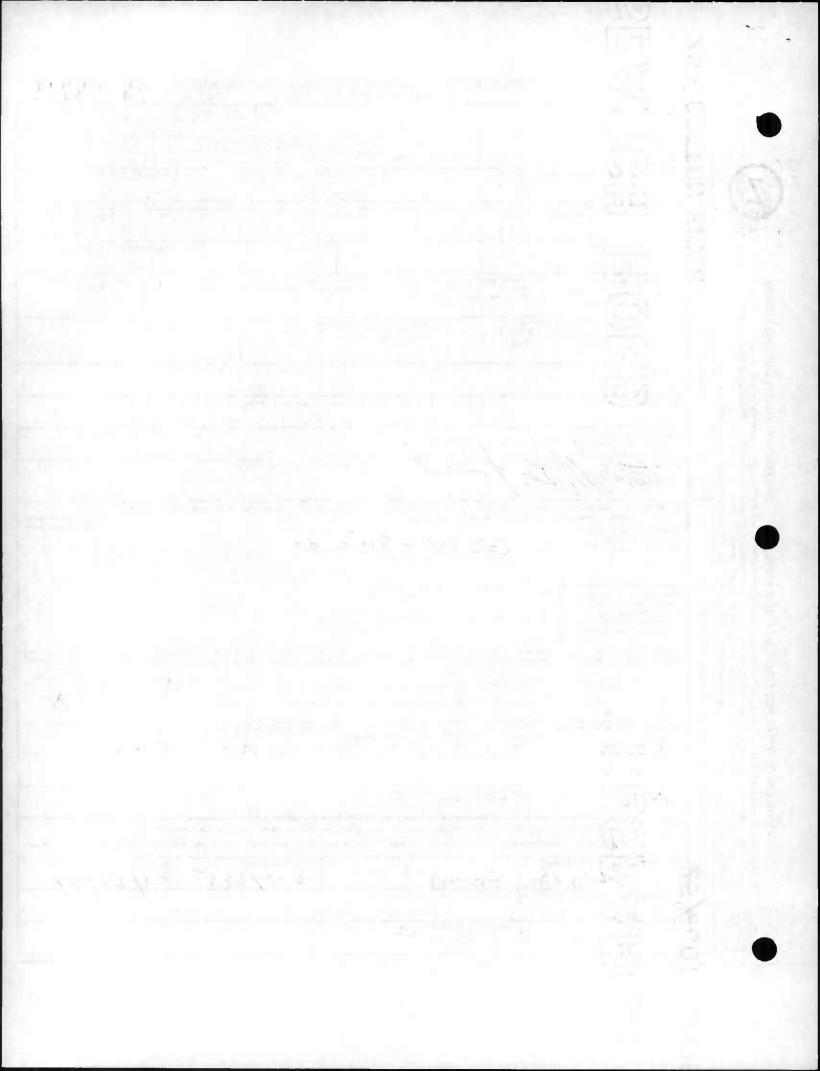
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 17 Jefferson Street, Leonardtown, Maryland 20650 William D. Boyd, M.D. 32. REGISTRAR'S SIGNATURE date 31. DATE FILED (Month, Day, Year) '94

TITLE OF CERTIFIE

that initiated events resulting in death) LAST

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)



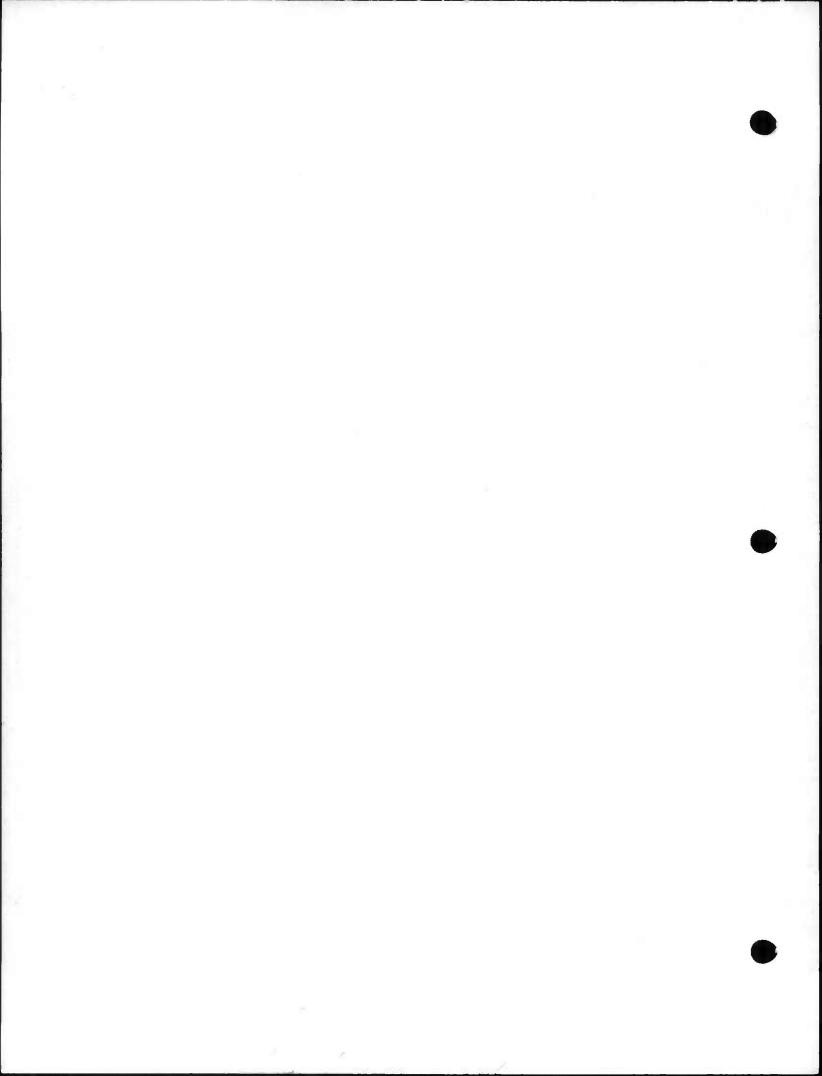
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pluges to file within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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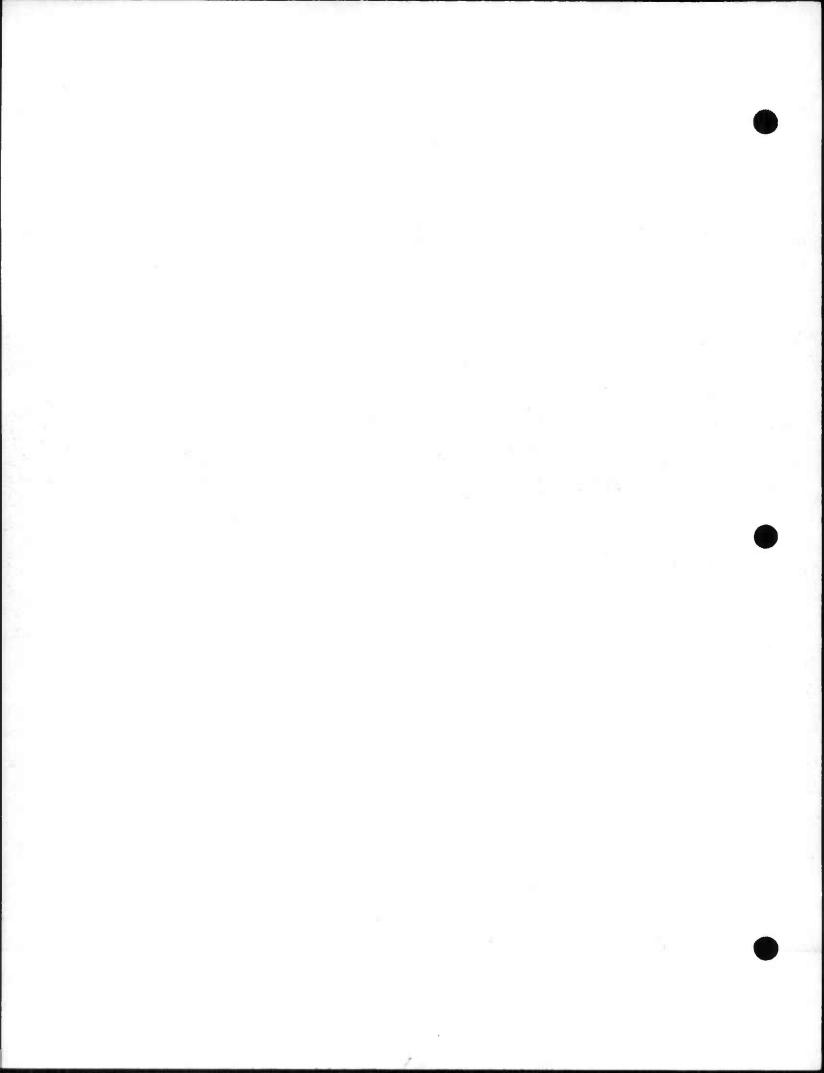
	1 - STATE REGISTRAR	STATE OF MARYL	CERTIF					YGIENI EG. NO.	E	94	01.720
	1. OECEOENT'S NAME (First, Middle, Last)	KDOUGE					2. DATE OF D	EATH DA	Y	YEAR	3. TIME OF DEATH
	ELIZABETH  4. SOCIAL SECURITY NUMBER	KROUSE	de to a b bat do b						7:37 P. M		
			(In yrs. last birthday)  O YRS.	MONTHS 1	DAYS HO	JRB MIN,	7. DATE OF BI (Month, Day, NOV • 2	Year)	014	Countr	PLACE (State or Foreign Y) YLAND
	9a. FACILITY NAME (If not institution, give street	21 13			TOWN OR LO	CATION OF D		9, 1		NTY OF D	
6	321 UNIVERSITY B	OULEVARD WE	ST, #321	SI	LVER	SPRIN	G		MON	TGOM	ERY
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		Y. TOWN OR							10d, INSIDE CITY	
DIRECTOR	MARYLAND MONT		.,	SPRIN	C					LIMITS?	
	10e. STREET AND NUMBER	1 51	TAFIK	101. ZIP				10g. CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL	321 UNIVERSITY BO	ULEVARD WES	T, #321			209	01		U	ISA	
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER I	2 T NO	13. W	AS DECENDE	ENT OF HISPA Cuban, Maxic	NIC ORIGIN? (Sp an, Puarto Ricar,	ecify Yea etc.)	or No-	14. RACE Black	— American Indian, t, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES 21	1 (	YES 2 X	NO Spec	fy:	•		Speci	
8	15. DECEDENT'S EDUCA (Specify only highest grade co	FION	18a. OECEDENT'S (Give kind of	USUAL OCC	CUPATION	un delma	16b. KIND	OF BUS	INESS/IN	DUSTRY	WHITE
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT us	se retired.)	ang most or	WOLKING					
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)	-	HOMEMAK	ER	- 0	MOTUENIA	1			_	
	THOMAS S.	RABBITT			100	INNIE	AME (First, Middle,		RISO	N	
) BE	19a. INFORMANT'S NAME (Type/Print)	Idibbili	19b. MAILING	ADDRESS (			Route Number, Cl				
임	GEORGE E. KROUSE		11249	FER	N STR	EET,	SILVER	SPRI	NG,	MD	20902
	20q, METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Remove		D. PLACE AND DATE				OATE	20c. LO	CATION —	City or To	wn, Stata
	4 Donation 5 Other (Specify)		URTONSVI			CEM.		BURT	ONSV	ILLE	, MD
	b B bets			FRA	NCIS	J. CO	LLINS F	UNER	AL H	OME,	INC.
	23 PART I Enter the diseases or con	· 1 amo									P., MD 20901
23. PART i. Enter the diseases, or compileations that ceused the path. Do not anter the mode of dying, such as cerdient shock, or heert failure. List only one cause on each trie.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (on as a consequence or):  Due to (on as a consequence or):  Due to (on as a consequence or):  Due to (on as a consequence or):  Due to (on as a consequence or):  Due to (on as a consequence or):										Approximate interval Between Onset and Death	
	PART II. Other eignificent conditions	contributing to death b	out not resulting	in the und	leriying car	usa given i	Part I. 24e.		AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL							10	PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME											1 TYES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL				00 BI 00F	05.054711.00					
SICI	EXAMINER?	HOSPITAL:	periont 3 DOA	OTHER:	1		8  Other (Spe				
Ή.	27. MANNER OF DEATH	28a. OATE (IF (Month, Day,	28b. TIM		8c. INJUNY WORK?	À	28d. OESCRIB		IJURY OC	CUREO	
BY	Natural 5 Pending 2 Accident Investigation			M	1 TYES	2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe	f — At home, farm, cify)	street, factor	ry, offica		281. LOCATION City or Tox	(Street a	nd Number	r or Runsi F	loute Number,
COMPLETED	29a. CERTIFIER CERTIFYING PHYSICIA	AN: To the best of my know	rledge death occurr	ad at the tim	o dete and	alana and du	a to the assessor			4-4	
OME	(Check only one) 2 MEDICAL EXAMINER:										) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1	,		290	LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
TO B	Therey!	MAK	MI		1	02	50 65		10	13	194.
	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	Print)	ex	er,	fore	49.	10	20	194.
	FEB 0 4 1994	Jedis Deciden	salphardelle.								



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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4. SOCIAL SECURITY NUMBER 216-44-2733 1	etts  ECITY 37 2 X MNO TRY7 S n Indian, te
Walter George Kealy, Sr. January 27, 1994 11:  4. SOCIAL SECURITY NUMBER 5. SEX 5. AGE (In yrs. last birthday) 100	etts  ECITY 37 2 KMvo 1877 5 n Indian, te  tion  unera. 20814
4. SOCIAL SECURITY NUMBER 216-44-2733  96. AGE (in yrs. last birthday) 216-44-2733  97. ACILITY NAME (if not institution, give sized and number)  98. CITY, TOWN OR LOCATION 7604 Sebago Road 7604 Sebago Road 7605 STATE 106. COUNTY Maryland 106. COUNTY Maryland 106. COUNTY Montgomery 106. CITY, TOWN OR LOCATION 107. STATE 108. STATE 108. COUNTY MONTgomery 109. CITY, TOWN OR LOCATION 109. STATE 109. STATE 109. STATE 109. STATE 109. CITY, TOWN OR LOCATION 109. STATE 109. CITY, TOWN OR LOCATION 109. STATE 109. STATE 109. STATE 109. CITY TOWN OR LOCATION 109. STATE 109. CITY TOWN OR LOCATION 109. STATE 109. STATE 109. CITY TOWN OR LOCATION 109. STATE 109. ST	etts  ECITY 17 2 KMNO 18Y7 S n Indian, te  tion  unera. 20814
216-44-2733  1	ECITY 17 2 KMW0 17 17 17 2 KMW0 17 17 17 17 17 17 17 17 17 17 17 17 17
RESIDENCE OF DECEDENT   106. COUNTY   106.	ECITY 37 2 KMNO 17877 S n Indian, te tion unera. 20814
10e. STATE   10b. COUNTY   10c. CITY, TOWN OR LOCATION   10d. INSIDE	ECITY 37 2 KMNO 17877 S n Indian, te tion unera. 20814
Maryland Montgomery Bethesda 109. ZIP CODE 109. CITIZEN OF WHAT COUNTY TOWN ASSESSION AND ACCORDATION (Specify on highest grade completed) 12. WAS DECEDENT'S EDUCATION (Specify on highest grade completed) 14. RACE — American Black, White, etc. Specify: White Figure 17. FATHER'S NAME (First, Middle, Last) Patrick J. Kealy 19. IMARIES NAME (First, Middle, Last) Patrick J. Kealy 19. IMARIES NAME (First, Middle, Last) Patrick J. Kealy 19. IMARIES NAME (First, Middle, Maryland 20817 19. IMARIES NAME (First, Mi	2 KMvo rey? S n Indian, te tion unera. 20814
106. STREET AND NUMBER 7604 Sebago Road  11. MARITAL STATUS 1   Never Married   2   Merried   12. WAS DECEDENT EVER IN U.S. ARMED FORCES?   12   YES   2   No   14. RACE - American flive, specify cuben, Massican, Puerto Rican, etc.)   14. RACE - American flive, specify cuben, Massican, Puerto Rican, etc.)   14. RACE - American flive, specify cuben, Massican, Puerto Rican, etc.)   15. DECEDENT'S EDUCATION (Specify only highest grade composited)   16. DECEDENT'S USUAL Occupation (Gline kind of work done during most of working line. Do NOT use reliefed.)   16. MOTNER'S NAME (First, Middle, Last)   Personnel Officer   Veteran's Administration of the composition of the compos	s n Indian, te tion  unera. 20814
Total Sebago Road   20817   United States	te tion
11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 2 Merried 2 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 2 Merried Merried 1 Never Married 2 Merried 1 Never Married 2 Merried Mer	n indian, te tion
Top   Never Married   2   Merried	te tion D unera 20814
Specify   White   Specify   Specif	tion  D  unera
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+) 5  Personnel Officer  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use reliefed.)  Personnel Officer  17. FATHER'S NAME (First, Middle, Last)  Patrick J. Kealy  18. MOTNER'S NAME (First, Middle, Meiden Surname)  Mary Lavelle  19. INFORMANT'S NAME (Type/Print)  19. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  Marie Louise Kealy  20. METHOD OF DISPOSITION 1 Surley 2 Cremetion 3 Rampvel from State 2 Donetton 5 M Other (Specify) Entrombment 21. SIGNATURE OF FUNERAL SERVICE LICENSES  MO0672  23. PART I. Enter the diseases, or complications that faused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interview on the place of the such as a pulmonary Carcinoma  Pulmonary Carcinoma  18. Interference on the place of the survey of the place of the certain p	D unera 20814
College (1-4 or 5 +)   College (1-4 or 5 +)   Personnel Officer   Veteran's Administration	D unera 20814
Personnel Officer  17. FATHER'S NAME (First, Middle, Last)  Patrick J. Kealy  18. MOTNER'S NAME (First, Middle, Meiden Surname)  Mary Lavelle  199. INFORMANT'S NAME (TyperPrint)  Marie Louise Kealy  200. METHOD OF DISPOSITION  Burlet 2 Cremetion 3 Removel from State comments, cremetory or other place)  John Louise Kealy  200. PLACE AND DATE OF DISPOSITION (Name of Louise Kealy)  200. PLACE AND DATE OF DISPOSITION (Name of Louise Kealy)  21. SIGNATURE OF FUNERAL SERVICE LICENSES.  MO0672  22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey F. Home Bethesda-Chevy Chase, Inc. 7557  Wisconsin Avenue, Bethesda, Maryland  23. PART I. Enter the diseases, or complications that faused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, intervious of the place of the	D unera 20814
17. FATHER'S NAME (First, Middle, Last) Patrick J. Kealy  19e. INFORMANT'S NAME (TyperPrint) Mary Lavelle  19e. INFORMANT'S NAME (TyperPrint)  Marie Louise Kealy  19b. MalLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7604 Sebago Road, Bethesda, Maryland 20817  20e. METHOD OF DISPOSITION 1 Burlet 2 Cremeiton 3 Rempvel from State 4 Donation 5 Nother (Specify) Entomoment 20b. PLACE AND DATE of DISPOSITION (Name of cemetery, crematory or other place) 3 the of Heaven Cemetery 1/31/94 Silver Spring, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES M00672  22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey F. Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 3501  23. PART I. Enter the diseases, or complications that faused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, intervious of the place of the complete	D unera 20814
Patrick J. Kealy  Mary Lavelle  199. INFORMANT'S NAME (Type/Print)  Marie Louise Kealy  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  7604 Sebago Road, Bethesda, Maryland 20817  20e. METHOD of DISPOSITION  1 Burlel 2 Cremellon 3 Removel from State 20b. PLACE AND DATE of DISPOSITION (Name of consistency, crematory or other place) 3 To Other (Specify) Entomoment  21. SIGNATURE OF FUNERAL SERVICE LICENSES  M00672  22. NAME AND ADDRESS of FACULTY Robert A. Pumphrey F Home/Bethesda-Chevy Chase, Inc. 7557  1 Maryland  23. PART! Enter the diseases, or complications that faused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Inc. 7557  MO0672  Approximation of the place of the complete of the compl	unera 20814
19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  Marie Louise Kealy  20b. Marie Louise Kealy  20b. Marie Louise Kealy  20b. PLACE AND DATE OF DISPOSITION (Name of Comment of Maryland 20817)  20b. PLACE AND DATE OF DISPOSITION (Name of Comment of Maryland 20817)  20b. PLACE AND DATE OF DISPOSITION (Name of Comment of Maryland 20817)  20b. PLACE AND DATE OF DISPOSITION (Name of Comment of Maryland 2081)  20b. PLACE AND DATE OF DISPOSITION (Name of Comment of Maryland 2081)  21b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Comment of Maryland 2081)  21c. Location — City or Town, State 20b. Location — City or Town, State 2	unera 20814
Marie Louise Kealy  7604 Sebago Road, Bethesda, Maryland 20817  20e. METHOD OF DISPOSITION   Burle 2   Cremetion 3   Removed from State   Commetterly, cremetory or other place)   Cameterly, cremetory or other plac	unera 20814
20s. METHOD OF DISPOSITION    Burlet 2   Cremellon 3   Rempvel from State   Cemelery, crematory or other place)   Gate of Heaven Cemetery 1/31/94   Silver Spring, MD   21. SIGNATURE OF FUNERAL SERVICE LICENSES   M00672   Silver Spring   MC   22. NAME AND ADDRESS OF FACULTY Robert A   Pumphrey F   Inc. 7557   Wilsconsin Avenue, Bethesda, Maryland   Maryland   3501   Momentum State   Maryland   Maryland   23. PART I. Enter the diseases, or complications that faused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interviously i	unera 20814
Burlet 2   Cremellon 3   Removed from State   Commellor, cremetory or other place)   Gate of Heaven Cemetery 1/31/94   Silver Spring, MD	unera 20814
21. SIGNATURE OF FUNERAL SERVICE LICENSES  MO0672  22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey F. Inc. 7557 Home/Bethesda-Chevy Chase, Maryland 3501  23. PART I. Enter the diseases, or complications that faused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Index of the complete of the comp	unera 20814
21. SIGNATURE OF FUNERAL SERVICE LICENSES  MO0672  22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey F. Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 3501  23. PART I. Enter the diseases, or complications that daused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interventional disease or condition  immediate Cause (Final disease) or condition  a. Pulmonary Carcinoma  18. Inc. 7557  Appropriately Robert A. Pumphrey F. Inc. 7557  Inc. 7557  Wisconsin Avenue, Bethesda, Maryland  Appropriately Robert A. Pumphrey F. Inc. 7557  Inc. 7557  Inc. 7557  Inc. 7557  Wisconsin Avenue, Bethesda, Maryland  Appropriately Robert A. Pumphrey F. Inc. 7557  Inc. 755	
23. PART I. Enter the diseases, or complications that sused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Pulmonary Carcinoma  18 in the condition resulting in death)	
Sequentieity list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):	Month
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.	
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 X NO  24b. WERE AUTOP AMAILABLE PORTON OF DEATH?  1 YES 2	PRIOR TO N OF CAUSE
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	-
EXAMINER?  1 YES 2 X NO  HOSPITAL:  1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Reddence 8 Other (Specify)	
27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED	
1 Netural 5 Pending (Month, Day, Year) INJURY WORK?  M 1 YES 2 NO	
2 Accident investigation 28e. PLACE OF INJURY At home farm stead feeton office.	
4 Homicide determined building, atc. (Specify)	, and
29e. CERTIFIER	
(Check only 1 X CENTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) and manner ee stated.	
2 MEDICAL EXAMINER: On the basia of axamination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(s) end menner	
296. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNED (Month, Day.	r ee stated.
XXXX + 1/1/e 1/2 M/AP 120011	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CARSE OF DEATH (ITEM 2D (Tops Print)	Year)
James F. McMurray, Jr., M.D., 6318 Democracy Blvd., Bethesda, Maryland 20817	, 1994



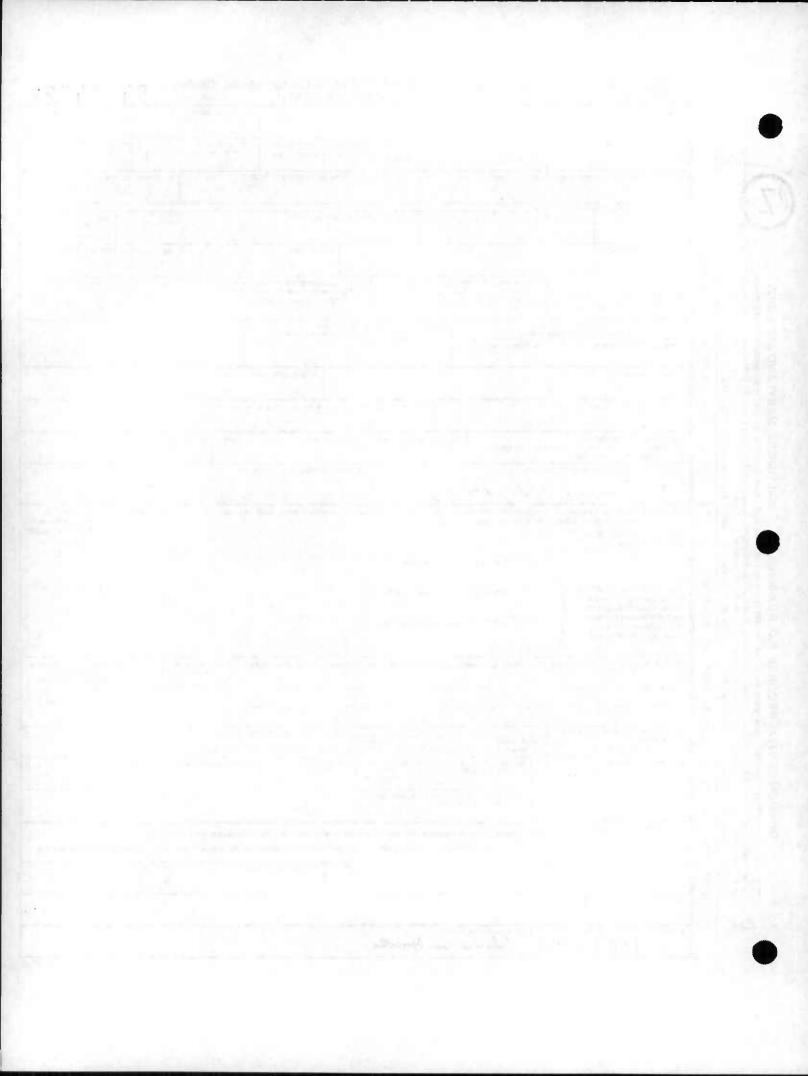
		permit
020	. Flours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
5-0	unding	as the
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BALTIMORE, MARYLAND 21215-0020	the hos	detache
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

s after death. Page 6 may be retained by the hospi	by the funeral director, page 5 should be detached emoval.	ther traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital control of the control	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. OECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH DAY

	1 - STATE REGISTRAR	STATE OF MAR	IYLAND / DEPAI CERTIF	RTMENT OF			NTAL HYGIENI REG. NO.	E 9	4	14722
	1. OECEDENT'S NAME (First, Middle, Last)		Vere Ker	าร			DATE OF DEATH	, 199	VEAR	1:10 P M
	4. SOCIAL SECURITY NUMBER 512–22–6768	5. SEX 8. /	NGE (In yrs. lest birthday) 64 YRS.	MONTHS DAVE MOURE MAN (Month, Day, Year)				000		CE (State or Foreign
H.	9e. FACILITY NAME (If not institution, give 6410 Tisdale Te:			96. CITY, TOWN	hesda		20, 1	9c. COUNT	OF DEATH	
5	RESIDENCE OF DECEDENT							HOHE		
DIRECTOR		Maryland Montgomery			CATION					LIMITS?  YES 2 X NO
FUNERAL	100. STREET AND NUMBER 6410 Tisdale Ter:		B	10f. ZIP CODE	2081	7		COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3X Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 X 1 IF YES, GIVE WAR O 1950-	YES 2 NO	If yes,	ECENDENT OF specify Cuban, ES 2 NO	HISPANIC O	RIGIN? (Specify Yee erto Rican, etc.)	United States  oo or No-  14. RACE — American Indian, Black, White, atc.  Specify  White		
COMPLETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION	16a, DECEDENT'S	S USUAL OCCUPA work done during use retired.)	TION most of working		16b. KIND OF BUS	INESS/INDUS		.66
APL	12	4+	Mort	gage Bro	ker		Mortgag	e Bank	king	A E
00	17. FATHER'S NAME (First, Middle, Last)						First, Middle, Meiden			
BE	Clyde W. Kern:	S	105 MAH NI	O ADDRESS (Sum			Bohannar Number, City or Town			
5	Roland DeVere Ke	rns, II					rth, FL		_	
	20a. METHOD OF DISPOSITION 1	20b. PLACE AND DATE completery, crematory or SUDUPDAT	E AND DATE OF DISPOSITION (Name of DATE 20c. I					LOCATION - City or Town, State  1ver Spring, Marylan		
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE /	1 pp	22. NAME Rapp	FUNCTS	of FACILITY		. A.		
CERTIFICATION	23. PART 1. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.	a. Ale to one cause of DUE TO (OR DUE TO (OR c.		Prog	2010	1 2 2 2 2	andles or reaple		it,	Approximate Interval Between Onset and Death
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
PHYSICIAN: MEDICAL	PERFORMED?  1 □ YES 2 🕅 NO ON						CON OF I	IABLE PRIOR TO PLETION OF CAUSE DEATH?  YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  WHOSPITAL:  OTHER:  OTHER:									
	1  YES 2 NO  27. MANNER OF DEATH  XX Natural 5  Pending	1 Inpetient 2 ERU 28a. DATE OF INJU (Month, Day, Ye	JRY 28b. TH	4 Nursing He WE OF 28c. I JURY	NJURY AT WORK?	28d	Other (Specify)	JURY OCCUI	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be distermined distermined distermined							Number,		
COMPLETED		SICIAN: To the best of my I								manner as stated,
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Alexa	n MI	)	02	SE NUMBER	5	▶ Feb:	ruary	nth, Day, Year) 3, 1994
	Frederick G. E	Barr, M. D.		<sup>e, Print)</sup> 545 Cine	54 Wise evy Cha	consir ase, N	Avenue, 1D 20815	, #134	5	
	FEB 0 3 199	32. REGISTRAR'S	signature vidson-Rande	e.						



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH BAN Emil Kuban 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 285-01-0656 11 M 2 F 81 YRS. July 19. 1912 Ohio Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Crofton Convalescent Center Crofton Anne Arundel RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Bowie 1 X YES 2 NO rours after death. Page 6 may be retained by the hospital or attending physician. d in by the funeral director, page 5 should be detached for use as the burial-gapsis permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 12316 Winding Lane 20715 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black. White. etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 2 X NO ff yes, specify Cubs 1 ☐ YES 2 NO 1 Never Married 2 Married BY Specify 3)(X) Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade cor fery (0-12) College (1-4 or 5+) Towmotor Operator 9 Distributing Company once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Joseph Kuban BE Rose Kanalir 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Ann Minger Same as 10 be 20a. METHOD OF DISPOSITION

| Burial 2 | Cremation 3 | Ren

4 | Donetion 6 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must St. Theodosius Cemetery 2-4 Brooklyn. Ohio medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
Rapp Funeral Services, P. A. llen 933 Gist Avenue, Silver Spring, MD 20910 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ysician and completely filled in by prior to burlal, cremation, or remo Approximata shock, or heart failure. List only one cause on each lina. interval Betw IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition resulting in death) reans HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO JOB AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the attending physician Mental Hygiene prior to other t DUE TO (OR AS A CONSEQUENCE OF)that initiated events resulting in death) LAST 0 shows any injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? has been signed by t Dept, of Health and 1 | YES 2 | LNO OF DEATH? 1 YES 2 -NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE QF DEATH (Check only one) this certificate h HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 8 🗆 Other (Specify) 4 D Nursing Ho 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending Investiga 1 YES 2 NQ BY After 1 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 90 6 Could not be COMPLETED FUNERAL DIRECTOR: within 72 hours after item 28 4 Homicide 29s. CERTIFIER

(Chack only

1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL ITO THE FUNERAL CI be filed within 72 h 2 MEDICAL EXAMINER: On the besis of sxamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month Day, 29c LICENSE MUMBER BE 31/94 2 PLETED CAUSE OF DEATH (TEM, 27) (Type, Print)

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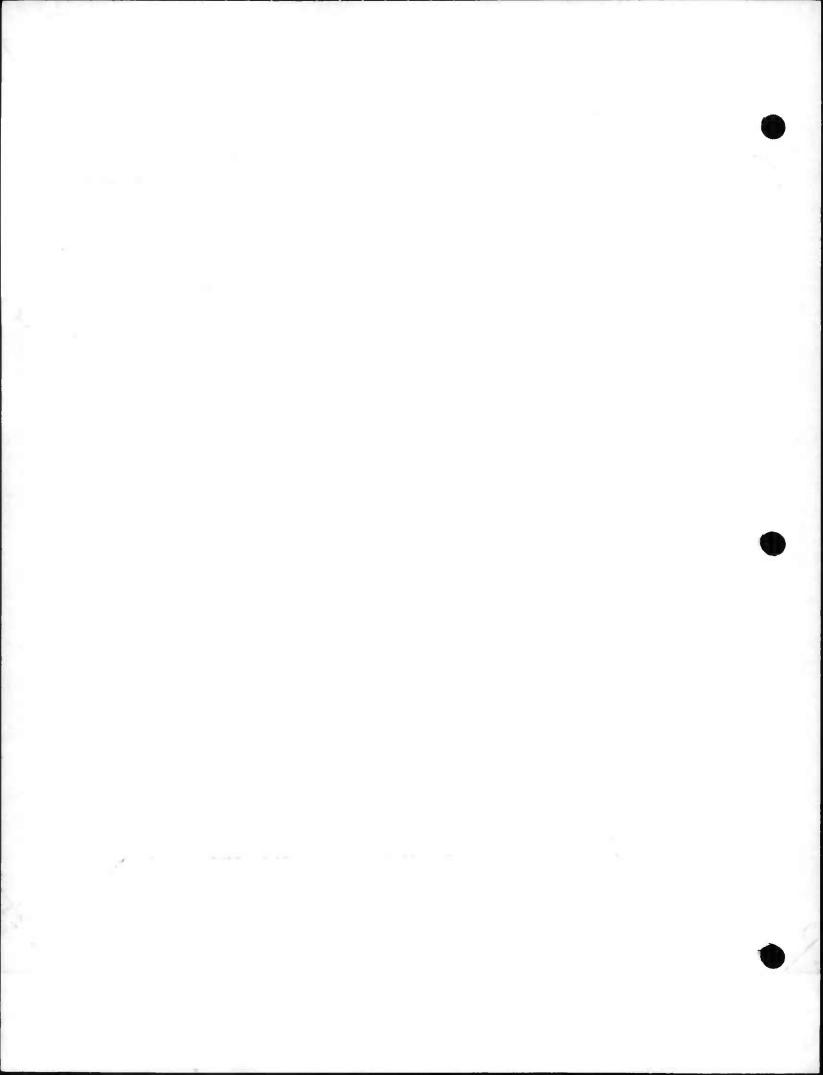
32. REGISTRAR'S SIGNATURE

Julia Davidson Randelle

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31. DATE FILED (Month, Day, Year)

FEB 03



BALTIMORE, MARYLAND 21215-0020

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OH ALI ENDING PHYSICIANS. THE LAW FEQUINES THAT THE GREAT CERTIFICATE DE EXECUTED WITHIN 24 HOURS ATTEN CEATH. PAGE 6 MAY DE RETAINED by The hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit,		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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JING	After	hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	EE
EN	TOR:	after (	28 is
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH Shah Noor Khan 6:40 oa 94 02 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year (Month, Day, Year) 12-419-1919 DAYS HOURS 212-92-1329 BARN. XX M 2 - F YRS. 74 India 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Greater Laurel Beltsville Hospital Laurel Prince George's RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 TES 27 NO IGO. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 12405 O'Fallon Street 20904 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)
 U YES 200 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced 15e. DECEDENT'S USUAL OCCUPATION ETED. 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 years Self employed vears Lawver 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, Allah Noor Khan Qumar Un Nisa Khan BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nadim Khan same as #10 34e. METNOD OF DISPOSITION

A Burlet 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 26c. LOCATION - City or Town, State OATE George Washington Cemetery 2/3/1994 Adelphi, Maryland 22. NAME AND ADDRESS OF FACILITY
Donald V. Borgwardt Funeral Home, P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 4400 Powder Mill Rd. Beltsville, Md. 20705 23. PART I. Enter the disease, or compile one that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death Severe disease or condition resulting in death) OUE TO (OR AS A CONSTOUENCE OF): neum CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY MEDICAL 1 TES 2 HO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 Finpetient 2 - ER/Outpetient 3 - DOA 1 TES 2 NO g Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED 1, Natural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e, CERTIFIER 11/20 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER. 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE (



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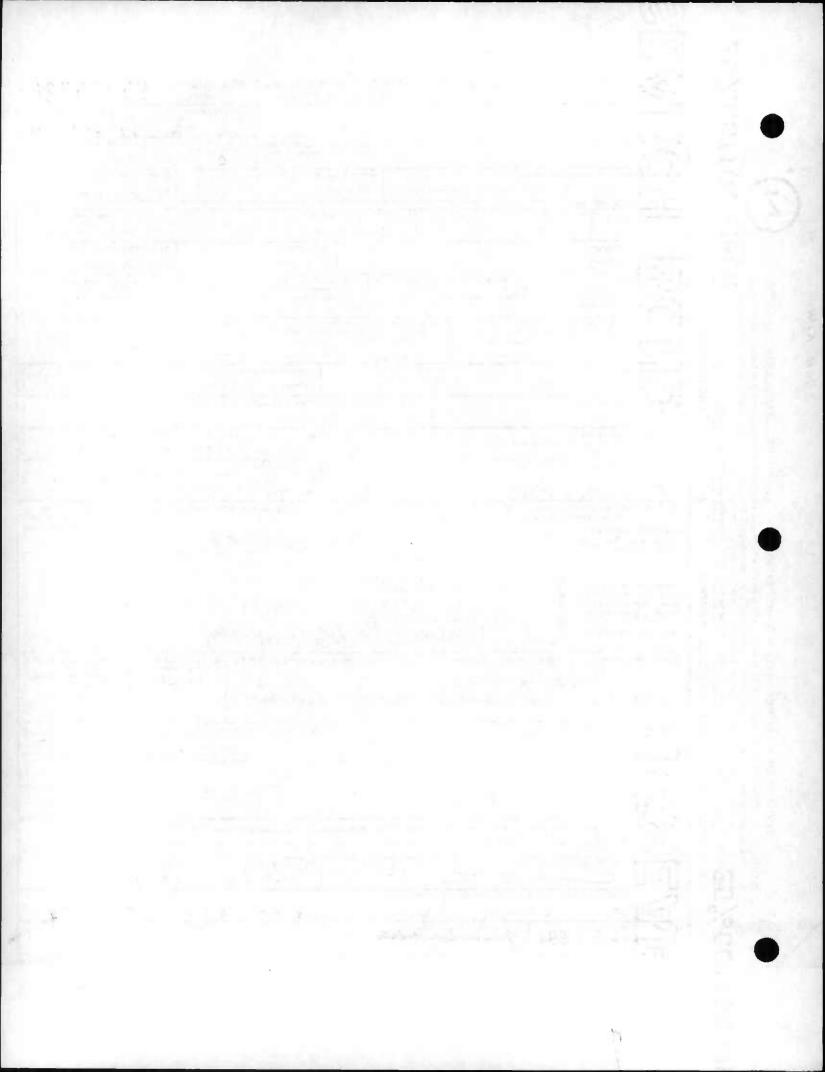
30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) FFB 0 3 1994

4800

32. PEGISTRAD'S SIGNATURE - FUNDALES

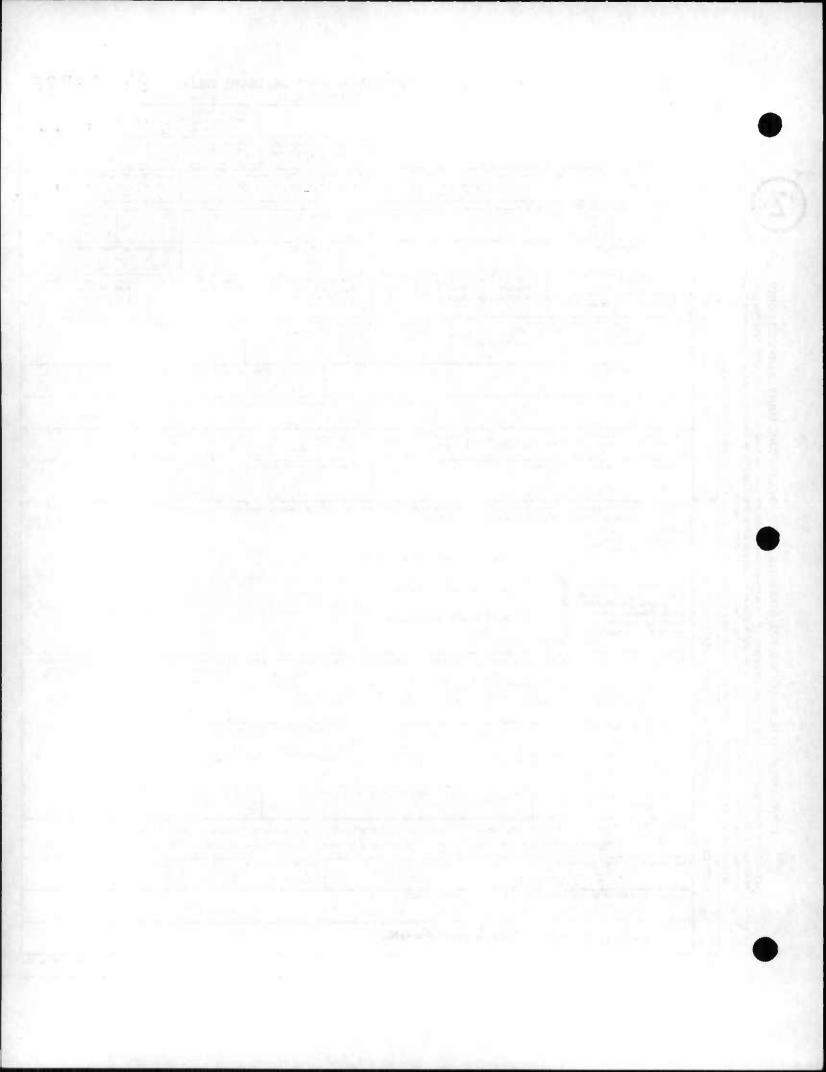
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	10 THE	THE Filed	IMPO

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 04725

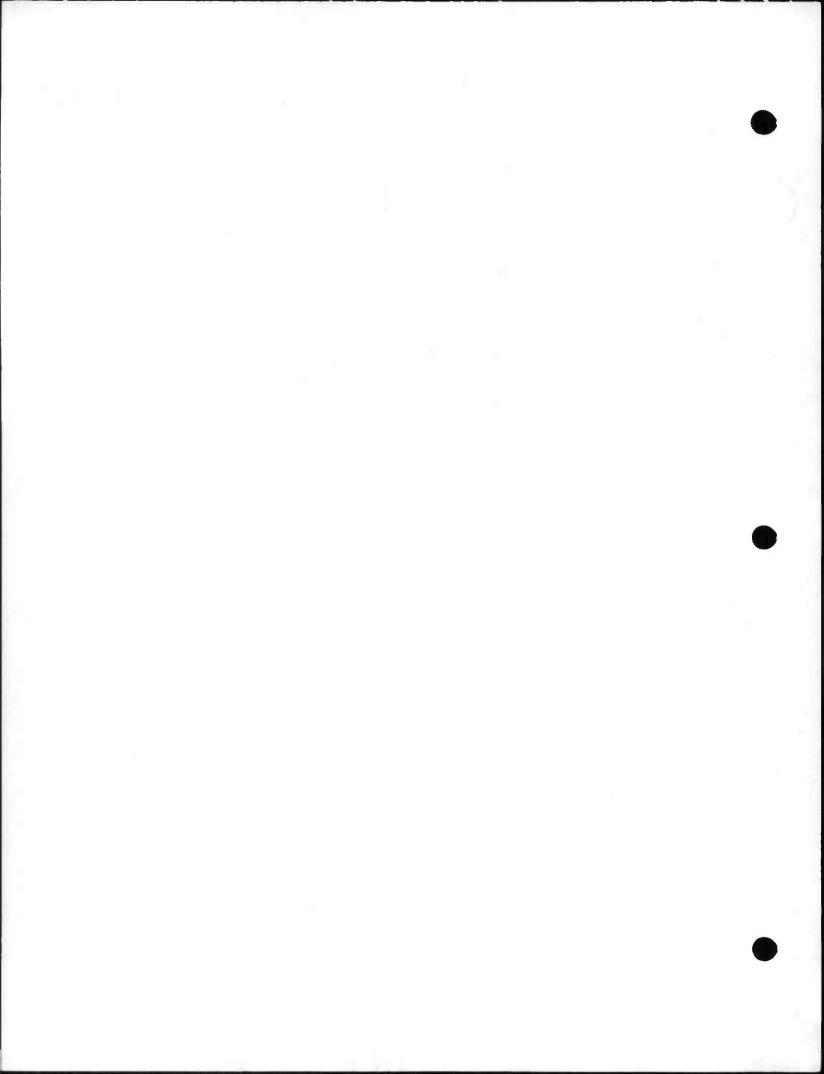
	REGISTRAR		CERTIF	ICALE	OF DE	:AIH	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) HYON YONG KIM	2. DATE OF DEATH MONTH JANUARY 30, 1994 2:16p.n								
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birthday)	IF UNDER t	YEAR IF	NDER 24 HRS.	2 0175 05 000			IPLACE (State or Foreign
	219-76-4925	1 🖾 M 2 🗆 F	DAYS HOL	RS MIN.	(Month, Day, Ye Sept 28	3, 193	5 Ko	rea		
	Se. FACILITY NAME (If not institution, give stre	et end number)		9b. CITY, 1	TOWN OR LO	CATION OF			UNTY OF D	
E	DOCTORS COMMUNITY HOSPITAL				ANHAM.	SEABI	200K			GEORGE'S CO
DIRECTOR	RESIDENCE OF DECEDENT								121100	CECNCE O CO
RE	10e. STATE 10b. COUNTY			Y, TOWN OR						10d. INSIDE CITY LIMITS?
		Georges	Glei	nndale	3					1 YES 2 NO
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Ä	11312 Attingham La				207	<b>~</b> .				t Resident
FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried		EVER IN U.S. ARMED YES 2 XNO	13. W	AS DECENDE	NT DF HISP	ANIC ORIGIN? (Speci can, Puerto Rican, et	fy Yes or No-	14. RAC	E — American Indian, k, White, etc.
B⊀	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	1 (	YES 2 K	ND Spec	olfy:			"Y:Asian
	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	18a. DECEDENT'S	USUAL OCC	CUPATION	vorkina	16b, KIND 0	F BUSINESS/I	NDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT u	se retired.)	mg most or					
MP	12		Attend	ant			Gas/S	Servic	e sta	tion
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, M	alden Surname	)	
BE	On Kue Kim						Park			
10	19a. INFDRMANT'S NAME (Type/Print)						Il Route Number, City o			
	Keun Jung Kim		4429 S	carbo	rough	Sq.	Alexandr	la, Vi	rgini	a 22309
	20a. METHOD OF DISPOSITION  1 □ Burlel 2 ☒ Cremetion 3 □ Remov  4 □ Donation 5 □ Other (Specify)	rel from State	20b. PLACE AND DATE carrietery, cremetory or c	of disposit	remat	ory	1 .	entwo		wn, State aryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. N/	AME AND AD	DRESS OF	ACILITYHines	-Rinal		neral Home
1	I Shomas.	Greger					npshire A g, Maryla		04	
	23. PART I. Enter the diseases, pr cp	mplications thet	coused the death. Do	not enter ti	he mode o	dying, su	ch as cardiac or	respiratory	errent,	Approximate
89								Interval Between Onset and Death		
	disease or condition reaulting in death)		Asex	tal	20					20 min.
	reading in death)	DUE TO (	OR AS A CONSEQUENCE O	F):		-41				
z	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  Alherosclorotic Carchovascular chriar appr., 20 yr.									
일	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
₫								after, 204		
E	that initiated events resulting in death) LAST  Due to (or as a consequence of):  Drabefee mellitue  app. 207								104 20 W	
CERTIFICATION	d.		Bras	STED .	mee	eeur				cells.
	PART II. Other algnificant conditions	contributing to c	leeth but not resulting	In the und	erlying car	se given i	n Part I. 24s. W	S AN AUTOPS	Y 24b	. WERE AUTOPSY FINDINGS
EDICAL	Hyphon every Commany salene Chaecina PERFORME					RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	Hydro cephal	ace 204	O Cexchellein	nom	arter	n		2 2 10 110		OF DEATH?
N	-0									1 123 274110
¥	25. WAS CASE REFERRED TO MEDICAL				26. PLACE	OF DEATH (	Check only one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:	maran b		6 Other (Specifi	a)		
BY PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF I	NJURY 28b. TIR	E OF 2	8c. INJURY		28d. DESCRIBE		CCURED	
4	1 Netural 5 Pending	(Month, Day	(, Year) IN	JURY M	WORK?	2 NO				
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At home, ferm,	street, fector			28f. LOCATION (S	treet and Numi	per or Rural i	Route Number,
빌	4 Homicide determined	building, e	tc. (Specify)				City or Town,	State)		
COMPLETED	29s. CERTIFIER A CERTIFYING BUYEN	AN: To the heat of a	ny knowledge, death occur					way be	. 100	
MP	(Check only one) 2 MEDICAL EXAMINER:									a) and manner as stated
	296. SIGNATURE AND TITLE OF CERTIFIER									
BE		as m		, I, MD		LICENSE N				(Month, Day, Year)
2				Deine	-		270		7 - 3	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6132 Landoner Road, Cheverly Md 20785										
	6132 Land	cover k	coad, C	never	4	ev.	ia de	07		



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death centificate be executed with the course after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF I			HYGIENI REG. NO.	E q	11 04726
	DECEDENT'S NAME (First, Middle, Lest)     MARY W.		LINGTON	· · · · · · · · · · · · · · · · · · ·		2. DATE OF MONTH JANU	F DEATN	30, 19	3. TIME OF DEATH 8: 45 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		8.	BIRTNPLACE (State or Foreign Country)
	176-05-5211	1 D M 2 DF 78		MONTHS DAYS	HOURS MIN.				ENNSYLVANIA
œ	9e. FACILITY NAME (If not institution, give				OR LOCATION OF O			9c. COUNTY	
DIRECTOR	9301 WIRE	AVENUE		21	LVER SPR	ING		MON	TGOMERY
REC	10e. STATE 10b. COUNT	ry	10c. CITY	TOWN OR LOCA	TION				10d. INSIDE CITY
	MARYLAND MON	TGOMERY	SIL	VER SPR					1 NES 2 NO
FUNERAL		TIP.		10	. ZIP CODE				OF WHAT COUNTRY?
NS I	2201 COLSTON DRI	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	20910 ENDENT OF HISPAN	NIC ORIGIN?	(Specify Yes		SA RACE — American Indian.
BY FI	1 Never Married 2 Merried  3 Widowed 4 Divorced	FORCES? 1 YES	ZY NO ATES	If yes, sp	ecify Cuben, Mexica 2X NO Specifi	in, Puerlo Ric	an, atc.)		Black, White, etc. Specify:
ED E	15. DECEDENT'S EDI	UCATION	16a. DECEDENT'S	ISUAL OCCUPATI	OM .	I sah Y	IND OF BUS	INESS/INDUS	WHITE
ET	(Specify only highest grad	College (1-4 or 5+)		ork done during mo		100. 1	IND OF BOS	ME33/MDU3	ini
COMPLET		1	SECRETA	RY		T	J.S. (	GOVERN	MENT
00	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Mid	ldle, Maiden :	Surname)	
BE	JOHN J. HAGGERTY  190. INFORMANT'S NAME (Type/Print)		105 11411 1110	1000500 (0)		RED A			
5	THOMAS C. KELLIN	CTON IR			NUE TAK		•		,
Í	20a METNOD OF DISPOSITION 1 M Burial 2 Cremetion 3 Rec	20b	PLACE AND DATEO	F DISPOSITION (N		OPIA	7		or Town, State
	4 Donation 5 Other (Specify)		etery, cremetory or oth ATE OF HE	AVEN CE	METERY	2/4	SIL	VER SP	RING, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			IS J. CO	CILITY			
	James &	Lool	-						PR.,MD.20901
	23. PART i. Enter the diseases, or ahock, or heert fellure.	complications that caused. List only one cause on e	the deeth. Do no	ot enter the mo	de of dying, suc	h aa cardla	c or reapli	ratory arrest	Approximate
	IMMEDIATE CAUSE (Finel disease or condition		4.4.4.0						Onset and Death
	resulting in desth)	8	CONSEQUENCE OF	1 wru	Curren		pures	Sund	2005
z	METASTORI AND CANCER						300		
E	Sequentially list conditions, if any, leading to immediate	0116 100 10 1		):					
5	CAUSE (Disease or injury	c. GLIO	CONSEQUENCE OF	V7-	US Forms	1			
CERTIFICATION	that initiated eventa reaulting in death) LAST	4	TOTAL OF THE PARTY	,					į
	PART II. Other elgolitopet conditio	ne contribution to death b			- Sassallas -				
PHYSICIAN: MEDICAL	PART II. Other significant condition	ne contributing to death b	ut not resulting if	the underlyin	g cause given in	Part I. 2	4a. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
E						-   '	YES 2	□ NO	OF DEATH?
ž.						_			1 169 2 100
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)			
YSI	1 - YES 2 NO	1   Inpetient 2   ER/Outp	etlent 3 DOA		e 5 🗆 Reeldence	6 X Other (	Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIME	JRY WO	URY AT DRK? YES 2 NO	28d. DEŞCI	RIBE NOW I	JURY OCCUR	EO
BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	— At home, ferm, at			28I. LOCAT	ION (Street e	nd Number or I	Rural Route Number,
Ë	4 Nomicide determined	building, stc. (Spec	city)				Town, State)		
COMPLETED	290. CERTIFIER 1 CERTIFYING PNYS	SICIAN: To the best of my know	ledga, death occurre	d at the time, data	and place, and due	to the cause	(a) end man	ner ee stated.	
Š	one) 2 MEDICAL EXAMIN	IER: On the beals of exemination	n and/or investigation	, in my opinion, o	leath occured at the	time, date er	nd place, end	due to the co	ouse(s) and manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	ER les &	)		29c. LICENSE NUI			29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W			Durinett .	2173	68		1	101/84
	STANLEY A. SCHWA	RTZ. M.D. 54	54 WISCO		ENUE #13	45 CH	EVY CI	HASE,M	D 20815
	FEB 0 3 1994	32. REGISTRAR'S SIGN.	ATURE Pandage		, , ,				



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the dea	y the at	d Ment	Injury,
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S	LEN	10R:	after	28 1
2	OR A	DIREC	hours	Item
	IA	3	2	=
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fil	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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ING PHYSICIAN. The law requires that the death certificate be executed with the four after death. Page 6 may be retained by the hospital or attending physician.  After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Puter the leath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	AN: The law requires that the death certificate he executed within pours after death. Page 6 may be retained by the hocoital or attention observing
ificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the state of the s
State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe
	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

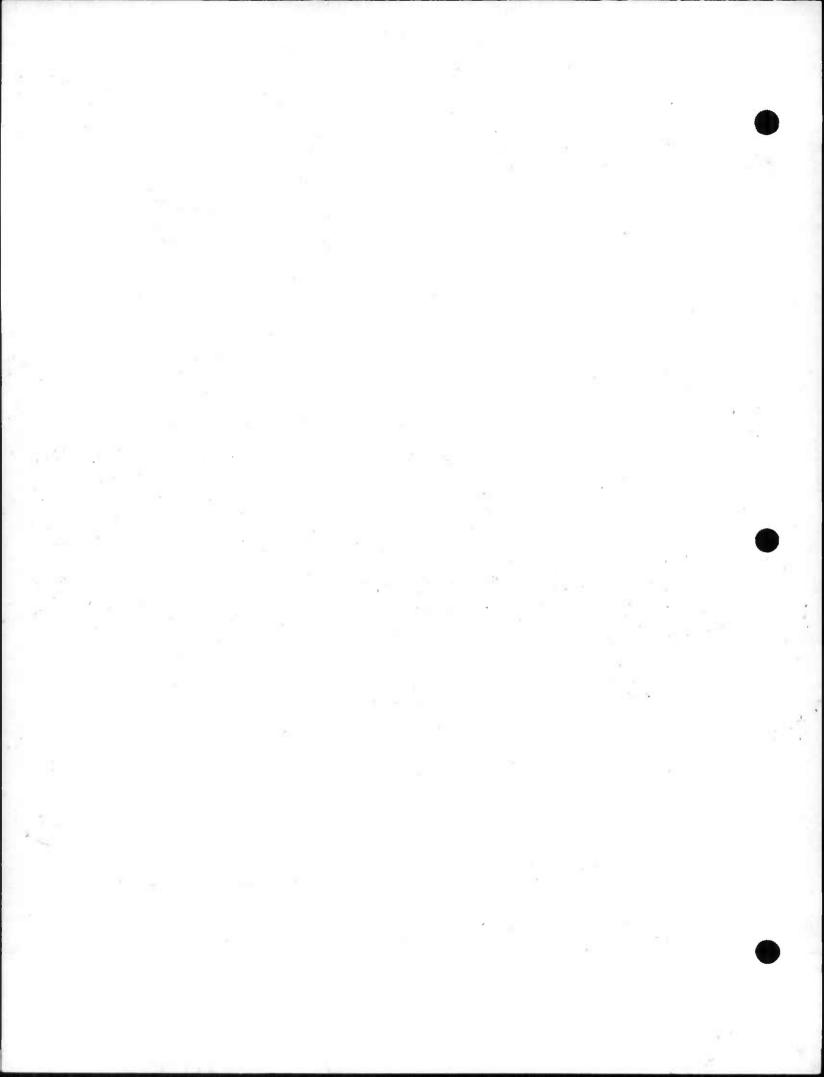
;	STATE O	F MARYLAND	/ DEPARTMENT	OF H	EALTH AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF	DEATH		REG. NO.

94 04727 FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OEATH 1994 Leahbelle Marie January 31. LIPPY 6:45 P. 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest birthdev) 7. DATE OF BIRTH (Month, Day, Year BIRTHPLACE (State or Foreign Country) 1 🗆 M 2 💢 F DAYS HOURS 213-18-8057 Sept. 28,1921 Maryland Ba. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 100 Chapel Court, Apt. 108 Walkersville Frederick 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Frederick Walkersville 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 100 Chapel Court, Apt. 108 21793 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 □ YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: White BY COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elamentary/Secondary (0-12) College (1-4 or 5 +) Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Frank Lewis BLESSING Marie BOWERS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 11211 Jon Court, Ijamsville, Md. 21754 Dwayne L. Lippy 20s. METHOD OF DISPOSITION

1 V Burial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE 2/4/94 Resthaven Mem. Gardens. Frederick, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Allan Keeney & Basford P.A. Funeral Home M00703 106 East Church St., Frederick, Md. 21701 23. PART i. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory srrest, abock, or heart fellure. List only one case on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Hyperten SIM BUE TO IGNIAS A CONSEQUENCE OF: CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO OTHER: ☐ Inpetiant 2 ☐ ER/Outpetient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Rasidenca 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide detarmined 29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTRIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO Month, Pay, Year) BE 2958 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mark P. M.D. 56 Thomas Johnson Drive, Frederick, Md. 21702 Rubin 32. AUGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)



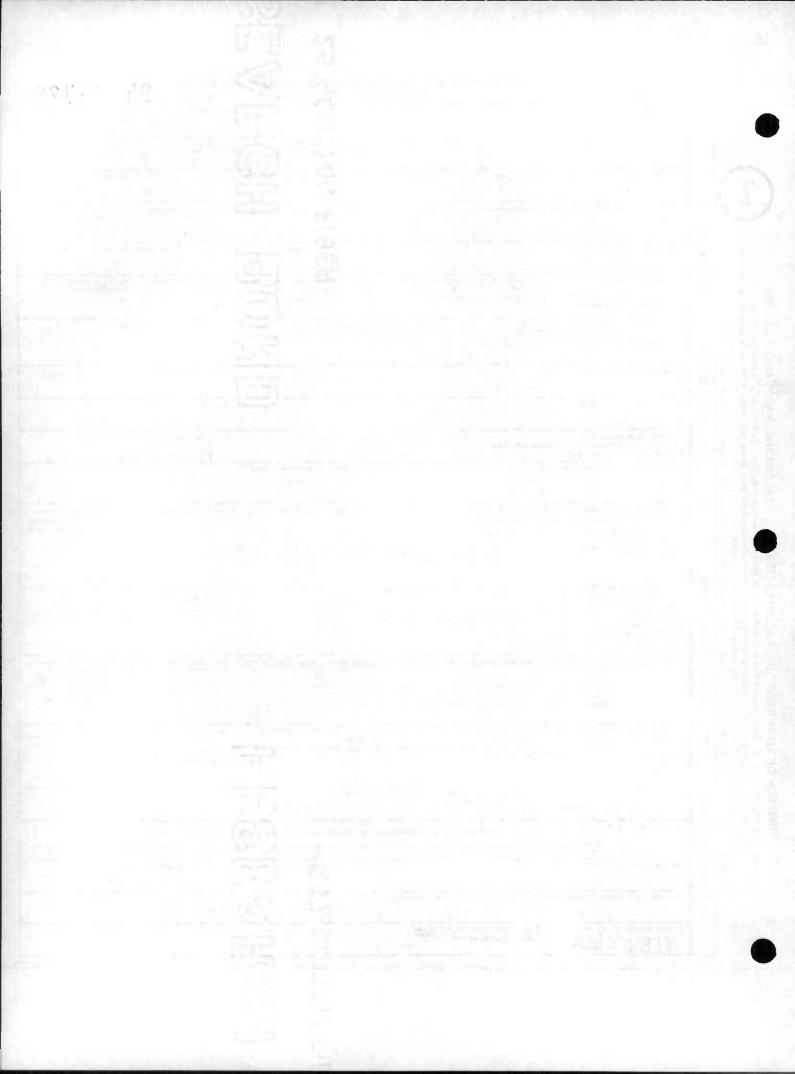
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR WALTER LAYNE IANUARY 994 M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 1 M 2 D F 216-46-0527 97 APR. 25, 1896 VIRGINIA Se. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGES MOUNT RAINIER 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? **4220 31ST STREET** 20712 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 1X Never Married 2 Merried 1 TES 2 NO Specify BY 3 Widowed 4 Divorced WHITE COMPLETED 16e. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete entary/Secondary (0-12) 10 ACCOUNTING CLERK US GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) 其 MIPHRAIM LAYNE BE YOUNG notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BONNIE C. ROCKER 0604 EASTWOOD AVENUE SILVER SPRING, MARYLAND 20901 å 20e. METNOD OF DISPOSITION
1X Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 4 Donation 6 Other (Specify) FORT LINCOLN CEMETERY BRENTWOOD, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line 6 Onset and Dasth IMMEDIATE CAUSE (Final cremation, the disesse or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): -da event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 attending physician and con ntal Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the shows any 1 TES 2 NO OF DEATH? 1 YES 2 NO 6 PHYSICIAN: Dept. OR ATTENDING PHYSICIAN; The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate HOSBITAL: OTHER: 1 TYES 2 NO atient 2 - ER/Outpatient 3 - DOA Ing Nome 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with marked, 1 Natural 5 Pending 1 YES L DIRECTOR: After the bours after death v 2 NO BY 2 Accident 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be COMPLETED 4 Nomicide 1 CERTIFYING PHYSICIAN: 76 the best my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. TO THE FUNERAL I be filed within 72 h IMPORTANT: If I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner se stated. 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE/SIGNED (Mapth, Day, Year) BE 黑黑麗 28656 91 223 2

Ave. #404

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print)
RAVI VASSI TUD., 5609 ALCOYD AVE

Jula Day doon Hands

31. DATE FILEO (Month, Day, Year)
FFB 0 2 1994



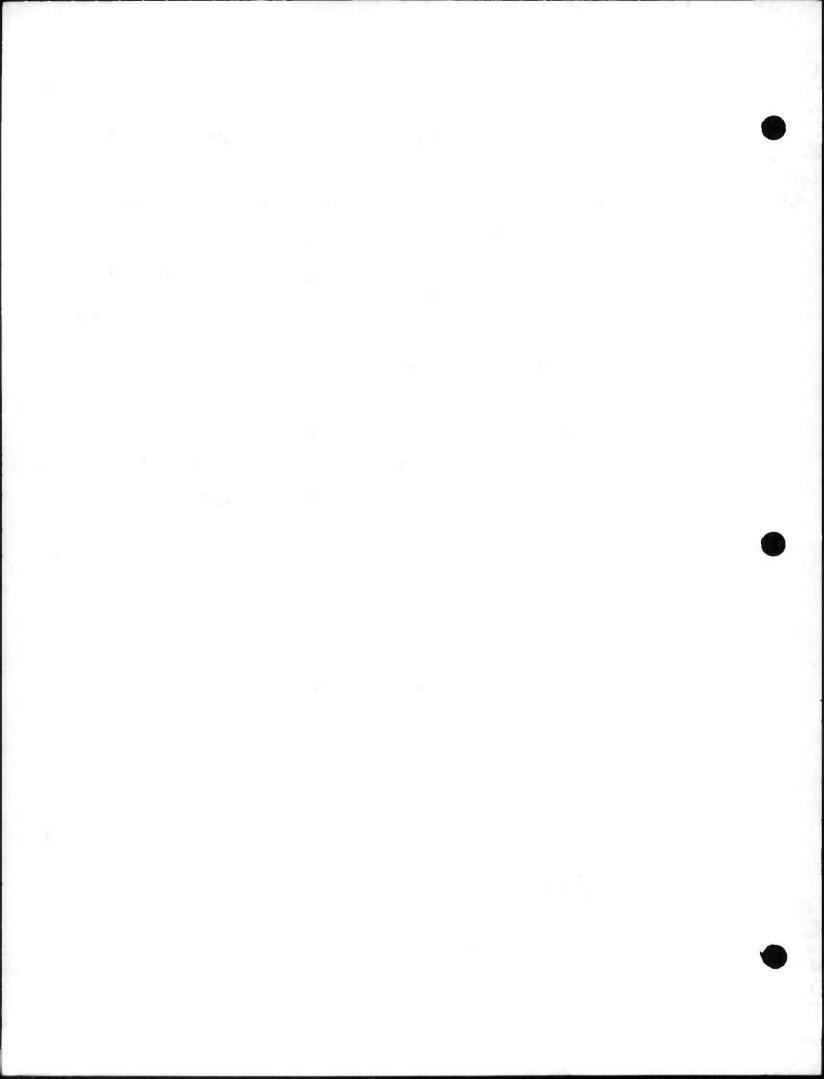
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certaincats be executed within 24 fours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending provided and companiely liked in by the inner invector, page 5 should be detached.		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
6 may b	tor, pag		oust be
death. Page	funeral direc		examiner n
nours after	led in by the	be filed within 72 hours after death with the State Dept, of Health and Mental Hygens prior to burial, cremation, or services.	medical o
within 24	pletely fil	cremation	ent, the
be executed	ian and com	or to burial,	sumatic ev
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ITAL OR	RAL DIRE	72 hours	If item
THE HOSP	THE FUNE	filed within	PORTANT
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	FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF	TMEN ICAT	T OF I	HEALTH AND	MENTA	L HYGIEN		94	0472
	1. DECEDENT'S NAME (First, Middle, Last) Sarah Freed	man	Leite	er				2. DATE MONT Jan	19,19		VEAR	TIME OF DEATH 1:00 A M
	4. SOCIAL SECURITY NUMBER 213 42 9527	5. SEX 1  M 2  F	6. AGE (In yrs. In:	st birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		Country)	ton, Mass.
TOR	90. FACILITY NAME (If not institution, give s HOLY Cross Hosp RESIDENCE OF DECEDENT						or Location of Di			3.2	ry of DEAT	
DIRECTOR		tgomery		10c. CIT	r, town evy	Cha	TION SE		-			d, INSIDE CITY LIMITS?  YES 2 X NO
FUNERAL	100. STREET AND NUMBER 4814 ESSEX AVE.					1	1. ZIP CODE 0815			Unite		T COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	IMED NO	13.	If yes, ap	CENDENT OF HISPAI ecify Cuben, Mexica 3 2 NO Specifi	en, Puerto	N? (Specify Yes Rican, etc.)		4. RACE — Black, W Specify: aucas	American Indian, thite, etc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5 +	) (G	CEDENT'S live kind of w Do NOT us	vork done e retired.)	during me	ON est of working	168	Govern		STRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Beryl Freedman		. 1				18. MOTHER'S NA Bel			Surname)		
70	190. INFORMANT'S NAME (Type/Print)  Joseph Leiter						as #10	Route Num	ber, City or Tow	n, State, Zip (	Code)	
	20a. METNOD OF DISPOSITION  **Burlal 2 Cremation 3 Rem  4 Donation 5 Other (Specify)		20b. PLACE	David	r Me	mori	al Garde	en 1-	20c. LO	cation – ci	ty or Town, S Chi	state urch, Va.
	21. SIGNATURED FUNERAL SERVICE US	ENSEE			22	. NAME A	-Pearson	CILITY				
	23. PART I. Enter the diseases, or cahock, or heart failure. I	List only one cau	ae on aach line	),						ratory arre	st,	Approximate Interval Between Onset and Death
	resulting in death)	OUE TO	OR AS A CONSE	OUENCE OF	1	we	wijee	eac.	7			2 mes
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	DUENCE OF	):							
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	OUE TO	OR AS A CONSE	DUENCE OF	):							
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CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DEATH (Ch	eck only or	10)			
HYSI	1 VES 2 NO 27. MANNER OF DEATN	28e. DATE OF	INJURY	DOA 28b. TIME		rsing Horr	e 5 🗆 Residence	_		TILIBA UCCII	een .	
2 Accident Investigation M 1 YES 2 NO						Salation of the Control of the Contr						
ETED	3 Suicide 8 Could not be determined	building,	stc. (Specify)					City	ATION (Street a or Town, State)			Number,
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSIK (PHYSIK One) 2 MEDICAL EXAMINE											d manner se stated,
2 MEDICAL EXAMINED: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner see a  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)					onth, Day, Year)							

O COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) M. BEGISTMAR'S SIGNATURE 1994

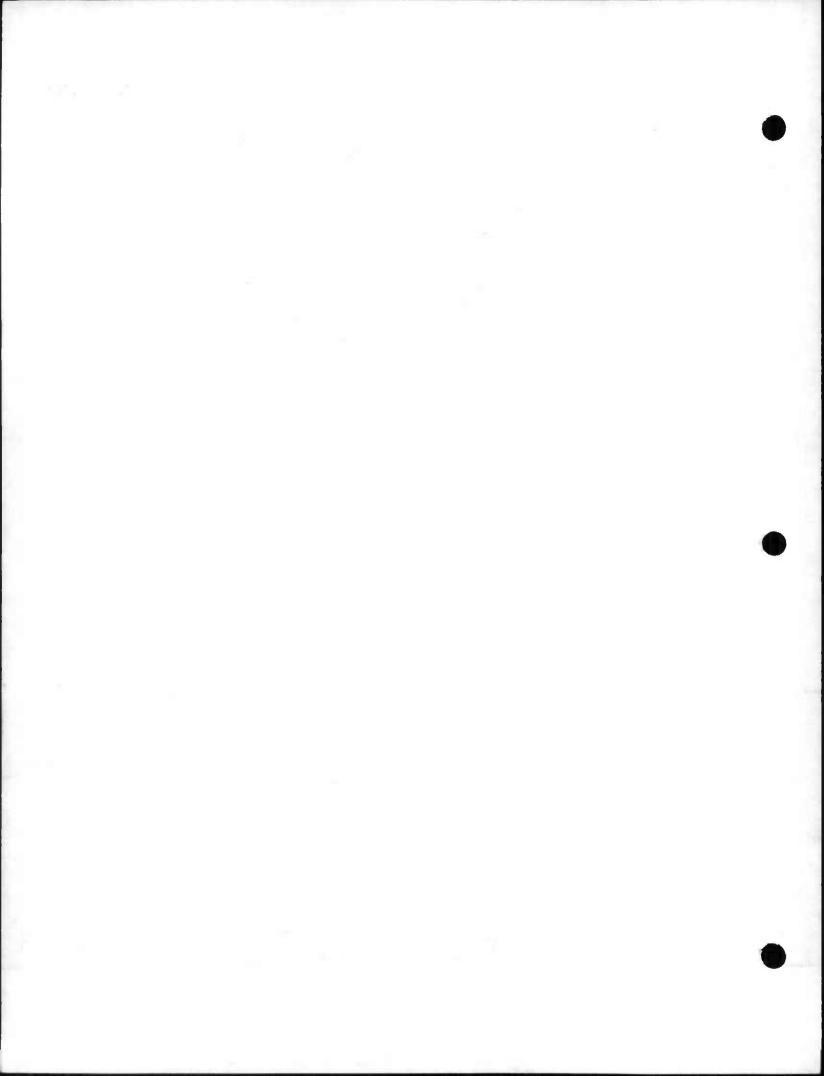
2309 Shorefield Rd., Wheaton, Md. 20902

DHMH-16 Rev 1/89



20	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after dea	FERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fun
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DISCOURS, FISH ALCOHOS, FISH BOX 601 60,	9	ā
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	96	W.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		THENT OF H		MENTAL HYGI		34	04730
	1. DECEDENT'S NAME (First, Middle, Last) Winfield Lowe	e				2. DATE OF DEATH MONTH JANUARY	DAY	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 318.32.0018	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(In yrs. lest birthday) 85 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year DEC. 16, 1	908	Country)	CE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give so  Carriage Hill Be RESIDENCE OF DECEDENT			Bethes	da.	EATH	1.0	gome	
DIRECTOR	10a. STATE 10b. COUNTY	omery		y, town on Locat	TION				1. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	100. STREET AND NUMBER 5215 Cedar Lane	T-Z			20814		U.S		COUNTRY?
BY FUN	11. MARITAL STATUS  12. Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 Y YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexics 2 (X NO Specif	NIC ORIGIN? (Specify in, Puerte Rican, etc.) y:	Yes or No- 1	4. RACE — Black, W	American Indian, hits, etc. Vhite
LETED	15. DECEDENT'S EDU( (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of Ite. Do NOT u	The same of the sa	ist of working		BUSINESS/INDUS		
COMPL	17. FATHER'S NAME (First, Middle, Last)	4	Foreign	Service		Depar	tment o	f Sta	ate
TO BE	George Lowe		19b. MAILING	ADDRESS (Street a		et Yost Route Number, City or	Town, Statu, Zip C	ode)	
	Louise Wilson 20a. METHOD OF DISPOSITION	200		atson Pl		Washing	ton D.C		
	1 Burial 2 Cremation 3\times \text{XRemotion} 4 Donation 5 Other (Specify)	oval from State	netery, cremetory or coakwood (	ther place) Cemtery		2/5 Ch	icago,	I11.	
	· Seah M.	Bow		5130 W	Visconsir	our Josep n Ave. N.	h Gawle W. Wash	r's S ingto	Sons
CERTIFICATION	shock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A		f): r)_ f):	Accide	ent .			Interval Between
MEDICAL	PART II. Other significant condition	11-0	out not resulting		g cause given in	PER	AN AUTOPSY FORMED?	CO OF	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  TO	HOSPITAL:	patient 3 DOA	OTHER:	ACE OF OEATH (C)	6 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIA	IE OF 28c. INJ		28d. DESCRIBE HO	W INJURY OCCU	RED	
ETED	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, stc. (Spec	/ — At home, farm, cify)	street, factory, offic	•	26t. LOCATION (Str. City or Yown, St		Rural Route	Number,
COMPLE	opel	CIAN: To the best of my know R: On the basis of examination							d manner as stated.
TO BE 0	296. SIGNATURE AND TITLE OF CERTIFIER	mho M.	26		29c. LICENSE NU	74		1211	orth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH TENNERS. ON	O COMPLETED CAUSE OF DE	8805 C	onn. A	bre Che	eng Chose	ml.	208	-15
	FEB 0 3 1994	32. REGISTRAR'S SIGN	ATURE PONCLE	2					



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40	· Procede	,	Pages 1
Y	1,00		permit.
	<b>DRE, MARYLAND 21215-0020</b>	6 may be retained by the hospital or attending physician.	ctor, page 5 should be detached for use as the burial-transit permit. Pages
	OR	6 ma	tor, i

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-
ir death. Page 6 may be retained by the hospital or attending physici	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physici
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Jore to S.

31. DATE FILED (Month, Day, Year)

FEB 0 3 1994

32. REGISTRAR'S SIGNATURE

	FOR  1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AN E OF DEATH		1 4	04731	
	1. DECEDENT'S NAME (First, Middle, Last)  DONALD OT	1 1110 -		E OF DEATH	2. DATE OF DEATH	DAY YEAR 1 1994	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. let	R 1 YEAR IF UNDER 24 H	44 4 6 14 4	B. BIRTH Country	PLACE (State or Foreign		
TOR	90. FACILITY NAME (II not institution, give street Suburban He	et and number)	96. CIT	y, town or location of	OF DEATH O	9c. COUNTY OF DE	ATH	
DIRECTOR	MD 106. COUNTY MO,	ntgomery	10c. CITY, TOWN		MO		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL		WOOD ROAD	Rd		817		S.A.	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 XYES 2 1 IF YES, GIVE WAR OR DATES	IMED 13	If yes, specify Cuban, Ma	SPANIC ORIGIN? (Specify Yeaxlean, Puerto Rican, atc.) pecify:	s or No— 14. RACE Black Specif	— American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co Elementery/Secondary (0-12)	mpleted) (G life Cotlege (1-4 or 5+)	CEDENT'S USUAL ( the kind of work done Do NOT use retired.) TORNEY	during most of working	16b. KIND OF BU	JSINESS/INDUSTRY		
	17. FATHER'S NAME (First, Middle, Lest)  FRANKLIN B. LINCO				S NAME (First, Middle, Maider	,		
BE	19a. INFORMANT'S NAME (Type/Print)		MAILING ADDRES		LILENSBERG  Tural Route Number, City or Tov			
2	DONALD LINCOLN, J		601 SHAD			MARYLAN	D 20817	
	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Removi	of from State cemetery, cre	AND DATE OF DISPO	SITION (Name of	OATE 20c. LC	OCATION — City or Tox	vn, State	
	21. SIGNAPORE OF FUNERAL SERVICE UCE	Tuel	J	NAME AND ADDRESS OF SEPH GAWLE	F FACILITY ER'S SONS		20016	
	23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List pnly one cause on each line.    Approximate interval Between   Interval Between							
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  A. RESPIRATORY Failure  Due to (or As A CONSEQUENCE OF):							
NOI	Sequentially list conditions, Due to 100 As A consequence of							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that Initiated events  CAUSE (Olsease or Injury)  CAUSE (OR AS A CONSEQUENCE OF):					t	old	
ERI	resulting in death) LAST							
PHYSICIAN: MEDICAL (	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO?  1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?							
. ME							1 - YES 2 - NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF OEATH	(Check only one)			
YSI	1 TES 2 PNO	OSPITAL:  Inpetient 2 ER/Outpatient 3	, ,	rsing Home   5   Resider	nce 8 Other (Specify)			
PH	27. MANNED OF DEATH  1 Watural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, straet, fac					
COMPLETED		N: To the best of my knowledge, de On the besis of exemination and/or i					and manner se stated.	
_	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE		29d. DATE SIGNED		
29d. DATE SIGNED (Month, Day, Vo.)  29d. DATE SIGNED (Month, Day, Vo.)  29d. DATE SIGNED (Month, Day, Vo.)								

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TENDING PHYSICIAN; The law requires that the death certificate be executed with thours after death. Page 6	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
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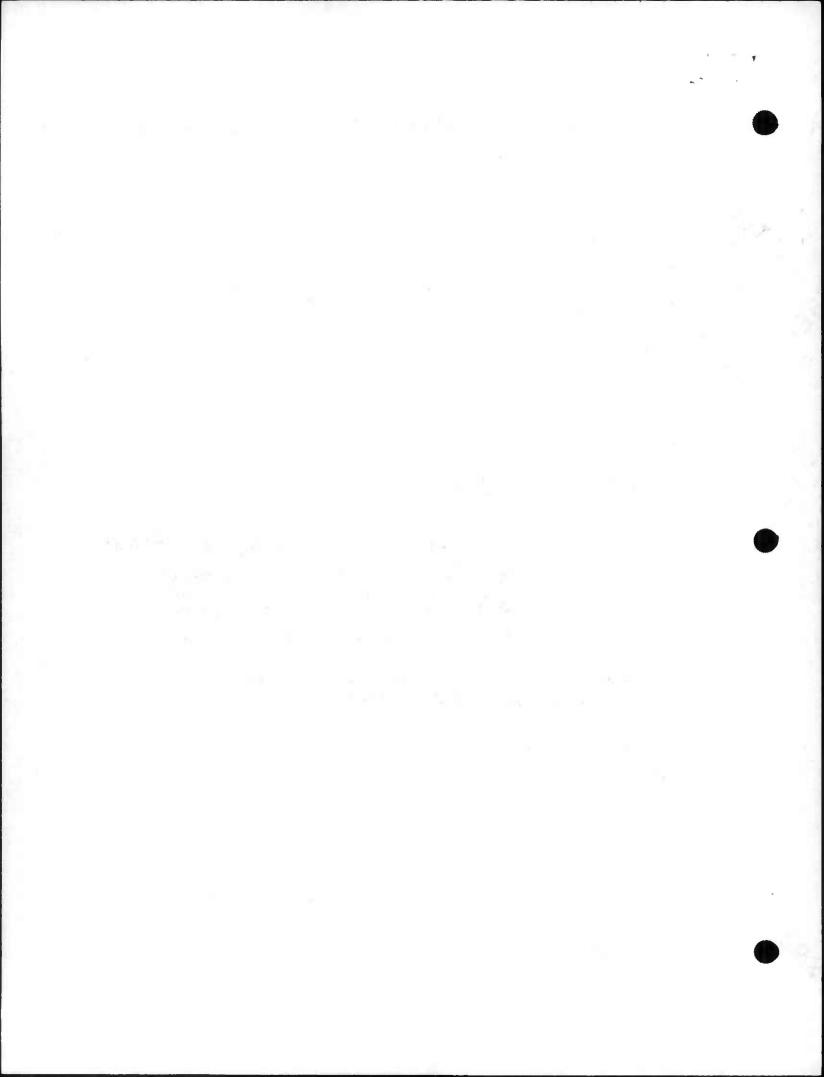
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 4:45 anes Lon 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. JULY 29, 1894 Sound) 8641 HOURS 1 M 2 JF HAMPSHIRE YRS. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GREENBELT NURSING HOME PRINCE GEORGES GREENBELT 10b. COUNTY 10a. STATE GREENBELT 10d. INSIDE CITY PRINCE GEORGES 1 YES 2 NO FUNERAL 100, STREET AND NUMBER 101. ZIP @SPE 770 109. CITIZEN OF WHAT COUNTRY? 7010 GREENBELT RD 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. t Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.) 3/Widowed 4 Divorced BY t 🗌 YES 2 🕡 NO Specify: Specify: WHITE COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION ecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LEARY MARGARET O notified at GOULD EDWARD BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 OLD BRANCH AVE. #404 CLINTON, MD 20735 BRUCE LIPSTEIN must be 20a. METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 4 Donation 5 Other (Special 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - Cify or Town, Stats 1/26/94 CEM. SUITLAND MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE. the medical examiner 22. NAME AND ADDRESS OF FACILITY TAKOMA FUNERAL HOME I 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) item 23 shows any injury, or other traumatic event, Crac He Myo candia CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 - YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 TES 2 NO t ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA me 5 - Residence 6 - Other (Specify) marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY 28h TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t Netural INJUR 1 YES 2 NO BY 2 Accident Investigation TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deat IMPORTANT: If Item 28 is m 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month) Day, Year) BE 5 tanh TZ 37934 23 94 Com-30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S. TRIFOGLO 7500 Green sed 13 20770 20 Greenway Ctr Dr Suna Jayason Mandage JAN 3 1 1994

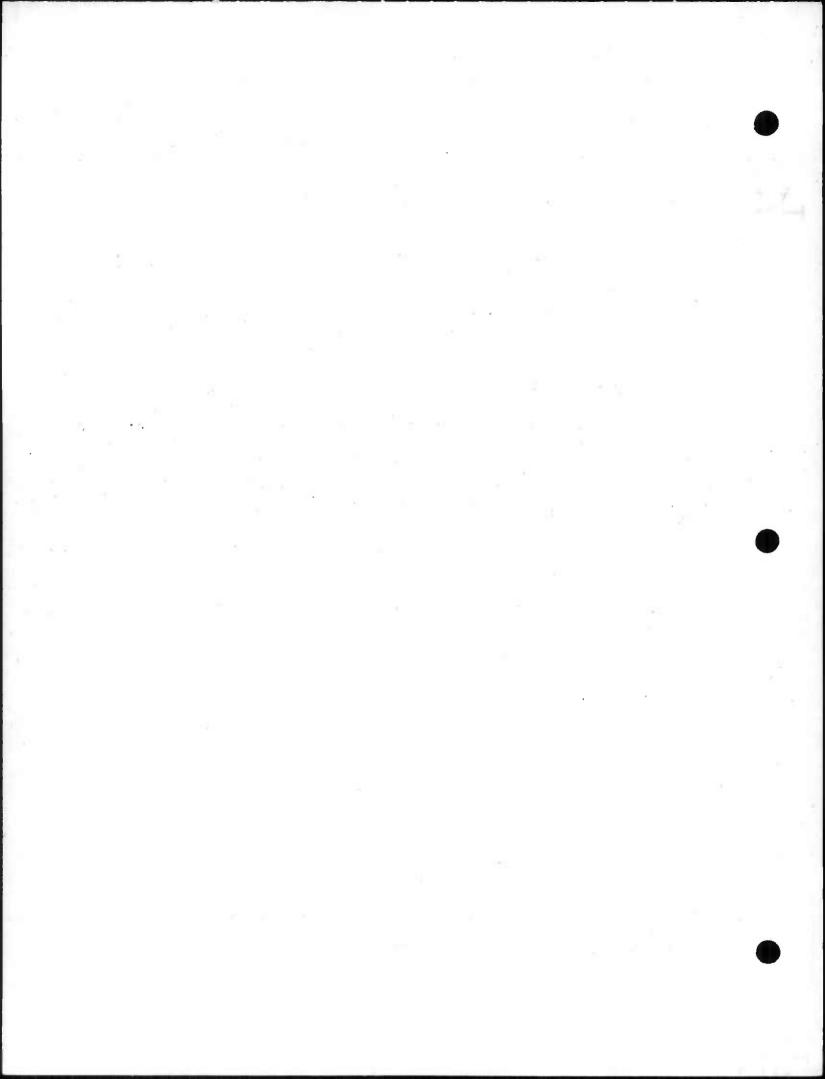
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an ours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 94 04733								
	1. DECEDENT'S NAME (First, Middle, Last) THELMA F.	MAFF	EI		2. DATE OF DEATH MONTH DAY	Y YEAR 3. TIME OF DEATH		
-	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign		
		6 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) May 25, 191	7 Maryland		
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DEA		9c. COUNTY OF DEATH		
5	Carroll County General Hospi	tal	Wes	tminster		Carroll		
DIRECTOR	10e. STATE 10b. COUNTY	Y, TOWN OR LOC	ATION		10d. INSIDE CITY			
6	Maryland Carroll			Hampstead		LIMITS? 1 ☐ YES 2 ☑ NO		
M	10e. STREET AND NUMBER		8	Of. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	617 Hanover Pike		21074			USA		
	11. MARITAL STATUS  1 Never Merried  2 Merried  12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	Il yes,	pecify Cuban, Mexican,	C ORIGIN? (Specify Yea , Puerto Ricen, etc.)	Black, White, atc.		
B	3 🔀 Widowed 4 🗌 Divorced IF YES, GIVE WAR OR DA	ATES	1 1 7	S 2 NO Specify:		Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	work done during i	TON nost of working	16b. KIND OF BUSI	INESS/INDUSTRY		
9	Elementary/Secondary (0-12) College (1-4 or 5+)		se retired.)					
M	10 17. FATHER'S NAME (First, Middle, Last)	Sean	stress	I as measurement with		Howard Uniform Service		
	Clarence E. Hampshire			Edna S		n Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Stree	1	oute Number, City or Town	vn, State, Zip Code)		
2	Marguerite Hampshire	615	Hanover	Pike, Ha	mpstead, M	id. 21074		
		PLACE AND DATE		Neme of		CATION — City or Town, State		
	4 Donation 5 Other (Specify) Grace Cemetery 2/9 Upperco, Maryland							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 934 S. Main Street, Hampstead, Md. 2							
	23. PART i. Enter the diseases, pr complications that caused shock, pr haert failure. List pnly pna cause pn e	the death. Do i	not enter the n	ode of dying, auch	as cardiec or reapir	story arrest, Approximate interval Between		
	IMMEDIATE CAUSE (Final Onset and Daath							
	resulting in death) - a. Melostalic Concurry of Blast							
_	DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditione, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):							
S	CAUSE (Disease or Injury Cause Colored effusion (R)							
Ē	thet initiated eventa resulting in death) LAST							
E	a registration							
CAL	PART II. Other algnificent conditions contributing to death	ut not resulting	in the underly	ng cause given in P	Part I. 24s. WAS AN A PERFORI	MED? AVAILABLE PRIOR TO		
	Acute esperator		wets.	2º cole	1 TYES 2	OF DEATH?		
M	ecuty. 18	vaca 1	weey		-	1 TYES 2 NO		
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL		28.	PLACE OF DEATH (Chec	ck only one)			
Sic	EXAMINER?  1 VES 2 MO  1 Department 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)							
Ŧ	27. MANNER OF DEATH  280. DATE OF INJURY (Month. Day, Year)  28b. TIME OF 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED INJURY WORK?							
ВУ	1 Netural 5 Pending 2 Accident Investigation	WORK?   WORK?   WORK?     WORK?						
COMPLETED	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)							
2	29e. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To like beet of my knowledge, death occurred at the lime, date and place, and due to the cause(e) and menner as stated.							
OM	one) 2 MEDICAL EXAMINER: On the beets of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and menner se stated.							
BE C	29b. SIGNATURE AND TITLE OF CENTIFIER			29c LICENSE NUME	BER	29d. DATE SIGNED (Month, Day, Year)		
2	D38915 > 2/6/94							
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  FREIT! 542 WAS. FI Rd West wilder							
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE FUNDABLE  SED 8 194							



DALTINONE, MANTLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaiche be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notiffed at once.
.O. BOA 66/10	certificate be executed w	nding physician and comp Hygiene prior to burial, c	or other traumatic eve
DIVIDIGITY OF ALL AL ALCOHOS, F.O. BOX 00100,	AN: The law requires that the death	ificate has been signed by the attent state Dept. of Health and Memal is	r Item 23 shows any Injury, o
DIOIGIAG	TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Heath and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or

	1 - STATE REGISTRAR	STATE OF MARYL							GIENE G. NO.	0.1	01701
	REGISTRAR CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DE		7 4 3	TIME OF BEATH		
	John Roger Meiklejohn					Jan.	31, 1	994	2:25A. M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. les						24 HRS.	T DATE OF DIE	241		ACE (State or Foreign
1	577-03-6574	17€ M 2 🗆 F 8	2 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, 1	July 911	Country)	ington D
	9a. FACILITY NAME (If not institution, give street	at end number)		9b. CIT	r, TOWN C	R LOCATIO	ON OF DE	18, 1	911 -	WASII	
Œ	13101 Prices Distillery Road Clarksbur										
DIRECTOR	RESIDENCE OF DECEDENT										
H	10e. STATE 10b. COUNTY			TY, TOWN				10			Dd. INSIDE CITY
	Maryland Montgomery			Clarksburg				1			☐ YES 2 X NO
4	10e. STREET AND NUMBER			101. ZIP CODE				10g. CITIZEN OF WH			AT COUNTRY?
FUNERAL	13101 Prices Distillery R							Ameri			an
5	11. MARITAL STATUS  1 Never Mirried 2 M Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 M YES 2 IF YES WINDOWS WAS OR OATS  W W J TI			MMED 13. WAS DECENOENT OF HISPAN NO If yes, specify Cuben, Maxical			IC ORIGIN? (Specify Yee or No-		14. RACE —	14. RACE — American Indian, Black, White, etc.	
ВУ				1 VES 2 NO Specify							White
COMPLETED	15. DECEDENT'S EDUCATION 16e. DE (Specify only highest grade completed) (G			CEDENT'S USUAL OCCUPATION ive kind of work done during most of working . Do NOT use retired.)				16b. KIND OF BUSINESS/INDUSTRY			
ايرا		College (1-4 or 5+)	Owner					Liq	uor S	tore	
N N	17. FATHER'S NAME (First, Middle, Last)										
	William Meiklejohn					ann'	AME (First, Middle, Maiden Surneme)				
8	19e. INFORMANT'S NAME (Type/Print)	rejonn							ker		
일	Harold V. Meikl	eiohn						Route Number, City			ksburg, l
- 3	20e. METHOD OF DISPOSITION						150				
9	Burial 2 ☐ Cremation 3 ☐ Ramova		netery, crematory or	other place,			_	2/3 2		Cily or Town	Maryland
	4 Donation 5 Office (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE	Parkla			Par PADDRES			KOCKV	TITE,	Maryrand
	A 9	1/1/1/							h. P.	A F	uneral H
	Notest L.	Damascus, Maryland 20872-0117									
	23. PART I. Enter the diseases, or cor	mplications that cause	d the death. Do	not enle	the mo	de of dyle	ng, suci	h as cardiac or	reepiratory a	irreat,	Approximate
	shock, or heert fellure. List only one ceuse on each line.  interval Betwee  immediate Cause (Final								Onset and Death		
	disease or condition Motastatic Adenographone of the Colon								7 Months		
	resulting in deeth)  a. THE LASTACLE AUCHOCATCITIONAL OF LINE COTON  DUE TO (OR AS A CONSCOUENCE OF):										
z											
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate										
8	Cause. Enter UNDERLYING CAUSE (Disease or Injury										
띹	that initiated eventa	DUE TO (OR AS	A CONSEQUENCE (	OF):							
H	resulting in deeth) LAST										
	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINDINGS										
CAL	Prostate Cancer Performeo?							MILABLE PRIOR TO DMPLETION OF CAUSE			
MEDI	t ☐ YES 2X NO OF DEATH?										
Σ	1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
2	EXAMINER?	HOSPITAL:		OTHE	R:	- 1					
<del> </del>	27. MANNER OF GEATH	28e. DATE OF INJURY	patient 3 L DOA		28c. INJ		aldence	6 Other (Speci		000000	
	1 Natural 5 Pending	(Month, Day, Year)		JURY	WO	RK7		280, DESCRIBE	HOW INJURY O	CCUREO	
BY	2 Accident Investigation	260 PLACE OF IN HID	M 1 YES 2 NO				NO				
요	3 Suicide 6 Could not be determined determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)							per or Rural Route Number,			
<u>     </u>											
COMPL	(Check only	land 1 T									
ő	One) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated.							nd manner ee stated.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER						29d. D.	29d. DATE SIGNED (Month, Day, Year)			
9 0	Discrettonel Ma D3176					176	2/2/94			14	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
1	Brian M. O'Connor, MD 501 W. Seventh St., Frederick, MD 21701										
	31. DATE FILEO (Month, Day, Year)  32. REDISTRAR'S SIGNATURE  Suria Devidor Randelle										
	2-4-94 Sistia Davidson-Romball										

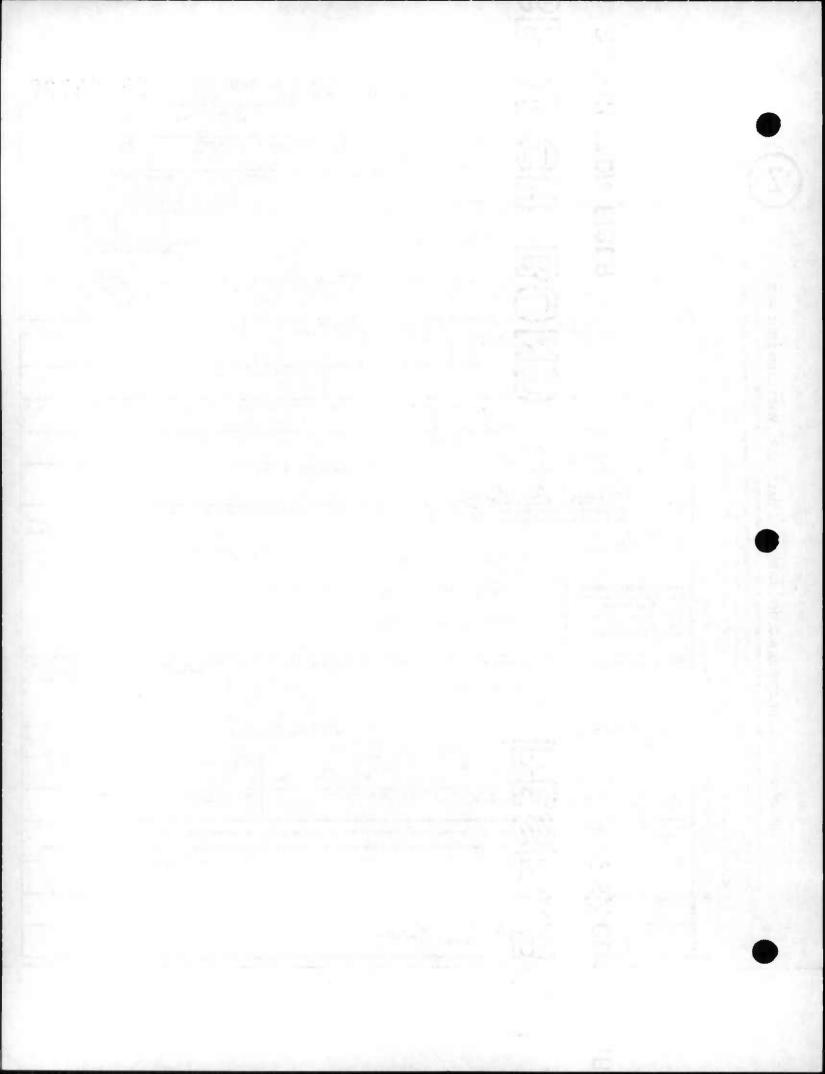


BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Frous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	be notified at once.
BALTIMOR	hours after death. Page 6 m	filled in by the funeral director, n, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence.
O. BOX 68760,	ertificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	other traumatic event, th
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	law requires that the death of	has been signed by the attend Dept. of Health and Mental H	23 shows any injury, or
IVISION OF VITA	R ATTENDING PHYSICIAN: The	RECTOR: After this certificate urs after death with the State	m 28 is marked, or item
Q	TO THE HOSPITAL OF	TO THE FUNERAL DI	IMPORTANT: If Ite

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAN			-14101	IOAIL	- 01	DEAT		REG. N	U.			
1. DECEDENT'S NAME (First, Middle, Lest)	Violet	Marie	MOR	GAN				2. DATE OF DEATH MONTH February	3, 199	YEAR 8:15 P.		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	t YEAR	IF UNDER 24		7. DATE OF BIRTH	J, 1/2	8. BIRTHPLACE (State or Foreign		
283-07-0188	1 🗆 M 2 🕟 F	95	YRS.	MONTHS	DAYS	HOURS		March 10,		New York		
9a. FACILITY NAME (# not institution, give	street and number)			9b. CITY,		OR LOCATION		ATH		ITY OF DEATH		
Frederick Memo	orial Hos	pital			Fre	ederic	k		F	rederick		
10e. STATE 10b. COUNT		10c. CITY, TOWN OR LO								10d. INSIDE CITY		
Maryland Fr	rederick			Frederick					I so amo	1 X YES 2 NO		
	mar.				10	. ZIP CODE				ZEN OF WHAT COUNTRY?		
11. MARITAL STATUS	Jorth Pla	CE T EVER IN U.S. AR	MED	1 40 1	une DE	2170		C ORIGIN? (Specify )		U.S.A.		
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	10		f yes, sp	ecify Cuben,	Mexican	, Puerto Rican, etc.)	es or No	14. RACE — American Indian, Black, Whita, atc. Specify: White		
15. DECEDENT'S EDI (Specify only highest grad				USUAL O				16b. KIND OF B	USINESS/IND			
Elementary/Secondary (0-12)	College (1-4 or 5	- Sin	Do NOT u	work done o se retired.)	duning mo	st of working						
12		F	Iomen	naker			2	Home	5			
17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	R'S NAM	IE (First, Middle, Maide	en Sumeme)			
	Louis	JAEG	R				Mar	ie		KORTZ		
19a. INFORMANT'S NAME (Type/Print)								oute Number, City or R				
Mrs. Elizabeth J.		ti 1	5067	Cher	cryw	ood D	rive	e, Laurel	, Md.	20707		
20a. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Ren 4  Donation 5  Other (Specify)	noval from State	20b. PLACE	matory or o	ther place!			0 / 1. /			Olty or Town, State		
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- ISMT FINS	sourg	22.	MAME A	ND ADDRESS	OF FAC	S4 ISIII.	Lusbu	rg, Maryland		
> Allan	IL Bu	by MOC		Ke	ene	y & Ba	asfo	rd P.A.	Funera	1 Home ck, Md. 21701		
Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A CONSEC	DUENCE O	F):	4	TI		pydro				
PART II. Other eignificant condition	d to				derlyln	g cause giv	ven in F	Part i. 24a. WAS / PERF	IN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE		
								1   YES	2   NO	OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEA	ATH (Chec	ck only one)				
1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 🗆 Resi	dence 8	Other (Specify)				
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, D		28b. TIN	E OF JURY M		URY AT PRK? YES 2		28d. DESCRIBE HOW	INJURY OCC	CURED		
2 Accident Investigation 3 Suicide & Could not be detarmined	28e. PLACE O building,	F INJURY — At he atc. (Specify)	me, farm,	street, fact	ory, offic	•		28f. LOCATION (Street City or Town, Sta	t and Number (e)	or Rural Route Number,		
	SICIAN: To the best of ER: On the basis of a									ed. e cause(a) and manner as stated		
296, SIGNATURE AND THE DE CENTRE	en	K	0			29c. LICEN	SE NUM	BER 499	29d. DATE	SIGNED (Month, Day, Wear)		
30. NAME AND ADDRESS OF PERSON WI					ive	, Mt.	Air	y, Md. 2	1771			
31. DATE FILED (Month, Day, Year)  2-7-94	32. REGISTRA	BID SIGNATURE	andel	2		,						



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IVISION OF VITAL RECORDS, P.O. BOX 68760,	

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIEN		4 04736
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY Y	3. TIME OF DEATH
	uet Jane		hael M	uir	2 3	4 2130 PM	
213-09-6417 D	1 🗆 M 2 🗡 F		IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 4,19		BIRTHPLACE (State or Foreign Country) Scotland
Shady Grove Adve				ville	EATH		y of DEATH tgomery
RESIDENCE OF DECEDENT	2110720 11021	72 001	HOCH	V 4.1.1.0		11011	ogomer y
Maryland Mon	tgomery	10c. CITY,	TOWN OR LOCAL	hersburg			10d. INSIDE CITY LIMITS?  OC YES 2 NO
130 Spring S	t		10	20877			ed States
	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	3 2 NO	If yes, sp	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yein, Puerto Rican, etc.)		Black, White, etc.  Specify:  White
15. DECEDENT'S EDUCA		16a. DECEDENT'S US	SUAL OCCUPATION	DN	16b. KIND OF BU	SINESS/INDUS	
(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of wo	rk done during mo	st of working		home	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
Robert McKi	nley				nnaBella H		
19a. INFORMANT'S NAME (Type/Print)  Lillian M. Gilbe	ert				Poute Number, City or Tow Derwood, N		
20a, METHOD OF DISPOSITION 1  Burlal 2  Cremailon 3  Remove 4  Donation 5  Other (Specify)	ni from State 20	bb. PLACE AND DATE OF ametery, crematory or other Par	DISPOSITION (N	ame of	7/94 Ro	CATION - CIT	y or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICEN		101		NO ADDRESS OF FA		CKVLL	re, nu.
· Olin L.	Moleon.	ath	01ir 2640	L. Mole	sworth, P. Rd., Damas	cus, Me	
23. PART I. Entar the diseases, or conshock, or heart feliure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that cause on it only one cause on it only one cause on our TO (OR AS	each lina.		de of dying, suc	h aa cardiac or resp	iratory strea	t, Approximata interval Batween Onset and Death
	molnetri	tion					months
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Chrome 1	A CONSEQUENCE OF):					Years
PART II. Other significent conditions Recursor preumo	contributing to death	but not resulting in	tha underlyin	g cause given in	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	6 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	TURY AT ORK?	28d. DESCRIBE HOW	NJURY OCCUI	REO
2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJUR building, etc. (Sp	RY — At home, lerm, str lectly)		YES 2 NO	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
onel	AN: To the beet of my kno						cause(a) and manner as steted,
296. SIGNATURE AND TITLE OF CERTIFIER BOYLE	m.o.	Inn		29c. LICENSE NUI		29d. DATE S	SIGNED (Month, Day, Year)

Gaithersburg

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
BYRL O. JONNSON 911 Russell Aven Avenue 31. DATE FILEO (Month, Day, Year)

2 - 7 - 94

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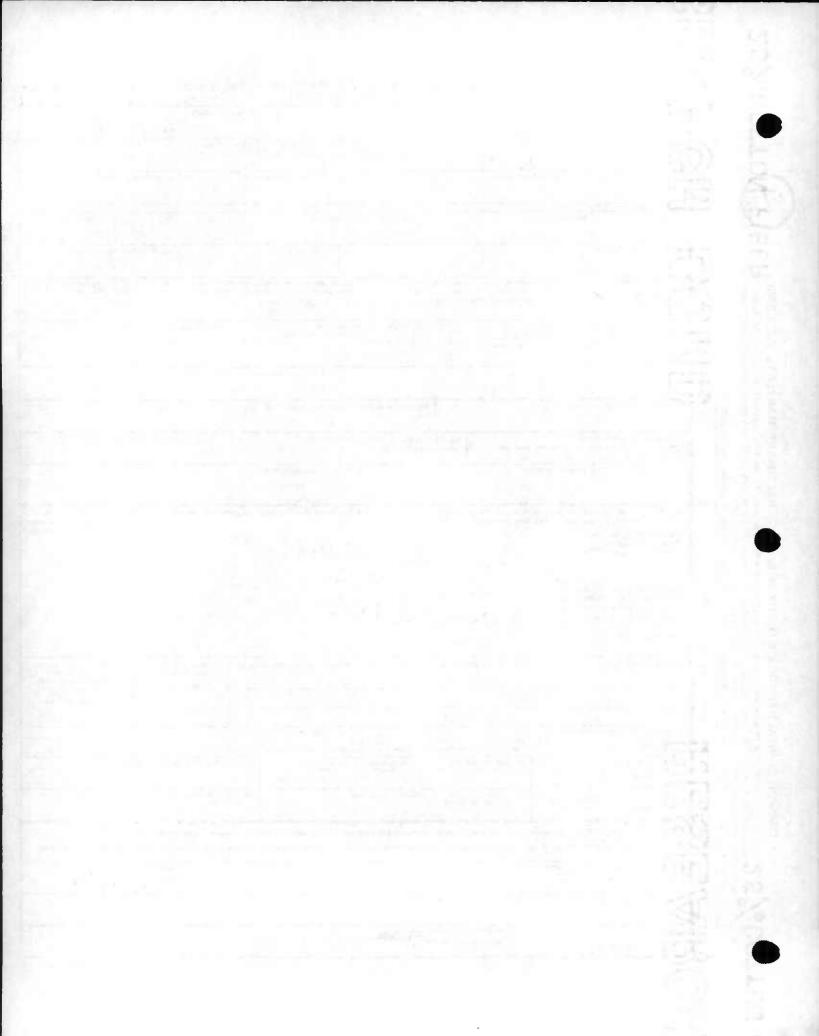
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a pure after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked or item 23 shows any injury or other traumatic event the medical examiner must be notified at once
	- 0	-

31. DATE FILED (Month, Day, Year) 2-14-94

	1 - FOR STATE REGISTRAR			MENT OF HEALTH AND CATE OF DEATH	MENTAL	HYGIENE REG. NO.	94 0473
	1. DECEDENT'S NAME (First, Middle, Last)  JACK W. Mills  4. SOCIAL SECURITY NUMBER  5. SEX		CK W M	ILLAR) IF UNDER 1 YEAR   IF UNDER 24 HRS.	2. DATE O	- DAY 4-C	3. TIME OF DEATH  B. BIRTNPLACE (State or Foreign
	553-24-4172	12 F 71		ONTHE DAYS HOURS MIN.	(Month,	Par. 16er) 1922	Country) Utah
TOR	Shady Grove Advent.  RESIDENCE OF DECEDENT			Rockville	DEATN		tgomery
AL DIRECTOR	10a. STATE 10b. COUNTY  Md Montgom  10a. STREET AND NUMBER		10c. CITY,	TOWN OR LOCATION  Lesville  101. ZIP CODE		10g. CiTi2	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO TEN OF WHAT COUNTRY?
FUNERAL	16715 Whites Ferry	Rd.		20837	16	U.	S.A.
ВУ	1 Never Married 2 SC Married FOR	B DECEDENT EVER IN U.S. RCES? 1 $\square$ YES 2   1ES, GIVE WAR OR DATES $1947/196$	□ NO	13. WAS DECENDENT OF NISP, If yee, specify Cuben, Maxis 1 YES 2 NO Specify No.	can, Puerto Ri		14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed	d)	. DECEDENT'S U	SUAL OCCUPATION rk done during most of working retired.}	16b. I	KIND OF BUSINESS/INDI	ISTRY
APLE	Elementary/Secondary (0-12) M. D.	/М.Р.н.		ician		U.S. Na	v y
BE CON	17. FATNER'S NAME (First, Middle, Lest) William S. Milla	r			AME (First, Mill)	ddle, Melden Sumeme) 1 p	
TO B	19a. INFORMANT'S NAME (Type/Print)  Jane E. Millar		196. MAILING A	Whites Ferr	v Rd	Poolesv	ille.Md. 2083
	20a. METHOD OF DISPOSITION		CE AND DATE OF	DISPOSITION (Name of	DATE		
	Surial 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify)	ournatury,	crematory or other	on National		Arlin	gton.Va.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	itt		Hilton Fu	neral		
	23. PÄRT I. Enter the disease, or compiles shock, or heart failure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in death)	AS DWX AS A CON-	desth. Do no	Aspinato	ich sa cardl	ec or respiratory srre	Approximats Interval Batwee Onset and Daa
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOH AS A CON	SEQUENCE OF:	forcis			
	PART II. Other significent conditions contri	buting to death but no	ot resulting in	the underlying ceuse given is	n Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING
MEDICAL						1 YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
					Name and a second		
	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	meck only one;		
	EXAMINER?  1 YES 2 NO  1 Inp	PITAL: estient 2 - ER/Outpetient		26. PLACE OF DEATH (C DTHER: \[ \sum_{\text{Nursing Nome}} 5 \sum_{\text{Residence}} \]			
PHYSICIAN:	EXAMINER?  1			OTHER:   Nursing Name 5   Residence OF   28c. INJURY AT	6 Other		URED
D BY PHYSICIAN:	EXAMINER?  1	atient 2 ER/Outpetient	28b. TIME	OTHER:   Nursing Nome 5 Residence OF 28c. INJURY AT WORK?   1 YES 2 NO	28d. DESC	(Specify)	
D BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  1 Inp  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation  3 Suicide 6 Could not ba determined  29a. CERTIFIER INCHESTIFYING PHYSICIAN: To	a. DATE OF INJURY (Month, Day, Year)  a. PLACE OF INJURY — At building, etc. (Specify)	28b. TIME 28b. TIME INJUI t home, term, str	OTHER:   Nursing Nome 5 Residence   Residence   Residence     Nursing Nome 5 Residence     Residence	28d. DESC 28d. LOCAT	(Specify)  RIBE NOW INJURY OCC  FION (Street and Number Town, State)	or Rural Route Number,
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  1 Inp  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation  3 Suicide 6 Could not ba determined  29a. CERTIFIER INCHESTIFYING PHYSICIAN: To	a. DATE OF INJURY (Month, Day, Year)  a. PLACE OF INJURY — At building, etc. (Specify)	28b. TIME 28b. TIME INJUI t home, term, str	OTHER:   Nursing Nome 5 Residence of 28c. INJURY AT WORK?   N	26d. DESC  26d. DESC  26f. LOCAl City or	(Specify)  RIBE NOW INJURY OCC  FION (Street and Number Town, State)	or Rural Route Number, d. cause(s) and menner as stated.

32. REGISTRAR'S DIGNATURE POPULAR

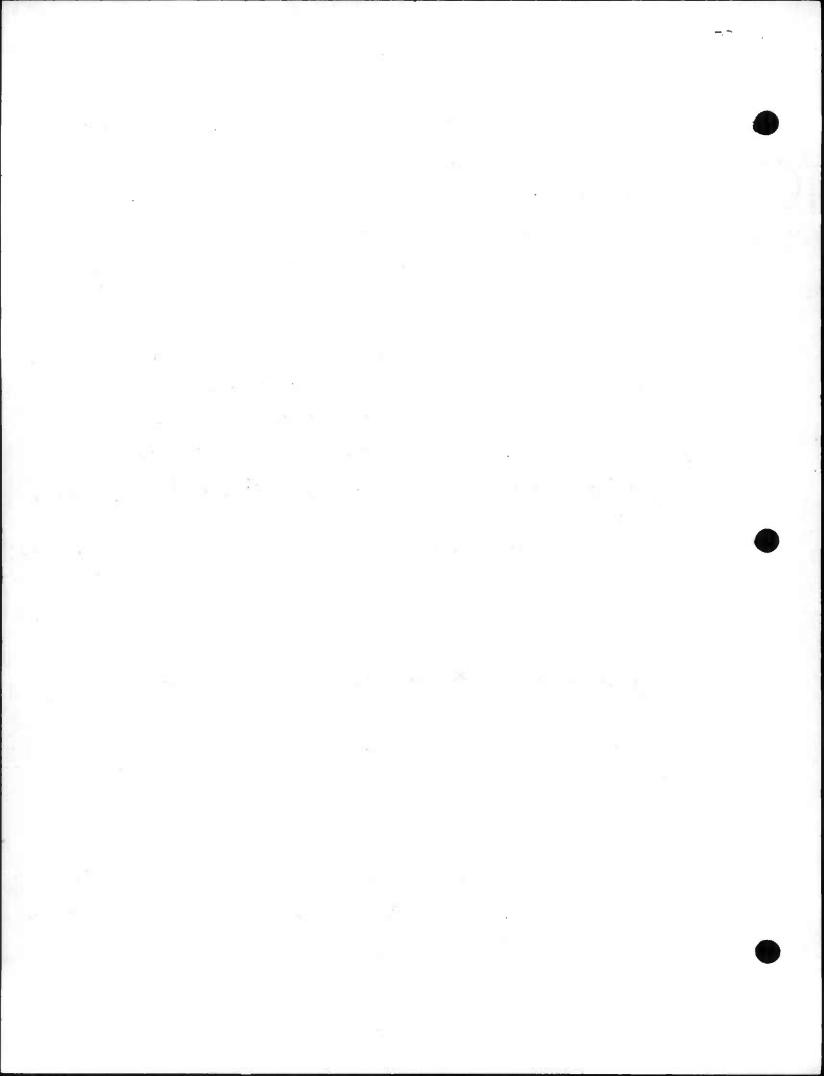


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
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1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

_	HEGISTHAN			-11111111	JAIL O	DEATH		HEG. NO.			
	1. DECEDENT'S NAME (First, Mic						2. DATE OF MONTH	DA	Υ	YEAR	IME OF DEATN
	Margaret Lavelle Murphy 4. SOCIAL SECURITY NUMBER 5. SEX LA AGE (In MIT Least Methods)							Feb. 6, 1994 4:05 P. M			
		5. SEX	8. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	(Month, Day, Year)			CE (State or Foreign
	377 14 7747   91			YRS.		Mar.9, 1902 Illinois					
œ	9e. FACILITY NAME (If not institu			- 1		OR LOCATION OF D			9c. COU	NTY OF DEATH	
5	Frederick Hea	Ithcare Cent	er		F	<u>rederick</u>			Fr	ederic	k
낊		b. COUNTY		10c, CITY,	TOWN OR LOC	ATION				10d	. INSIDE CITY
DIRECTOR	Md.	Frederic	k		Frede	rick				128	LIMITS?
AL	10e. STREET AND NUMBER					IOF, ZIP CODE			10g. CIT	IZEN OF WNAT	COUNTRY?
ER	125 Willowda	ale Dr.	Apt.	14		21702				U.S.A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN			13. WAS D	ECENDENT OF HISPA	NIC ORIGIN?	Specify Yea	or No-		American Indian.
BY F	1 Never Merried 2 Mail 3 X Widowed 4 Divorces	IF YES, GIVE W	IF YES GIVE WAR OR DATES								
		White							nite		
	(Specify only his	INT'S EDUCATION (hest grade completed)	(Gi	ive kind of wo Do NOT use	SUAL OCCUPAT  rk done during i  retired.)	nost of working	16b. KI	ND OF BUS	INESS/INE	DUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 d	.)		emaker			O	n ho	me	
COMPLETED	17. FATHER'S NAME (First, Middle	a, Lest)				18. MOTNER'S N	AME (First, Mide				
	F	atrick Lavel	le			Carol:	ine Ca	rlson	t		
) BE	19e. INFORMANT'S NAME (Type)		198	. MAILING A	DDRESS (Stree	t and Number or Rural	Route Number,	City or Town	, State, Zip	Code)	
5	Jean M. Jones	5	trans-	125 W	lillowd	ale Dr.,	Frede	rick,	Md.	2170	2
	20e. METNOD OF DISPOSITION 1 □ Burial 2 🛣 Cremetion				DISPOSITION		DATE	20c. LO	CATION —	City or Town,	State
	4 Donation 5 Other (Sp.		Smith	sburg	Crema	tory	2/7	Smit	hsbu	rg, Md	
	21. SIGNATURE OF FUNERAL SI	ERVICETUCENSIEE				and address of F		Elmo	mo 1	Uomo	
	( Mala )	Mont				. Main S					21769
	23. PART I. Enter the dise	ses, or complications tha	t caused the de	eth. Do no	t enter the n	node of dying, aud	ch ae cardiae	c or reapi	ratory an	reat,	Approximate
- 1	shock, or hear IMMEDIATE CAUSE (Finel	t feilure. List Dnly Dne ceu	se on each line								interval Between Onset and Death
	disease or condition resulting in deeth)	AS	CVD								20 VP
	resulting in destiny		(OR AS A CONSEC	DUENCE OF):							
Z	Sequentially list condition	b									
ATIO	if any, leading to immediat	e DOE TO	(OR AS A CONSEC	DUENCE OF):							
10	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	(OR AS A CONSEC	WENCE OF							
E	that initiated eventa resulting in deeth) LAST	00210	(On AS A CONSEC	DENCE OF):							
CE		d									
EDICAL CERTIFICATION	PART II. Other significent					ng ceuse given in	Part i. 24	Ia. WAS AN PERFOR			RE AUTOPSY FINDINGS
DIC	DEGENER	47718	ARTH	417	75		1	YES 2		CON	IPLETION OF CAUSE
ME	,										YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO M EXAMINER?	HOSPITAL:				PLACE OF DEATH (C	heck only one)				
YSI	1   YES 2   40	1   Inpatient 2	ER/Outpatient 3		Nursing No	me 5 - Residence	8 Other (S	Specify)			
H H	27. MANNER OF DEATH  1 Natural 5 Pen	28e. DATE OF (Month, D	INJURY ay, Year)	28b. TIME INJU	RY V	NJURY AT YORK?	28d. DEŞCR	HBE HOW I	NURY OC	CURED	
B		stigation				YES 2 NO					
C	3 Suicide 8 Cou	id not be building,	F INJURY — At ho atc. (Specify)	me, ferm, str	eet, fectory, of	ice	28f. LOCATI City or	ON (Street a Town, Stete)	nd Number	r or Rurel Route	Number,
COMPLETED	29a. CERTIFIER										
MPI	(Check only	ING PHYSICIAN: To the beet of									
S		EXAMINER: On the basis of a	temination end/or i	nveatigation,	In my opinion.	death occured at the	e time, date an	d place, en	d due to th	ne ceuse(a) and	manner ee atsted.
#	296. SIGNATURE AND TITLE OF		/		110	29c. LICENSE NU			29d. DAT	E SIGNED (Moi	nth, Day, Year)
<b>E</b>	marcu		relson	/	MO	1021	936			45/	44
	ANDREN		ELSON	91	5 72	chou	SE 4	420	3	FRE	DERICK
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	avidson-A	anders							



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**MARYLAND 21215-0020** 

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	R ATTENDING PHYSICIAN:
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1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Patrick Jarbo

31. DATE FILED (Month, Day,

FFR

5. SEX

Harry Merson

4. SOCIAL SECURITY NUMBER

1 M 2 F YRS. 131-09-7134 92 July 4, 1903 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR St. Mary's Nursing Center Leonardtown Pages 1, 2, 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION Maryland St. Mary's Leonardtown 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE burial-transit St. Mary's Nursing Center P.O. Box 518 20650 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced hospital or attending for use as the COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) detached 12 Salesman retained by the h 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) te Barnett Merson Unknown BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Judith Sheehan 6207 Wiltshire Court, Upper Marlborom Maryland 20772 6 may be r 9 20e. METHOD OF DISPOSITION
1 □ Burlel 2 ☑ Cremation 3 □ File 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must metery crematory or other place, Hunt t Crematory 2/3/94 4 Donation 5 Other (Specify) 21. Signature of Juneau States of Control of Control of No. Brinsfield. examiner 22. NAME AND ADDRESS OF FACILITY Brinsfield Funeral Home 59 N. Washington Street, Leonardtown, Maryland 20650 completely filled in by the rial. cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiretory erreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition the event, resulting in death) and com traumatic CERTIFICATION Sequentially list conditiona, attending physician a if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events 19 other 1 resulting in death) LAST 6 the atter Injury, PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL and and amy Health a 1 YES 2 740 Shows t. of H PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) ltem me certificate by the State HOSPITAL: OTHER:

Shursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA -27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this c 1 Natural 5 Pending 1 YES 2 NO BY After 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide TO THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: A be filed within 72 hours after de IMPORTANT: If Nem 28 is 00 6 Could not be datermined COMPLETED 4 Homfelde 1 DESCRIPYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of symminstyn and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 641 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Frint) 30, NAME AND ADDRESS OF PERSON

32. REGISTRAR'S SIGNATURE

n-Gandell

CERTIFICATE OF DEATH

MONTHS

IF UNDER 1 YEAR IF UNDER 24 HRS.

Medical Arts Bldg., Leonardtown, Maryland 20650

HOURS

MIN.

DAYE

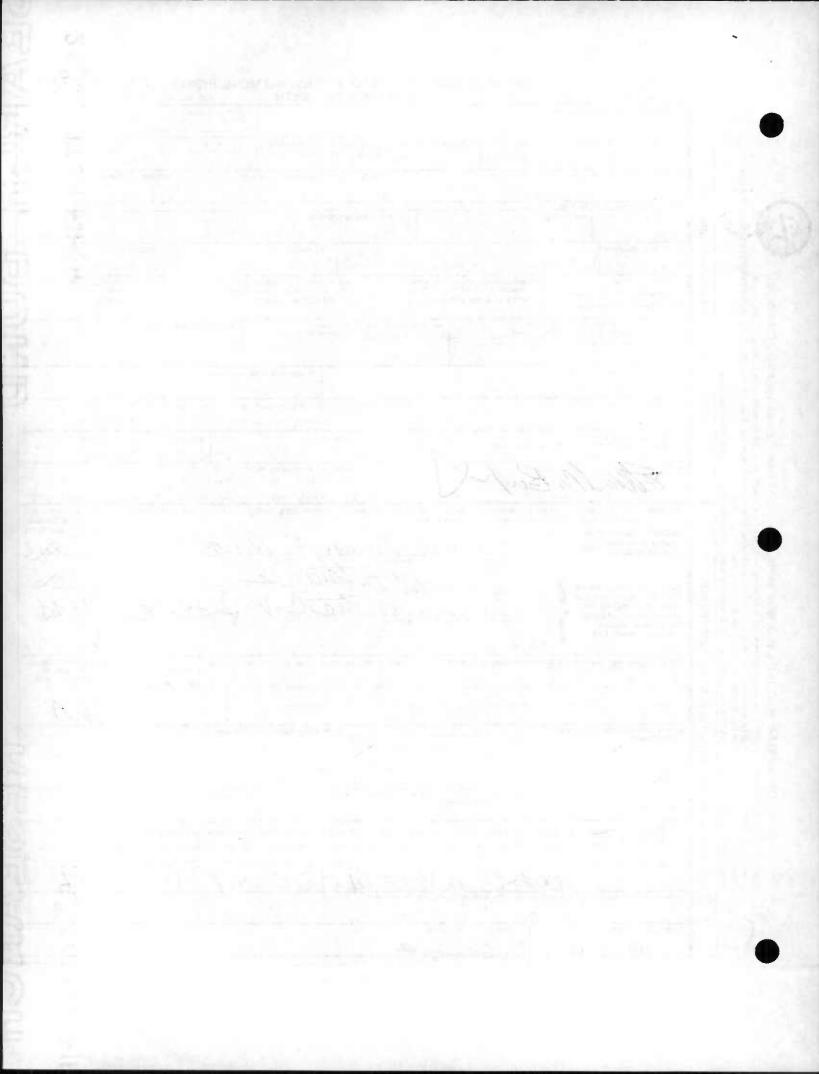
6. AGE (In yrs. last birthday)

February

7. DATE OF BIRTH (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 96 REG. NO. 3. TIME OF DEATH 2. DATE OF DEATH YEAR 1.994 4:55 8. BIRTHPLACE (State or Foreign New York BC. COUNTY OF DEATH St. Mary's 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN DF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Auto Jacks 20c. LOCATION - City or Town, State Waldorf, Maryland Approximata Interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Yes

DHMH-16 Rev 1/89

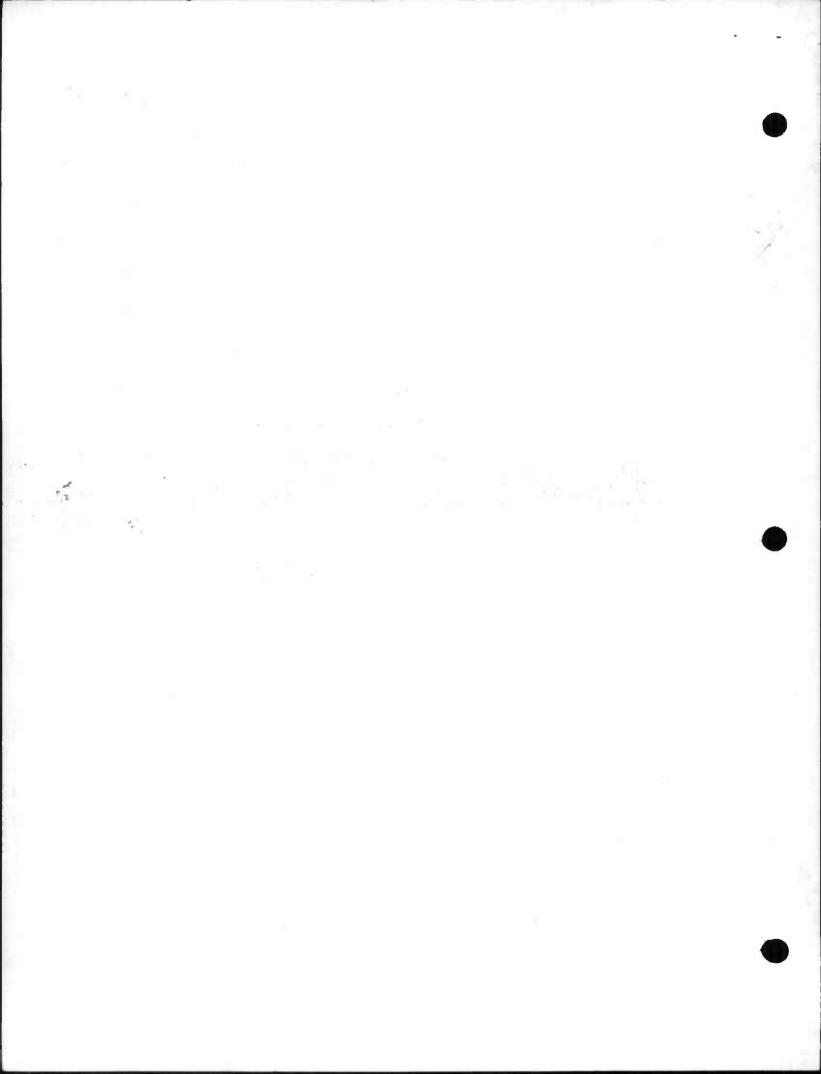


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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be find within 72 hours after nearly with the State Dent, or Health and Mental Horiene prior to burial cemation, or removal
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M				HEALTH A		TAL HYGIEN		94	04740
	1. DECEDENT'S NAME (First, Middle, Last)						2. D	ATE OF DEATH			3. TIME OF DEATH
	Charles He	dges	Mo	ore,	Sr.			ebruary	AY 3 10	YEAR QQA	5:05 A M
	4. SOCIAL SECURITY NUMBER	5. SEX		. last birthday)	IF UNDER 1 YEA	R IF UNDER 24	IRS. 7. D/	TE OF BIRTH	J, 1.	a. BIRTH	PLACE (State or Foreign
	215-14-8714	1 💢 M 2 🗆 F	85	YRS.	MONTHS DAY	S HOURS N	ин. Ja	n 21, 1	909	Country	ryland
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOW	N OR LOCATION		11 01/ 1		NTY OF DE	
DIRECTOR	St. Mary's Hospit	al			Leona	rdtown			77. 02.		ary's
l m	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LO	CATION					10d, INSIDE CITY
	Maryland St.	Mary's		St	. Inigo	es					1 YES 2 NO
FUNERAL	100. STREET AND NUMBER General Delivery					101. ZIP CODE 20684			10g. CITI	U.S.	HAT COUNTRY?
1 ×	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	ARMED	13 446 (	SECENDENT OF H	IEDANIC OR	IGIN? (Specify Yes	No. 1		
	1 Never Married 2 Married	FORCES? 1	YES 2	X NO	If yes,	specify Cubsn, N	laxican, Pue	rto Rican, etc.)	or No-		— American Indian, White, atc.
BY	3 Wildowed 4 Divorced	IF TES, GIVE W	AH OH DAIES		''''	ES 2 X NO	Specify:		- 1	Whi.	te
ED	15. DECEDENT'S EDU (Specify only highest grade		16a	OECEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS	SINESS/IND	USTRY	
=	Elementary/Secondary (0-12)	College (1-4 or 5 +1	)	Ilfe. Do NOT us		most or working					
COMPL		2 yrs.		Electi	rician			Heat, P	lumbi	ing 8	Electrical
8 8	17. FATHER'S NAME (First, Middle, Last)	TD.						st, Middle, Maiden			
BE	David	Т.		Moore			len			dges	
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stre	et and Number or i	Rural Route N	lumber, City or Tow	n, State, Zip	Code)	00604
	Diana May Moore			Gene	rai bei	ivery,	St. 1	nigoes,	Mary	/Lanc	20684
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	ioval from State	20b. PLA	CEAND DATE	OF DISPOSITION	(Neme of		ATE 20c. LO	CATION —	City or Tov	vn, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE	11	Chai	rles M		GArder		I	eona	rdtov	vn, MD
	21. SIGNACIONE OFFUNERAL SENVICE DI	2/6	1	1		inglev-		ner Fun	eral	Home	P. A.
	* / uchael	K Dan	de	ils)				onardto			
	23. PART i. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cause a. Due to (	se on aach i	lina.							Approximate interval Batween Onset and Death
7		, 552.10(	011 70 7 001	SECOLINCE OF	r).		6	- Ceic	der	16	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate				1: 60						
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	C	ga	S	2 ,'N	test	· ~-	U			
E	that initiated events resulting in death) LAST	DUE TO (	OB AS A CON	ISEQUENCE OF	F):			,			
E E	Total (III) Cast (I) Cast	d					ځ	blee	el: ~	7_	
0	PART II. Other algolificant condition	ns contributing to	daath but no	ot resuiting	n the underly	ing cause give	n in Part i	24a, WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
.   ₫					·			PERFOR	MED?	Vice	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC								1 TYES 2	₩ мо		OF DEATH?
											1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEAT	H (Check only	( One)			
Sic	EXAMINER?	HOSPITAL:	FR/Outpatlers	3 D DO4	OTHER:						
Η̈́	27. MANNER OF DEATH	28a. DATE OF I	NJURY	28b. TIM		ome 5 Reside		DESCRIBE HOW II	WILLIBY OCC	TUBED	
	Netural 5 Pending Investigation	(Month, Day	y, Year)	INJ		WORK?					
B	Accident investigation     Suicide 6 Could not be	28e. PLACE OF	INJURY - A	I home, farm, s	Rreet, lactory, of		-	OCATION (Street a	and Number	or Rural Ro	oute Number,
2101	4 Homicide determined	building, a	ntc. (Specify)					City or Town, State)			
밀				CINC PAGE		S1-	4 - 4 - 4 -				
LETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of r	my knowledge	doubt accurre				cause(a) and man	mer aa stati	ed.	
OMPLETED	(Check only CERTIFYING PHYSI										end manner ee stated.
E COMPLETED	(Check only CERTIFYING PHYSI	R: On the basis of ex					t the time, d		d due to the	e cause(a)	end manner ee stated.
BE	(Check only one) CERTIFYING PHYSI	R: On the basis of ex				, death occured a	t the time, d	iste and place, an	d due to the	e cause(a)	end manner ee stated.  (Month, Dey, Year)
ш	(Check only one) CERTIFYING PHYSI	R: On the bacle of exp	amination and	/or Investigatio	n, in my opinion	, death occured a	t the time, d		d due to the	e cause(a)	
BE	(Check only one)  (Check one)  (Check one	R: On the bacle of exp	E OF DEATH (	ITEM 27) (Type,	n, in my opinion	, death occured a	t the time, d	iste and place, an	d due to the	SIGNED	

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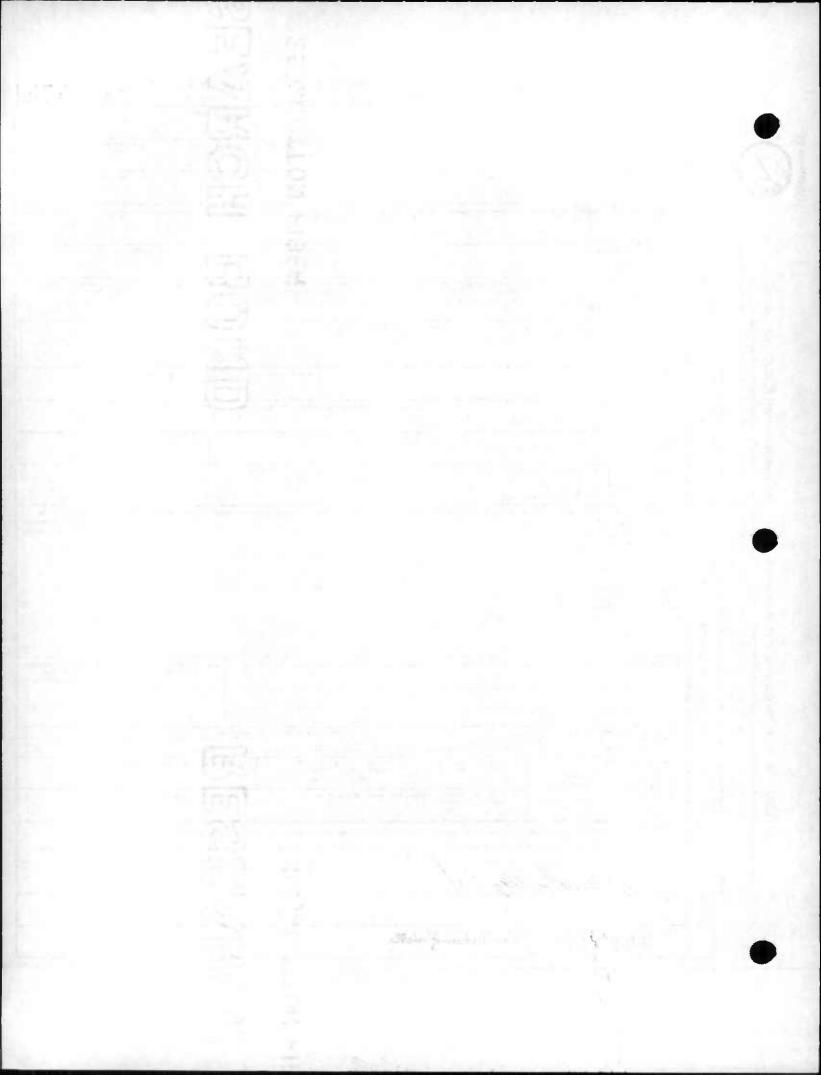


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s
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31. 0			Pages 1		
	BALTIMORE, MARYLAND 21215-0020	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within minours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	P.O. BOX 68760,	th certificate be executed within	anding physician and completely fill Hygiene prior to burial, cremation	or other traumatic event, the	
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	CIAN: The law requires that the deat	intificate has been signed by the attempt he State Dept. of Health and Mental	or item 23 shows any injury,	
	DIVISION OF	THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT: If Item 28 is marked,	
1	7	2	23	M	

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	OF DEAT	TH		REG. NO.

REGISTRAR		CER	TIFICAT	T OF H		ГН		REG. NO.		94	04/4
1. DECEDENT'S NAME (First, Middle ANNE Z		ON			50		2. DATE O MONTH JANUA	RY 25		YEAR	3. TIME OF DEATH 10:55PM M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birt)	hday) IF UND	ER 1 YEAR	IF UNDER	24 HRS. WIN.	7. DATE O (Month), APRIL	E BURTH	1911	0 BIRTHS	MARYLAND
220-32-6650  9a. FACILITY NAME (If not institution SHADY GRO)	A.	01	9b. Cl	ry, town o				1/,	9c. COU	NTY OF DE	ATH
RESIDENCE OF DECEDE											
	MONTGOMERY	10	ROCKY		ION						10d. INSIDE CITY LIMITS? T YES 2 NO
				100	ZIP CODE		100	-71		ZEN OF W	HAT COUNTRY?
10e. STREET AND NUMBER  118 MONRO  11. MARITAL STATUS  1 Never Married 2 Married	E STREET #110		L		2085						STATES
3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2						in, Puerto Ri	(Specify Yes can, etc.)	or No-	14. RACE Black, Specify	American Indian, White, etc.
15. DECEDENT (Specify only higher Elementary/Secondary (0-12) 12  17. FATHER'S NAME (First, Middle, L. MORDIC 77.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)					g STAN		PHARM			
17. FATHER'S NAME (First, Middle, L	12 ADMINISTRATIVE ASSISTANT PHARMACIST  17. FATHER'S NAME (First, Middle, Leat)  MORRIS ZETLIN  ADMINISTRATIVE ASSISTANT PHARMACIST  18. MOTHER'S NAME (First, Middle, Maiden Surname)  LOTTIE HARRIS										
190. INFORMANT'S NAME (Type/Prit		SON) 196. MA	ULING ADDRE	SS (Street a	nd Number	or Rural	POTON	IAC, M	n, State, Zij IARYL	AND 2	20854
20a METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 ( 4 Donation 5 D Other (Specific		20b. PLACE AND I cemetery, cremeto ROSEDAL					1/28			City or Tow	n, Stata ARYLAND
21. SIGNATURE OF FUNERAL SERV		11002212	D.	NAME AI	SKY-	GOLI	BERG		RIAL	CHAPI	ELS, INC.
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING C.  CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a WAS AN AUTOPSY PERFORMED?  1 YES 2 NO OF										WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL: V				ACE OF D	EATH (Ch	eck only one	)			*-
1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendin	1 Inpetient 2 2	ER/Outpatient 3 ☐ D NJURY 28 (, Year)	DOA 4 N	28c. INJ WC			6 Other 28d. DESC	(Specify)	NJURY OC	CURED	
2 Accident Investing Suicide A Could detarm  29e. CERTIFIER (Check only one) 2 MEDICAL E	28e. PLACE OF building, e	28e PLACE OF INJURY — At home form street factory office						TION (Street ( Town, State)	and Numbe	or Aural Ac	oute Number,
and a	PHYSICIAN: To the best of n XAMINER: On the bests of exe										and manner as stated.
29b. SIGNATURE AND TITL OF CO.	feelles &	af	(Sme Biles)			)233				E SIGNED	Month, Day, Year)
RICHARD DELAN 31. DATE FILED (Month, Day, Year JAN 3 1 199	TEV _ 0901 CE	EORGIA AV	ENUE #	109	- SII	VER	SPRI	NG, M	ARYL	AND	



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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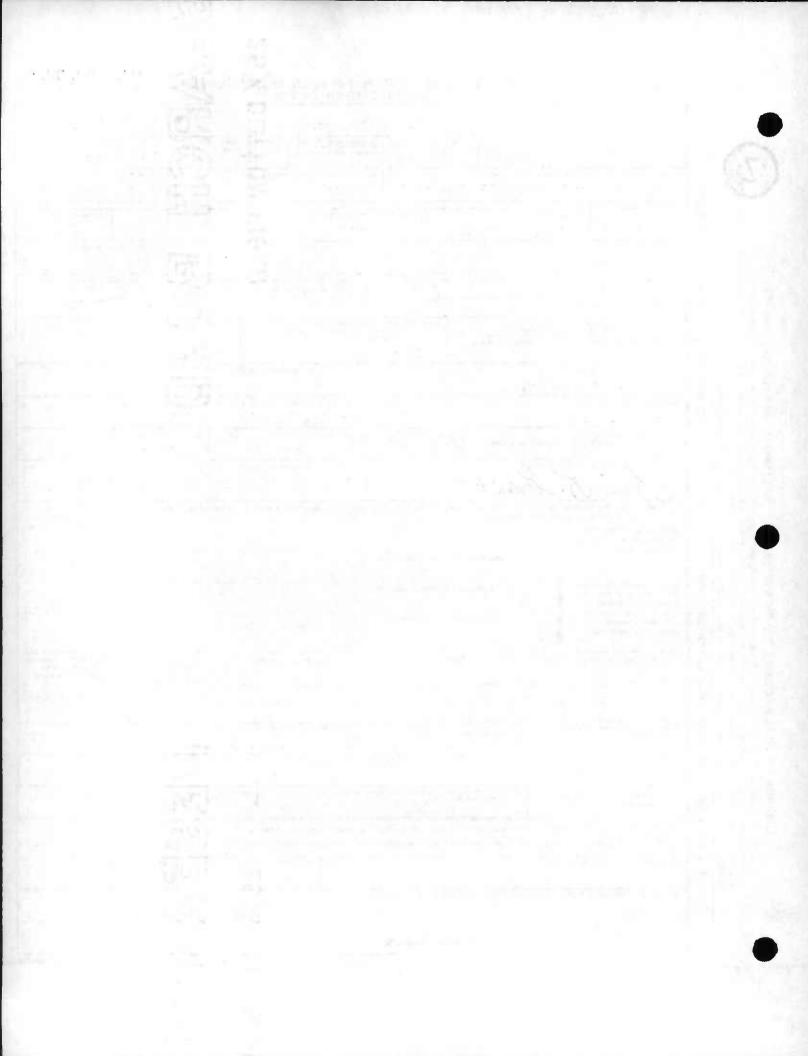
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First		Cabe.							2. DATE OF DEAT	TH	We are	3. TIME OF DEATH
	John	F. Mo	Cabe	, Ji			January 16, 1994			3:50 P <sub>M</sub>			
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	st birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIRT	H	a. BIRT	HPLACE (State or Foreign
	024-14-140	0	1 📉 M 2 🗆 F	72	YRS.	MONTHS	DAYB	HOURS	MIN.	June 24	, 1921	Mas	sachusetts
	9a. FACILITY NAME (If not in	4 199			OR LOCATI	ON OF DE	ATH	9c. CO	UNTY OF	DEATH			
OR	Greater La		eltsville	e Hospit	al	La	urel				P	rince	e George's
	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c. (10c. (						OR LOCA	TION					10d. INSIDE CITY
DIRECTOR	Maryland	Prin	ce George	es		Laur	-						LIMITS?
	10e. STREET AND NUMBER				_	10	. ZIP COD	E		10g. CI	TIZEN OF	WHAT COUNTRY?	
ER	9270 Cherr	y Ln						20	708		-	SA	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	LEVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (Speci	ly Yes or No-	14. RAC	E American Indian,
ВУ	1 Never Married 2 XX 3 Widowed 4 Divo			X YES 2 1	NO		1 YES		Specify	n, Puerto Rican, etc.	<del>".</del> )		wk, white, etc.
COMPLETED	15, DEC	EDENT'S EDU	CATION completed)	16a. DE	CEDENT'S	USUAL C	CCUPATIO	ON of working	200	16b. KIND O	F BUSINESS/II	IDUSTRY	
	Elementary/Secondary (6	Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use retired.)											
MP	12			Li	thog	raph	er			Print	ing		
8	17. FATHER'S NAME (First, A	ECU CO	0							ME (First, Middle, M.			
8	John F. Mc		Sr.						_	n Savage			
5	Irene T. M			-						Route Number, City of 1, MD 20		(ip Code)	
	20g, METHOD OF DISPOSITION 1												
- 15	21. SIGNATURE OF FUNERA	OL I	eaven Cemetery Jan 20   Silver Spring, MD										
	Morus	8.0	Frant	_									Spring, MD
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):												
CEF		d.											
EDICAL	PART II. Other significa	Clu	enal contributing to	sugar	resulting	In the u	nderlyin	g cause (	given in	PE	RES 2 1 NO	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME							-			-14			1   YES 2   NO
AN	25. WAS CASE REFERRED T	TO MEDICAL					00.00	400 000	F 4 F 4 A A A A A A A A A A A A A A A A				
I I	EXAMINER?	OMEDICAL	HOSPITAL:	Teno		OTHE	R:			eck only one)			
PHYSICIAN	27. MANNER OF DEATH		1 Pinpatient 2 28e. DATE OF		20h, TIR		reing Hon		esidence	6 Other (Specify 28d. DESCRIBE H		CCUMED	
		Pending Investigation	(Month, D	ey, Yearly A		M	WC	VES 2	] NO	1	VA		
BY BY	2 Accident 3 Suicide	Could not be	28s. PLACE O	F INJURY — At 16	me, farm,	etreet, fed	tory, offic			281. LOCATION (S	trade and Myrob	er or Russi	Route Number
TED	4 Homicide	determined	building,	en. (Specify)	4					City or Town	11		
COMPLET	one)		ICIAN: To the bast of ER: On the basis of a										a) and manner as stated.
BE	296. SIGNATURE AND TITLE	OF CENTIFIE	ah	_				29c. LIC	ense nui	1997	29d. D/	ATE SIGNE	(Month Day, Year)
0	30. NAME AND ADDRESS O		SAS MA)	SE OF DEATH (ITE	М 27) (Тур	o, Print)	nn	16	A	LAUNET	and	20	707
	31. DATE FILED (Month, Day, JAN 2	1 1994	32. MEGISTRA	AR'S SIGNATURE									



FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFIC	ATE OF	DEATH	REG. I	10.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY		3. TIME OF DEATH
	JAMES MICHAE	L MURPHY,	SR.		FEBRUARY 2, 1994 3:20					3:20 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birt	thday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHE	PLACE (State or Foreign
	208-22-2239	1 💢 M 2 🗆 F	63	ras. MON	MONTHS DAYS HOURS MIN. DEC. 16, 1930 ALTO					ONA, PA
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b.	CITY, TOWN	OR LOCATION OF D	1		ITY OF DE	
R	100 NORTH H	ORNERS LANE	ž.			ROCKVILI	.E.	MO	ONTGO	OMERY
DIRECTOR	RESIDENCE OF DECEDENT	OKWERE ZINVE				1100111222				
H	10s. STATE 10b. COUNTY	1	10	c. CITY, TO	WN OR LOCA	TION				10d. INSIDE CITY LIMITS?
0	MARYLAND MON	TGOMERY		ROCK	VILLE					1 YES 2 NO
A	10o. STREET AND NUMBER		10f. ZIP CODE 10g. CIT					ZEN OF WI	HAT COUNTRY?	
ER	100 NORTH HOR	NERS LANE				2085	50	USA	A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 XY	R IN U.S. ARMED				NIC ORIGIN? (Specify	Yaa or No-		— American Indian,
	1 Never Married 2 Married	FORCES? 1 XY				ecify Cuban, Maxico	iri, Puerto Rican, etc.) v:		Black, Spec/h	White, atc.
BY	3 Widowed 4 Divorced	KOREA	N WAR			X	,		opour	WHITE
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)			AL OCCUPATION		16b. KIND OF	BUSINESS/INDI	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life, Do	NOT use ret	ired.)					
MP		2	SHEET	C MET	AL MEC	CHANIC	BUREAU	J OF EN	NGRAV	/ING
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maid	len Sumame)		
BE	JOHN LEO MU	RPHY				MARY	ELLEN HA	AND		100
10	19a. INFORMANT'S NAME (Type/Print)		19b. M/	AILING ADD	ORESS (Street	and Number or Rural	Route Number, City or	lown, State, Zip	Code)	
F	HELEN A. MURPH	Y	100	) NOR	TH HOF	NERS LAN	E, ROCKV	ILLE, N	MD 20	850
	20s. METHOD OF DISPOSITION 1 Ty Buriel 2 Cremation 3 Ram		20b. PLACE AND	DATEOFDE	SPOSITION (NE			LOCATION - C		
	4 Donation 5 Other (Specify)	oval from State	CALVARY	ry or other p	ETERY		2/5 AL	TOONA,	РΔ	
	21. SIGNATURE OF FUNERAL SERVICE INC	ENSER /	7,121		22. NAME A	ND ADDRESS OF FA	CILITY			
. 1	· ( Luchew)	( Col	Q		FRANCI 500 UN	S J. COI	LINS FUNI	ERAL HO	OME, L. SE	INC. P., MD 20901
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  A TO GALLBLADDER CANCER									est,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d.									
	PART II. Other significant condition	a contributing to deat	h but not reau	iting in th	e underlyin	g cause given in	Part I. 24a. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL								2 NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
¥	25. WAS CASE REFERRED TO MEDICAL				28 PI	ACE OF DEATH (C)	neck onto one)			
Sic	EXAMINER?	HOSPITAL:	hutnation: A C		HER:	./				
<u>¥</u>	27. MANNER OF DEATH	28s. DATE OF INJUI		b. TIME OF		URY AT	8 Other (Specify) 28d. DESCRIBE HO	W IN HITTO COC	NIDED	
	1 Natural 5 Pending	(Month, Day, Yes	ir)	INJURY	WC	YES 2 NO	200. DESCRIBE NO	WINDON'S OCC	UNED	
B≼	2 Accident Investigation	28s. PLACE OF INJU	IBY At home	form street			201   0017101 (0)		2 1 0-	
G	3 Suicide 8 Could not be 4 Homicide determined	building, stc. (5	Specify)	term, street	t, talctory, ome	•	28f. LOCATION (Stre City or Town, Str		or Hurai Ho	ute Number,
<u> </u>	29a. CERTIFIER					<del>:</del> -				
COMPLETED	(Check only	CIAN: To the best of my kr R: On the besis of exemina								and menner ea stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE	AMUS)				29c. LICENSE NU	MBER (	29d. DATE	SIGNED	(Month, Day, Year)
2	36. NAME AND ADDRESS OF PERSON WH	OCCUPATION CALLET OF	DEATH ATPM	VAme D:	4)	200	TUI	10	12	74
	JOSEPH M. HAGE	ERTY MD	14.fo	8 P	HYSIC	IANS L	Ave #21	2 #	MI	20820
	31. DATE FILED (Month, Day, Year) FFR 0 3 199	32. REGISTRAR'S S 4. Julia Dau	HOSON-ROY	delle						
	1 1 0 0 17 100	. (/								

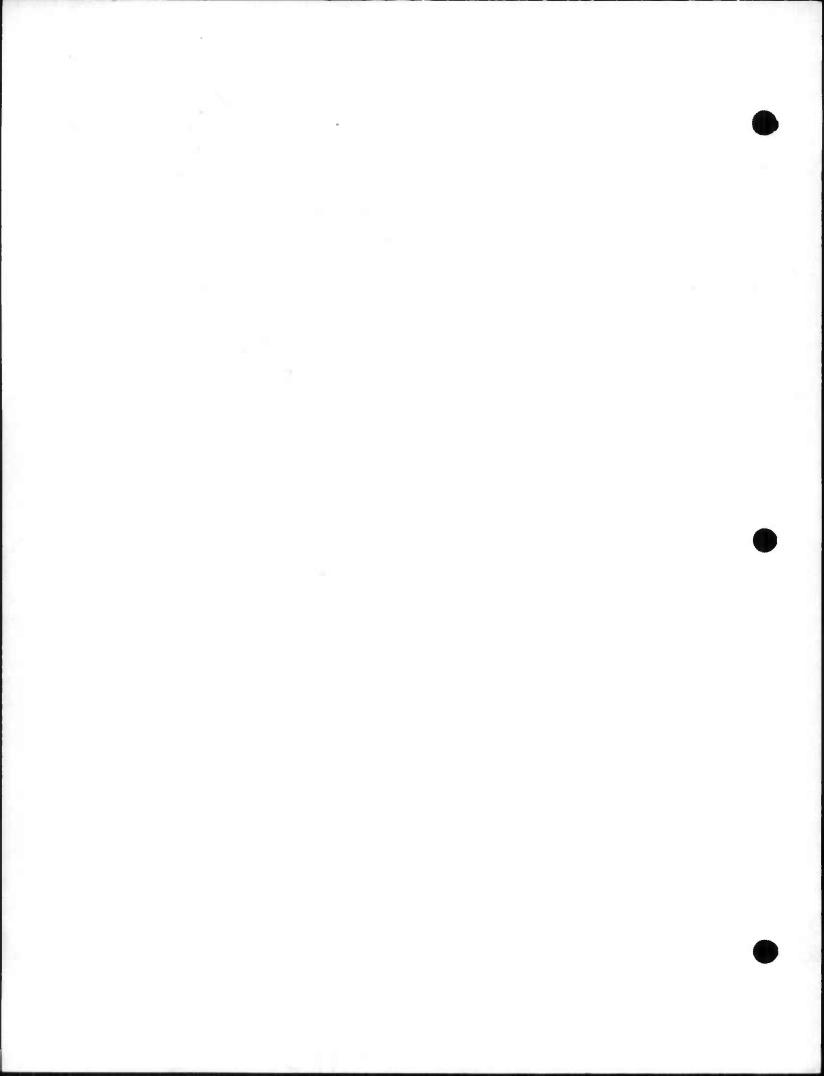
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

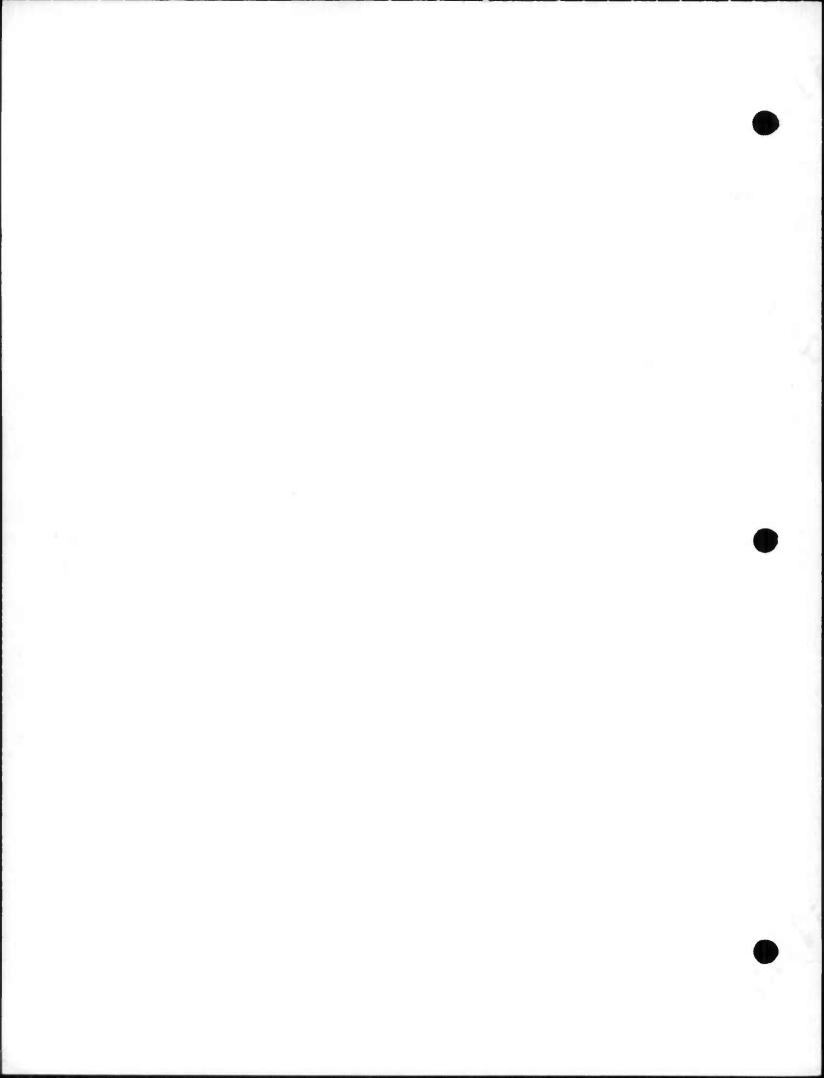
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or	DIR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITA	ERAL	in 72	T: 1
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THE	置	filed	POR
E	2	8	E

	FOR STATE REGISTRAR	STATE OF MARY					EALTH AND DEATH	MENTA	L HYGIEN		94	04	744
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	E OF DEATH		YEAR	3. TIME OF E	DEATH
- 17	THOMAS J.	MAGGEN	TI						JARY 31		94	10:45	A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	E (in yrs. last		UNDER 1 Y	-	IF UNDER 24 HRS.		OF BIRTH		8. BIRTH Countr	PLACE (State	or Foreign
	578-26-9815		35	YRS.	WIHS D	AYS	HOURS MIN.		.21,19	09		SYLVAN	NIA
	Sa. FACILITY NAME (If not institution, give st	treet and number)		96	CITY, TO	OWN OR	LOCATION OF D	EATH		9c. COU	INTY OF D	EATH	
DIRECTOR	15100 INTERLACHEN	DRIVE #21.	5		SIL	VER	SPRING			MOI	NTGOM	IERY	
)   E	10a. STATE 10b. COUNTY	,		10c. CITY, T	OWN OR L	LOCATIO	ON					10d, INSIDE	
듬	MARYLAND MON	TGOMERY		ST	LVER	SP	RING					LIMITS?	
A	10e. STREET AND NUMBER				<u>D v Dic</u>	7	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTR	177
FUNERAL	15100 INTERLACHEN	DRIVE #21	5				20906			lτ	JSA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARM	MED			NDENT OF HISPAI			or No-	14. RACE	— American	Indian,
BY	1 Never Married 2 X Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF					2 ANO Specif		Pricari, etc.)		Speci		
	15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY									WH:	ITE		
	(Specify only highest grade completed) (Ghe kind of work done during most of working												
립	Elementary/Secondary (0-12) College (1-4 or 5+) MACHINIST GPO												
COMPLETED	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)												
BEC	THOMAS MAGGENTI ZITA F									ANI			
01	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	ORESS (S	treet and	d Number or Rural	Route Nun	nber, City or Tow	n, State, Zij	p Code)		
-	JACQUELINE M. MAGGENTI  15100 INTERLACHEN DR. #215 SILVER SPRING,  20s. METHOD OF DISPOSITION 120 Buriel 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of commetory, crematory or other place)  20c. LOCATION — City or Town, St.										IG,MD	20906	
											wn, Stata		
	4 Donation 5 Dotter (Specify) FORT LINCOLN CEMETERY 2/3 BRENTWOOD, MARY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											[ARYLA]	ND
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE			FRA	ME AND NCI	S J. CO	LLIN	S FUNE	RAL I	HOME.	INC.	
	comp	5 5000	X		500	UN	IVERSIT	Y BL	VD.,W.	SIL.	SPR.		0901
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.												ximate si Between
- 1	IMMEDIATE CAUSE (Fine)												and Death
	resulting in death)	. METASTATIO							-			1	YR
		DUE TO (OR A		UENCE OF):									
RTIFICATION	Sequentially list conditions,	b. COLON CAND		UENCE OF):								8	YRS
¥	if any, leading to immediate cause. Enter UNDERLYING												
	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEO	UENCE OF):									
CERI	resulting in deeth) LAST	d											
AL C	PART il. Other algnificent condition	s contributing to deat	but not re	sulting in t	he unde	riving	ceuse given in	Part i.	24a, WAS AN	AUTOPSY	24b	WERE AUTOPS	SY FINDINGS
2				25		, ,			PERFOR	MEO?		AVAILABLE PR	
									1  YES 2	ΣMO		OF DEATH?	
PHYSICIAN: MEDIC													
Y	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL				26. PLA	CE OF DEATH (Ch	eck only o	ne)				
S	1 TYES 2 NO	HOSPITAL:	utpatient 3		THER:	Home	5X Realdenca	6 🗆 Oth	er (Specify)				
H	27. MANNER OF DEATH	28a. DATE OF INJUI (Month, Day, Yea		28b. TIME C		c. INJU		26d. OE	SCRIBE HOW I	NJURY OC	CURED		
à	1 Natural 5 Pending 2 Accident Investigation						S 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJU building, atc. (\$	28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  281. LOCATION (Street and Number or Rural Route in City or Town, State)									Route Number,	
COMPLETED													
7	(Check only	CIAN: To the best of my kr											C-97000-
5	La contraction de la contracti	R: On the beals of examina	tion and/or ir	ivestigation, i	n my opin	ion, der	ath occured at the	Ilma, dat	a and place, an	d dua to t	he cause(a	) and manner	as stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIER	1.8	·	BI			29c. LICENSE NU					(Month, Day, Y	feer)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF		_	ind)	$\perp$	D 094	/0		F	ΣB.1,	1994	
	EUGENE P. LIBRE,		O CONN			(/Ext	יאים ע קון	C T NIC	TON MAI	OVT AN	י תנ	ORDE '	3010
	31. DATE FILED (Month, Day, Year)	32. REGISTRARIS-S			UI A	v E IV	UE KEN	OTMG	TON, MA	XI LAI	עוי ב	0895-3	2310
	FEB 0 3 1994 Julia Days of Sandara Fandara												



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow of the form of the form of the hospital or attending physician.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (F	irst, Middle, Last)	= 0	Louis	e Ar	ina	Nov	otny	2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NU	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. let					1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6/10		THPLACE (State or Foreign	
218-22-433	7	1 M 2 XF	91	YRS.	MONTHS	DAYS	HOURS MIN.	June 4,	1902	Cze	choslovakia	
90. FACILITY NAME (# no Harford Me	emorial						de Grace	EATH	9c. COL	Harf	DEATH	
RESIDENCE OF D	10b. COUNTY			10c CITY	, TOWN O	B LOCA	TION				10d. INSIDE CITY	
Hariord Me RESIDENCE OF D 100. STATE Maryland	Harf	ford		775	ngdo	on					LIMITS? 1 YES 25 NO	
10. STREET AND NUMBER 909 Hill:  11. MARITAL STATUS		nue				10	21009		NHAT COUNTRY? SA			
3 Widowed 4 0		12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2X	RMED NO	- 1	f yes, sp		NIC ORIGIN? (Specify You, Puerto Rican, etc.)	or No-	Spec	CE — American Indian, ick, White, atc. ichy:	
	eccedent's educionly highest grade (		life	ECEDENT'S Sive kind of w DO NOT use ISEWII	rork done of retired.)	CCUPATION	ON ost of working	16b. KIND OF BI	JSINESS/IN	DUSTRY		
17. FATHER'S NAME (First Karel	Middle, Last)	Stavenice	èk				18. MOTHER'S NA Anna	ME (First, Middle, Maide Str	Sumame) Chli	kova		
199, INFORMANT S NAME	190. INFORMANT'S NAME (Type/Print)  Eliska N. Tretera  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  801 South Pitt St., Apt 327. Alexandria, Va. 22314											
20e. METHOD OF DISPOSITION  1										-	ester, Pa.	
21, SIGNATURE OF FUNE	RAL SHWICE LICE	114/0	-4-	1	22. HC	NAME AI	nd address of fa					
If any, leading to Imr cause. Enter UNDER	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events						Arte	ioselar I	Bis	tion ear	4 year	
PART II. Other signif	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part in the underlying cause given in the								24b	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
25. WAS CASE REFERRED	TO MEDICAL	HOSPITAL:			OTHER		LACE OF DEATH (Ch	eck only one)				
25. WAS CASE REFERRED EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5	Pending	28e. DATE OF IN (Month, Day,	JURY	28b. TIM	4 🗆 Nun	28c. IN.	Ne 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY O	OCCURED		
2 Accident 3 Suicide 6	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, str building, etc. (Specify)							28f. LOCATION (Street City or Town, State		or Rural i	Route Number,	
onel								to the cause(e) end m			e) e id manner se stated.	
29b. SIGNATURE AND	LE OF CENTRIES	elal	WE	mi	> <		29c. LICENSE NUI	WBER 676.	29d. DA	TE SIGNE	6/94	
30. NAME AND ADDRESS	od (	COMPLETED CAUSE	M	2 3	Print)	2	· Men	ion Ave	+	Ja	ire de	
31. DATE FILED (Month of	ey. Year)	12 95 SISTRAR'S	S SIGNATURE	2	/			1 4			prace Mo	

T C S S S S S S S S S S S S S S S S S S	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	THE	THE	be filed	IMPO

31. DATE FILED Month, Day, Year) 2 - 7 - 94

	FOR 1 _ STATE	STATE OF	MARYLAND /	DEPAR	RTMFA	IT OF H	IFAITH	AND	MENT	AI HYGIEN	ie.	94	04746
	1. DECEDENT'S NAME (First, Middle, Last)  CHARLES NICHY	-	CI	ERTIF	ICAT	E OF	DEA	ГН		REG. NO		YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)		ER 1 YEAR	IF UNDER		7. DATI	E OF BIRTH		6. BIRTH	3/3 P N
1	232-12-3062  9a. FACILITY NAME (If not institution, give	1 M 2 🗆 F	74	YRS.	MONTHS		HOURS	MIN.	Feb	5 26, 1919 Wes			t Virginia
TOR	Suburban Hospita					thes		ON OF DI	EATH		1 2 2 2 2 2	intgoi	
DIRECTOR	10a. STATE 10b. COUNT	v erick			eder	or LOCAT	TION				10d. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	100. STREET AND NUMBER 7034 Basswood Ro	ad				101	217	-					what country? States
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES?  IF YES, GIVE V  WORLD	TEYER IN U.S. AR YES 2 1 WHOR DATES	MED NO	13	If yes, sp	ecify Cuba	n, Maxica	ican, Puerto Rican, etc.) Black, White, atc				
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	16a. DE (G.	CEDENT'S tre kind of Do NOT u	work done se retired.	occupation during mo	ON ist of workin	ng	18	U.S. G			t	
BE COM	17. FATHER'S NAME (First, Middle, Last) Clarence Nichols						18. MOTI	HER'S NA	ME (First,	, Middle, Malden	Surname)		
10	19a. INFORMANT'S NAME (Typo/Print) Joseph Nichols			5635	Gle	enhil	e Co	wrt :	Jeff	mber, City or Tow	MD	217	
	20a, METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	me of rial	Feb Gard	4,04 dens	9:94 20c. LO Fr	eder	ick, N	wn, stere laryland					
	21. SIGNATURE OF FUNERAL SERVICE LI	Mac K	eng		S.	tauf	er F	is of fa UNE	ral	Homes.	P.A		MD 21702
	23. PART i. Entar the diseases, or ahock, or heart failure.	complications the List only one car	it caused the da	ath. Do i	not anta	r tha mo	da of dyl	ing, auci	h ss car	rdiac or reap	iratory s	rrest,	Approximate Intarval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in daeth)	L	_	EU	MO	NIA	2				Onset and Death		
NO	Sequentially list conditions,	. THR	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSEC	CYT	05	15							
CERTIFICATION	If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		ON C I			BEN	OVS	- (	LEL	JKE	MIA	-	7 YRS
31	PART il. Other significant condition	a contributing to	daath but not ra	aaulting	in tha u	nderlying	cause (	given in	Part i.	24e. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICA									_	PERFOR	1	į	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL					24 84	ACE OF O	EATH (OL					
SIC	EXAMINER? 1 YES 2 ND	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:				er (Specify)			
BY PH	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE DF (Month, D		28b. TIM		28c. INJU	URY AT			SCRIBE HOW I	NJURY OC	CURED	
E	3 Suicide 8 Could not be determined	26e. PLACE D building,	F INJURY — At hosetc. (Specify)	me, ferm, a	ntreat, fed	ctory, office	<u> </u>		28f. LOI City	CATION (Street a y or Town, State)	and Numbe	er or Rural R	loute Number,
COMPLE		CIAN: To the best of a											) end menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES		MO					NSE NUN		6.			(Manth, Day, Year)
임	30. NAME AND ADORESS OF PERSON WH	O COMPLETED CALL	DE OF DEATH OFFI	4 0T) /T	014		1			-			

32. REGISTRAR'S SIGNATURE PONDER

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	NUTS	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
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		FOR 1 - STATE REGISTRAR	STATE OF MARYL					HEALTH AND I	MENTAL	. HYGIEN	_	Ļ	04747		
- 1	3	1. DECEDENT'S NAME (First, Middle, Last)		,	<u> </u>				2. DATE	OF DEATH	AY )		TIME OF DEATH		
		KobeRT	Ray			· e	M1	3	JA		8 190		5:32 A.		
				(In yrs. lesi		IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN,	7. DATE ( (Month)	Day, Year)		Country)	ACE (State or Foreign		
				23	YRS.		- DATE	HOUNS WINE,	Mar.	7,1	970	Phil	lipines		
	~	Se. FACILITY NAME (If not institution, give stre	,			9b. CITY	, TOWN	OR LOCATION OF DE	ATH		9c. COUNT	OF DEA	TH ·		
	0	St. Mary's Hospita	al			Le	eona	ardtown			St.	Mary	rs		
	RECTOR	10a. STATE 10b. COUNTY			10c, CIT	r, TOWN (	OR LOC	ATION	_			L	od. INSIDE CITY		
- 1	DH.	Maryland St. 1	Mary's		Tox	rinat	on	Park					LIMITS?		
		10e. STREET AND NUMBER	KILY 5		ПСХ	ingt	-	Of, ZIP CODE			10a, CITIZE		AT COUNTRY?		
-1	FUNERAL	65 Hillside Drive						20653							
П	N N		12. WAS DECEDENT EVER I	N U.S. ARI	MED	13.	WAS DE	ECENDENT OF HISPAN	IIC OBIGIN	/Snacify Va	U.S		American Indian,		
- 1		1 🙀 Never Married 2 🗋 Married	FORCES? 1 YES	2 X N			If yes, s	specify Cuban, Mexicer S 2 X NO Specify	n, Puerto A	Ican, etc.)	101110-	Black, V	Vhite, etc.		
- [	ВУ	3 Widowed 4 Divorced	II TES, GIVE WAN ON D	AIES			I YE	S 2 NO Specify				Specify: Wh:	ite		
	8	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	18e. DE	CEDENT'S	USUAL O	CCUPAT	TION nost of working	16b.	KIND OF BU	SINESS/INDUS	TRY			
	13	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life.	Do NOT us	e retired.)									
aš l	MP	12th Grade			Broa	idcas	ster		R	adio					
000	COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAI	ME (First, M	iddle, Malden	Surname)					
at at	BE	Reynaldo (					Anna		Marga:	ret	0	Brien			
=	19b. MAILING ADDRESS (Street end Number or Run									Route Number, City or Town, State, Zip Code)					
2	-	Reynaldo Ocfemia		- (	55 Hi	llsi	de	Drive, Le	exing	ton Pa	ark, M	aryl	and 20653		
d Is		20e. METHOD OF DISPOSITION  1 ]() Burlei 2 Cremetion 3 Remove			ND DATE O			Name of	OATE	20c. LO	CATION Cit	or Town	, State		
Ē		4 Donation 5 Other (Specify)						Gardens		Le	onardt	own.	Maryland		
a lu		21. SIGNATURE OF FUNERAL SERVICE LICE	NBEE /					AND ADDRESS OF FAC					**		
or other traumatic event, the medical examiner must be notified at once.		Michael	Hards	200	)	Ma P	O.	ngley-Gar Box 270,	dine	r Fune	eral H	ome,	P.A. nd 20650		
ica ica		23. PART I. Enter the diseases, or co			eth. Do r	ot enter	the m	ode of dylna, such	n es cerdi	ec or reap	ratory arres	. ута	Approximate		
E		ehock, or heart fallure. Li	ech iine.				, ,			, , , , , ,	-,	interval Between			
를		IMMEDIATE CAUSE (Final disease or condition	CARIMO	A	RREST								Onset and Death		
ent,		resulting in death) a.	DUE TO (OR AS /			h:							2 days		
200	,		CONGEST		HEAR	•	HWI	2.3	) 9 MONTHS						
Шаат	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A				Tragality)								
Ē	AT	cause. Enter UNDERLYING	CARDION	MOPA	THY	,	1010	PATING	( j						
Pe Pe	Ĕ	CAUSE (Disease or injury that initieted events	OUE TO (OR AS A	CONSEC	UENCE OF								!		
0 70	F	resulting in deeth) LAST													
	CE	DART II Other classificant as differen													
shows any injury,	EDICAL	PART II. Other algnificent conditions  MORNA OBE		ut not re	euiting i	n the ur	nderiyli	ng ceuse given in	Part I.	24a. WAS AN PERFOR		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO		
2 3	ă	NOORNI ORE	1177						_	1 _ YES 2	₩ NO		OMPLETION OF CAUSE F DEATH?		
NO.	M								_			1	YES 2 NO		
23	ÿ														
E	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		PLACE OF DEATH (Che	ock only one	)					
or Item	ĬΣ.	1 TYES 2 KNO	Impatient 2 - ER/Outp	patient 3	□ DOA			me 5 🗆 Residence	6 🗆 Other	(Specify)					
ed,	PHY	27. MANNER OF OEATH  1 Natural 5 Pending	(Month, Day, Year)		28b. TIM	E OF URY		IJURY AT ORK?	28d. OEŞ	CRIBE HOW I	NJURY OCCUP	ED			
marked.	B	2 Accident Investigation				М		YES 2 NO							
90	0	3 Suicide 8 Could not be 4 Hornicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At hor	ne, ferm, s	treet, fact	lory, offi	Ice		TION (Street a	and Number or	Rural Rou	e Number,		
₩ 28	E														
100	7		AN: To the best of my know	ledge, der	ith occurre	d at the t	ime, dat	le end place, end due	to the caus	se(e) end mar	wer ee stated.				
	COMPLETE	000) 2 MEDICAL EXAMINER:	On the basis of examination	n end/or la	rvestigatio	n, In my o	pinion,	death occured at the	time, date	end place, en	d due to the o	ause(e) e	nd manner es stated.		
IMPORTANT: If Item	S I	29b. SIGNATURE AND TITLE OF CERTIFIER	M					29c. LICENSE NUM	IBER		29d. DATE S	IGNED (M	onth, Day, Year)		
F 5	8		Ohrani, ap					D345			<b>&gt;</b>	1. 2			
=	임	30. NAME AND ADDRESS OF PERSON WHO		_	1 0 T (T	0-1-4)						_			

no registrar's signature Turia Davidson-Mandall

LEONARDTOWN

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

#101

57

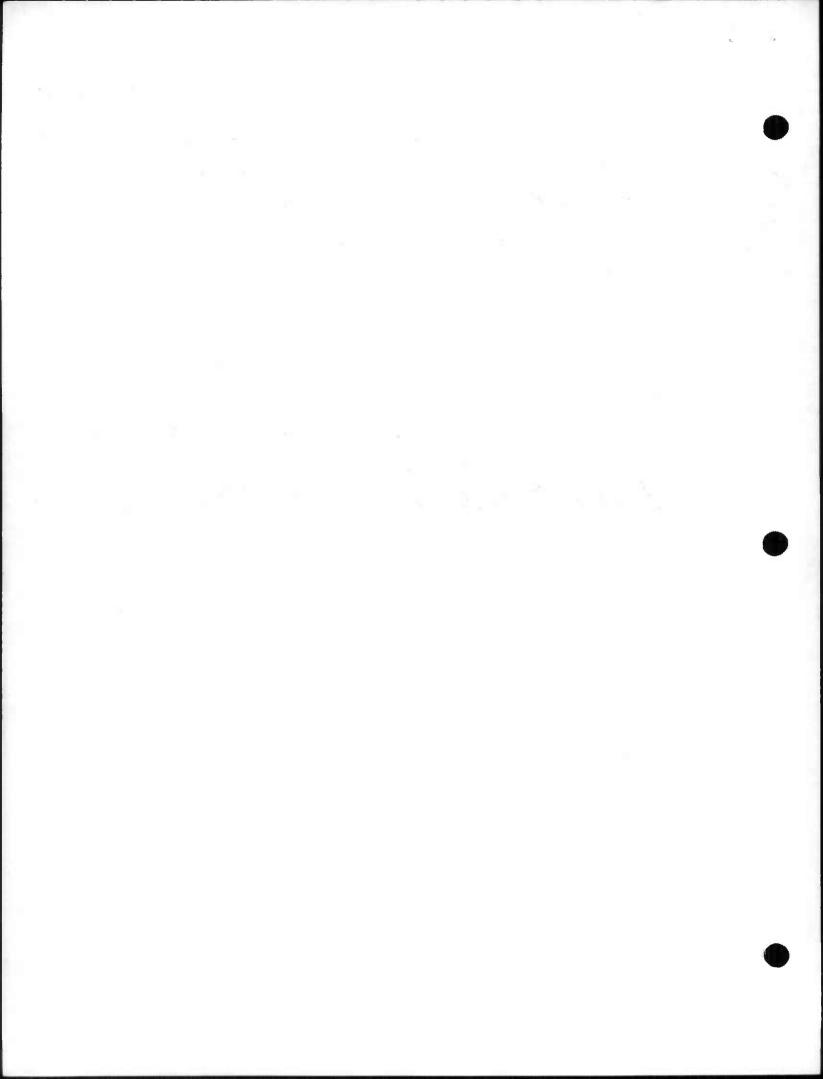
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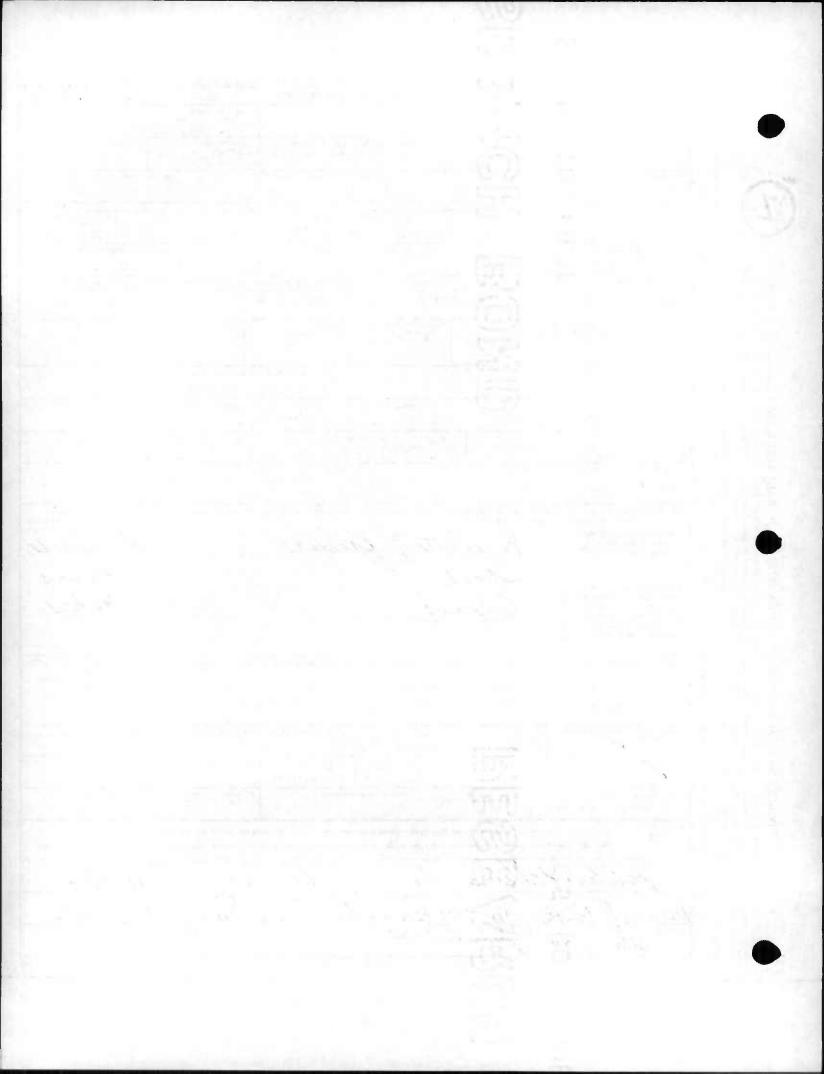
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flow of stee of early be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	ICATE	OF DE	AIH	REG. NO	).	24	04/40	
	1. DECEDENT'S NAME (First, Middle, Last)	LOMON	OWENS		2. DATE OF DEATH MONTH Jan. 25					3. TIME OF DEATH 11:10 PM	
	The second secon		(In yrs. lest birthday)	IF UNDER 1	YEAR IF I	MOER 24 HRS.	7. DATE OF BIRTH  OF 29-1		S. BIRTH	PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give street	and number)		64 OUTH T		CATION OF DE					
œ								NTY OF DE			
DIRECTOR	Holy Cross Hospi	tal		S	rTvei	Spr	ıng	MO	NTGC	MERY	
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10. 017	Y, TOWN OR	LOCATION						
<u>E</u>			100. 011						10d, INSIDE CITY LIMITS?		
		gomery		Bea.	llsvi					1 XYES 2 NO	
₹	10e. STREET AND NUMBER	Acres - Ary			10f. ZIP			10g. CIT	IZEN OF W	HAT COUNTRY?	
FUNERAL	19901 Beallsvill	e Road				20839	1	U.S.	A.		
5	11. MARITAL STATUS 12	WAS DECEDENT EVER	N U.S. ARMED				IIC ORIGIN? (Specify Ye	s or No-	14. RACE	- American Indian, White, etc.	
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	ATES NO			Cuban, Maxica (NO Specil)	n, Puerto Rican, etc.)		Specif		
COMPLETED	15. DECEDENT'S EDUCATI	ON	18a. DECEDENT'S	USUAL OCC	UPATION		16b. KIND OF BU	SINESS/INE	DUSTRY		
<u> </u>	(Specify only highest grade com Elementary/Secondary (0-12) C	pleted) pliege (1-4 or 8 +)	(Give kind of life. Do NOT u:	work done dui se retired.)							
7	4th	Silve (1-4 Silve 4)	Ga	rdene	r						
M	17. FATHER'S NAME (First, Middle, Last)		- Gu	L GCIIC		MOTHED'S NA	ME (First, Middle, Maider	Cumamal	_		
	Dennis Owens				10.						
BE.							na Dorse				
2	190. INFORMANT'S NAME (Type/Print) Linda Smith (Ni						Poute Number, City or Tow Or., Gai:			20877	
	20s. METHOD OF DISPOSITION  20b. PLACE AND DATE of DISPOSITION / Name of DATE 20c. LOCATION — City or Town, State campletry, gregolatory or other place!										
	1 XBurial 2 Cremetion 3 Removal from State carretory, crematory or other place Mt. 210n Cemetery 2/2 Dickerson, MD										
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE /	,			DRESS OF FA					
SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850  23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approx											
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury	Show	A CONSEQUENCE O	n:	lie	r		-	du	Onset and Daeth creolials of his	
CERTI	that initiated events resulting in death) LAST			,							
MEDICAL	PART II, Other significant conditions of	entributing to death	but not resulting	in the Unde	erlying car	use given in	Part i. 24a. WAS AI PERFO	RMED?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ÿ											
ਰ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	26. PLACE	OF DEATH (Ch	eck only one)				
S		Inpatient 2 ER/Out	patient 3 DOA		g Home 5	☐ Residence	6 Other (Specify)				
BY PHYSICIAN:	27. MANNEPOF DEATH  1 Matural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. T/N	E OF 2	Bc. INJURY WORK? 1 YES		28d. DESCRIBE HOW	INJURY OC	CURED		
	3 Suicida 6 Could not be datermined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, term, Icily)	atreat, factor	y, office		281. LOCATION (Street City or Town, State	and Number	r or Runal R	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN ONE) 2 MEDICAL EXAMINER: 0									end menner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  1/26/94										
	30. NAME AND ADDRESS OF PERSON WHO CO RICIAARD P. DELANE	(MD 980	11 GEORG	Print)	VE.	SILVED	SIKING	1	02	0902	
	JAN 3 1 1994	Julia Davido	NATURIFICATION OF PRINCES		-		//				



	the hos	e detache	t once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Yours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
1	пау ре	, page 5	rt be n	
	Page 6 r	director	er mu	
	death.	funeral	examin	
	urs after	in by the	edical	ŀ
	n 24 hor	hy filled ation, or	the m	l
	ed withi	omplete al, crem	event,	
	e execut	an and o	umatic	
	tificate b	physici ene prior	ther tra	
	eath cer	attending ntal Hygi	y, or 0	
	nat the d	by the	ny injur	
	quires th	n signed f Health	IOWS at	
	e law re	has bee Dept. o	1 23 sh	
	JAN: Th	rtificate he State	or item	
	PHYSIC	r this ce	arked,	
	FENDING	DR: Afte	8 is m	
	OR AT	DIRECT hours a	item 2	
	OSPITAL	UNERAL Athin 72	ANT: II	
	THE H	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORT	
		-		

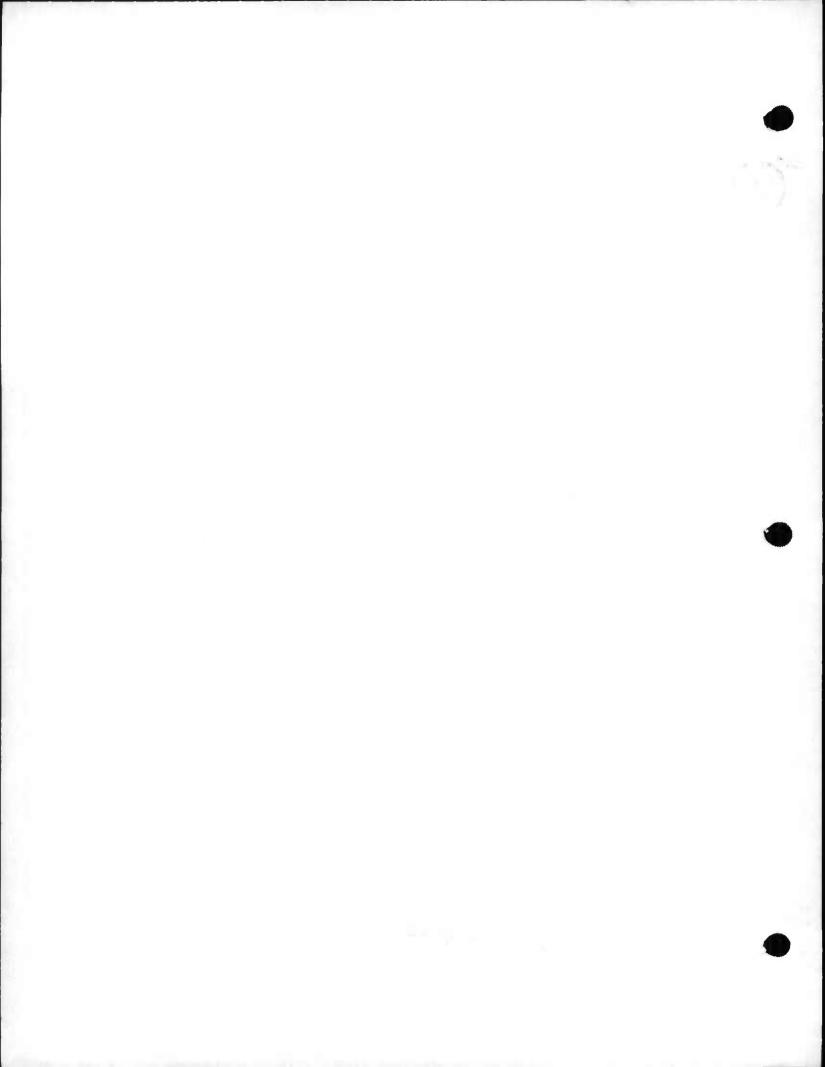
Francis

C.

31. DATE FILED (Month, Day, 1994 FEB 0 1 1994

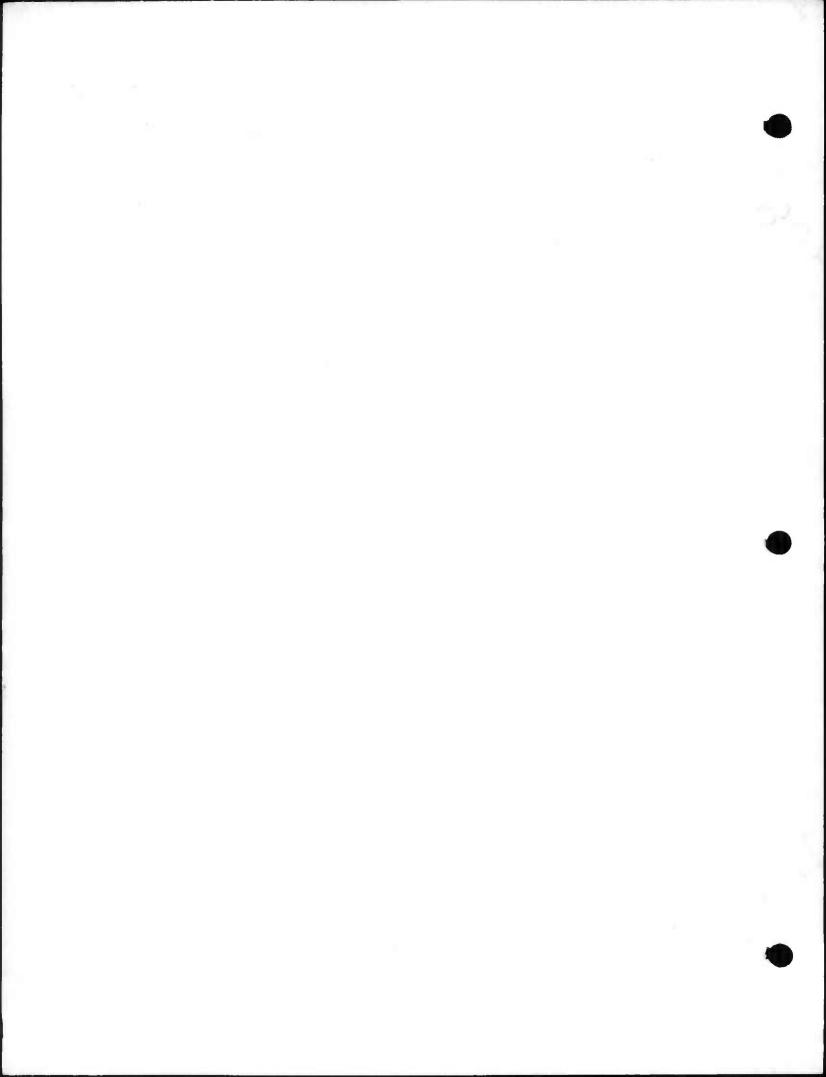
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DE	PARTMENT OF	HEALTH AND	MENTAL HYGIE!		14	04749													
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			TIME OF DEATH													
		May J. O'Con	nnor			January 28	MY R.199⊿	YEAR	8:17 AM													
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	(In yrs. last birth	day) F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign													
	075-36-1855	1 □ M 2 □ F	81 Y	RS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Aug. 9,19		Country)														
	9s. FACILITY NAME (If not institution, give at		31	9b. CITY, TOWN	OR LOCATION OF			New !														
Œ	Dothoods Datius					110 -2-320-1-10-201																
8	Bethesda Retireme	ent & Nursin	g Cent	er Cnev	y Chase		Mo	ntgor	nery													
DIRECTOR	10e. STATE 10b. COUNTY	1	100	CITY, TOWN OR LOCA	TION		10	d. INSIDE CITY														
ä	New York Wes	st Chester		Yonk	ers		LIMITS?															
甘	10e. STREET AND NUMBER				r. ZIP CODE		10g. CITIZ		AT COUNTRY?													
FUNERAL	37 Roosevelt Stree	a+			10701																	
ξ	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13 WAS DE																		
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, s	pecify Cuben, Mexic	an, Puerto Rican, etc.)	- Or NO.		American Indian, Vhite, etc.													
B	3 Widowed 4 Divorced	IF TES, GIVE WAN ON DA	AIES	1 U YE	S 2 NO Spec	tty:		Specify:														
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  A Homemaker  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Homemaker  17. FATHER'S NAME (First, Middle, Last)  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY																						
											8											
BE	19e. INFORMANT'S NAME (Type/Print)																					
2	19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  William J. O'Connor 9530 E. Stanhope Road, Kensington, MD 20895																					
20a. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Removal from State 4 Donetion 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremajory or other place) Gate of Heaven Cemetery 2/2/94  Hawthorne, New																						
		Ga	te or	Heaven Ce	metery 2	/4/94   Haw	thorne	e, Ne	w York													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  1. Home/Bethesda-Chevy Chase, Inc., 755. Wisconsin Avenue, Bethesda, MD 20814.																						
	23. PART I. Enter the diseases, or c shock, or heart fellure.	complications that caused List only one cause on a	i the deeth. ach lina.	Do not antar tha me	oda of dying, su	ch as cardiac or reap	Iratory arre	at,	Approximata interval Between													
	IMMEDIATE CAUSE (Fine)																					
ŀ	resulting in death)	Subdural		-				5 weeks														
	DUE TO (OR AS A CONSEQUENCE OF):																					
Z.	Sequentially list conditions,	Cerebra							5 weeks													
CERTIFICATION	If any, leading to immediate	DUE TO (OR AS A	CONSEQUENC	CE OF):																		
2	cause. Enter UNDERLYING CAUSE (Disease or injury	<u> </u>																				
는	thet initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENC	CE OF):																		
H	Touting in death) LAST	ś																				
- 11	PART II. Other algnificent conditions	s contributing to deeth b	ut not result	ing in the underlyin	a cause alven ir	Part I. 24a. WAS AN	AUTOBEV	Toda Mil	ERE AUTOPSY FINDINGS													
8				ang in the underlyin	A canno Aiseil ii	PERFO		AV	AILABLE PRIOR TO													
						1 YES :	No No		MPLETION OF CAUSE DEATH?													
ă						1		1 1	YES 2 NO													
MEDI									_ 120 10													
IN: MEDI						_			_ 140 1 10													
CIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			LACE OF DEATH (C	heck only one)		<u></u>														
/SICIAN: MEDI		HOSPITAL: 1 □ Inpetient 2 □ ER/Outp	atlent 3 🗆 Do	OTHER:		heck only one)  6  Other (Specify)																
HYSICIAN: MEDI	EXAMINER?	1 Inpatient 2 ER/Outp		OTHER: 4 XNursing Hor	ne 5 🗆 Residence		NJURY OCCI															
Y PHYSICIAN: MEDICAL	EXAMINER?  1 TYPES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1   Inpatient 2   ER/Outp	28b.	OTHER: 4 Nursing Hore Time Of 18c, IN. INJURY 28c, IN.	ne 5 🗆 Residence	6 Other (Specify)	NJURY OCCI															
B	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1   Inpetient 2   ER/Outp 26e. DATE OF INJURY (Month, Day, Year) / 2 24   9 26e. PLACE OF INJURY	28b.	OTHER:  OA 4 XNursing Hor  TIME OF 28c, IN, INJURY M 1	ne 5 - Residence	6 Other (Specify)  28d. DESCRIBE HOW  FELL 6.  281. LOCATION (Street	V I	JRED CE														
B	EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Inpetient 2 ER/Outp 26e. DATE OF INJURY (Month, Day, Year) / 2 24 26e. PLACE OF INJURY building, etc. (Spec	28b.	OTHER:  OA 4 XNursing Hor  TIME OF 28c, IN, INJURY M 1	ne 5 - Residence	6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	end Number of	URED CE or Rural Rout	a Number,													
B	EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined	1 Inpetient 2 ER/Outp  26e. DATE OF INJURY (Month, Day, Vear)  26e. PLACE OF INJURY building, etc. (Spec	Al home, fe	OA OTHER:  OA (X)Nursing Hor  Time OF Sec. IN.  INJURY M 1	IURY AT DRK? YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW  FELL  28f. LOCATION (Street City or Town, State)  3 TRECSSELLT	end Number of	JRED CE V Rural Rout														
B	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	1 Inpetient 2 ER/Outp  28e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, etc. (Spec	Al home, fe	OA 4 (X)Nursing Hon  TIME OF INJURY M 1   Prm, street, factory, office  courred at the lime, date	DURY AT ONE OF THE PROPERTY OF	6 Other (Specify)  28d. DESCRIBE HOW  FILL  28f. LOCATION (Street City or Town, State)  3 TRecsettle  6 to the cause(s) and ma	and Number of	JRED  C E  O Rural Rout  A N N  d.	Number (ERS. N.Y.													
B	EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation 3  Suicide 6  Could not be determined  29e. CERTIFIER (Check only one)  2  MEDICAL EXAMINER	1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month. Day, Year) / 2 2 4 29 28e. PLACE OF INJURY building, etc. (Spec	Al home, fe	OA 4 (X)Nursing Hon  TIME OF INJURY M 1   Prm, street, factory, office  courred at the lime, date	DURY AT ONE OF THE PROPERTY OF	6 Other (Specify)  28d. DESCRIBE HOW  FILL  28f. LOCATION (Street City or Town, State)  3 TRecsettle  6 to the cause(s) and ma	and Number of	JRED  C E  O Rural Rout  A N N  d.	Number (ERS. N.Y.													
	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month. Day, Year) / 2 2 4 29 28e. PLACE OF INJURY building, etc. (Spec	Al home, fe	OA 4 (X)Nursing Hon  TIME OF INJURY M 1   Prm, street, factory, office  courred at the lime, date	DURY AT ONE OF THE PROPERTY OF	6 Other (Specify)  28d. DESCRIBE HOW  FILL O.  28f. LOCATION (Street City or Town, State)  3 TRecourter  to the cause(s) and mag time, date and place, as	and Number of	JRED  C F  V Rural Rout  A N N  d.  cause(a) er	Number.													

26e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 6 Could not be determined end due to the cause(s) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 70 January 28,1994 Mayle, Fernwood Road, #301, Bethesda, Maryland M.D., 10215 June Hundson Winder DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND /	DEPAR ERTIF	TMENT	OF H	IEALTH DEAT	AND I	MENTAL HYG			94	04750
	1. DECEDENT'S NAME (First, Middle, Last)  Annette T. O'C	Connor							2. DATE OF DEAT MONTH January	Н	ğ, 19	YEAR 194	3. TIME OF DEATH 4:30 PM
	4. SOCIAL SECURITY NUMBER 5.	SEX	6. AGE (In yrs. Ia: 91	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	-	T	a BIOTH	PLACE (State or Foreign nington, DC
OR	90. FACELITY NAME (If not institution, give street Hill Haven Nursing	Home			211	Adel	phi	ON OF DE	ATH		111 11200	YTY OF DE	
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			T 40 - 047	Y, TOWN (								
L DIRECTOR	Maryland Montgo	mery				r Sp	ring						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	2305 East West Hig					101	zip codi	0906				JSA	HAT COUNTRY?
В	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES? 1	YES 2 4	RMED		If yes, sp			IC ORIGIN? (Specif n, Puerto Rican, etc		or No—	14. RACE Black, Specifi	- American Indian, White, etc.
COMPLETED	15. OECEDENT'S EDUCATI (Specify only highest grade com Elementary(Secondary (0-12)	iON npleted) College (1-4 or 5+)	(G	CEDENT'S live kind of v Do NOT us	work done			g	16b. KIND OF	BUS	INESS/IND	USTRY	
MPL	12			reası	ıry I	Dept	•		US G	ove	ernme	ent	
00 =	17. FATHER'S NAME (First, Middle, Lest) Frank Trumbull				16. MOTI		ME (First, Middle, Me ribia Cu						
TO BE	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	Street a	nd Number	or Rural F	loute Number, City or	Town	, State, Zip	Code)	
F	Donald E. O'Connor 29 Wilson Walk Bethany Beach, Delaware 19930												9930
	20a. METHOD OF DISPOSITION 1 \( \text{M Burlel 2 } \) Cremation 3 \( \text{Removal from State} \) 4 \( \text{Donation 5 } \) Other (Specify) \( \text{Carte of Hoaven Competency Feb. 2} \)  20b. PLACE AND DATE OF DISPOSITION (Name of cemtery, crematory or other place).  Cate of Hoaven Competency Feb. 2 Silver Spring, MD												
21. SIGNATURE OF THERAL SERVICE LICENSEE 122. NAME AND ADDRESS OF FACILITY													ing, rib
Hines-Rinaldi Funeral Home 11800 New Hampshire Ave Silver Spring.  [23. BART/ Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,   Approxim												Spring, MD	
	snock, or heart fellure. List	plications that only one ceus	caused the de se on each line	ath. Do r	not entar	the mo	de of dyi	ng, such	as cerdiac or n	epir	atory arm	ent,	Approximete Interval Between
	immediate cause (Final disease or condition resulting in death)  PNEUMONIA  a. PNEUMONIA												
NO	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (	OR AS A CONSE	DUENCE OF	ን:								
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (	OR AS A CONSE	DUENCE OF	7):								
LCE	PART ii. Other significant conditions co	ontributing to	death but not r	esuiting i	n the un	deriving		lue in I	Part I Die und		UTTORAY		
PHYSICIAN: MEDICA							l cansa 8	IVOIT III I		FOR	WED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME									_				1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					20 00	10F 0F B	- AWII 001 .					
SICI	EXAMINER?	OSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Num	<b>1</b> :			ck only one)  B □ Other (Specify)				
PHY	27. MANNER OF DEATH	28a. DATE OF I	NJURY	26b. TiMi		28c, INJI			28d. DESCRIBE HO	OW IN	JURY OCC	URED	
B	1 Netural 5 Pending 2 Accident investigation	28a PLACE OF	INJURY — At ho		M		ES 2	NO					
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, e	rtc. (Specify)		areet, teck	огу, отне			281. LOCATION (Str City or Town, S	teto)	nd Number	or Rurel Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN DESCRIPTION OF COMMON											and manner or stated	
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER				1111111111			NSE NUM			29d. DATE	-	Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE	E OF DEATH (ITE	4 27) (Type,	Print)		レ	151	>6>		<u> </u>	1/	51194
	Dr. Charles Benner	11251	Lockwoo	od Dr	ive	Si	<u>ilv</u> er	Spr	ing, Man	cy1	and	2090	1
	31. DATE FILED (Month, Day, Year) FFB 0 3 1994	32. REGISTRAR	evidson-A	and se									
- 0	FED U 1) 1334	1	- 10001 - A	. 1.									



3. TIME OF DEATH

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DIRECTOR

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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this certificate his with the State C

Sequentially list conditions,

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

that initiated events resulting in death) LAST

3 Sulcide

for use as the burial-transit

ours after death. Page 6 may be retained by the hospital or attending physician,

signed by the attending physician and completely filled in by the funeral director, page 5 should be detached i Health and Mental Hygiene prior to burrial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CERTIFICATE OF DEATH REG. NO. IT'S NAME (First, Middle, Lest) 2. DATE OF DEATN S. February Olton David SECURITY NUMBER 5. SEX

1994 3:21 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 54-2076 51 1 M 2 F YRS. Jan. 15. 1943 New Jersey TY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH

9208 Adelaide Drive Bethesda Montgomery RESIDENCE OF DECEDENT

10a STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Phoenix 1 TYES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10a CITIZEN OF WHAT COUNTRY?

3 Greenland Garth United States 21131 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES XXNO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Widowed 4 Divorced

white 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 q Professor University 17, FATHER'S NAME (First, Middle, Last)

Robert M. Olton Minnie Helena Teipel 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

1227-F Gemini Drive, Annapolis, MD 21403 <u>lisbeth R. Olton</u>

20e. METHOD OF DISPOSITION
1 □ Buriel 2 □ Cremation 3 □ Removal from State
4 □ Donetion 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Suburban Crematory 2-2 Silver Spring, Maryland 21. SIGNATURE DE EUNERAL SETWICE LICENSES 22. NAME AND ADDRESS OF FACILITY

Rapp Funeral Services, P. A. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, MD 20910

**Approximate** shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) ANGREATIC CANCER
DUE TO (OR AS A CONSCOUENCE OF): + MONTHS

DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF):

18. MOTHER'S NAME (First, Middle, Meiden Sumen

PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i.

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (Check only one)								
1 YES 2 NO	NO HOSPITAL: 1   inpatient 2   ER/Outpatlent	DOA	OTHER: 4 □ Nursing Home 5 □ Residence		6/D Other (Specify)	Friend's Ho	Home		
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIN	E OF	28c. INJURY AT	28d. DESCRIBE NOV	W INJURY OCCURED			

1 Netural 5 Pending 1 YES 2 NO 2 Accident Investigation

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be 4 Homicide

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated,

	inguitors, in my opinion, centil occured at the time, cate and	sace, and due to the cause(e) and mainter se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
(In ) Ochth	D29373	▶ February 1, 1994

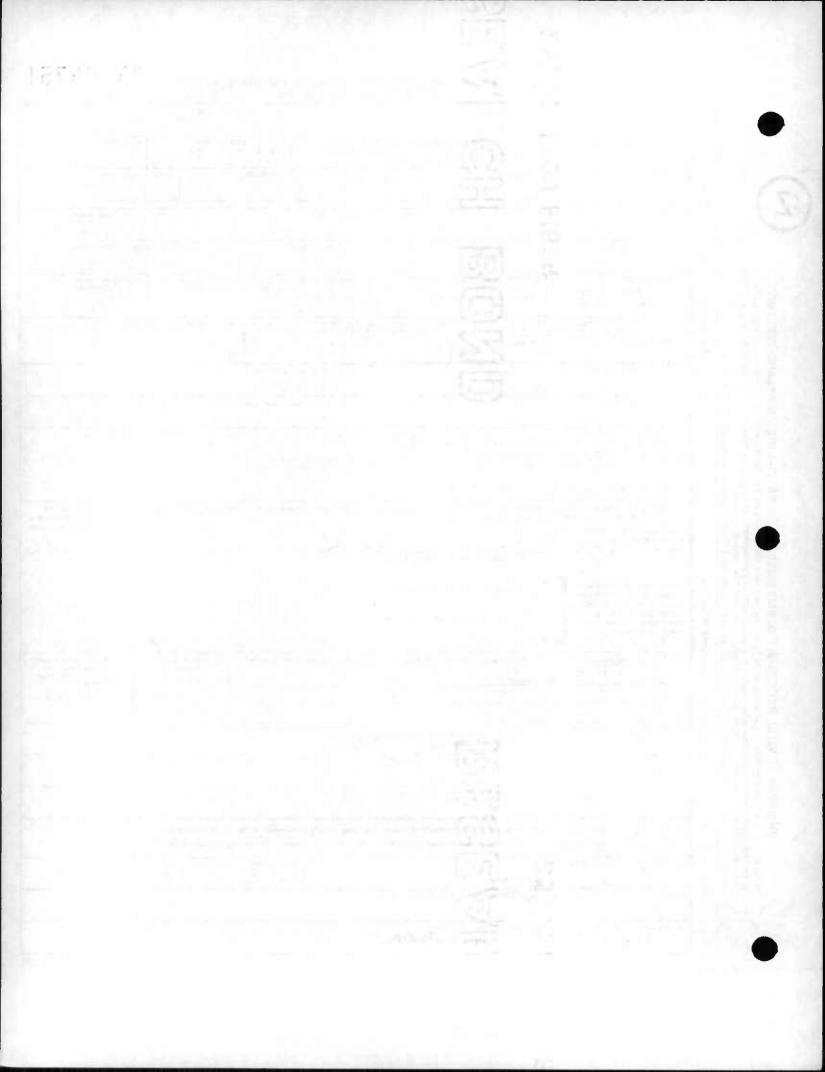
LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Seifter. M. Eric J. D. 611 Park Avenue. Baltimore, MD 21201 31. DATE FILED (Month, Day, Year)

32 PREGISTRAR'S SIGNATURE FEB 0 3 1994 Julia Davidson Randall

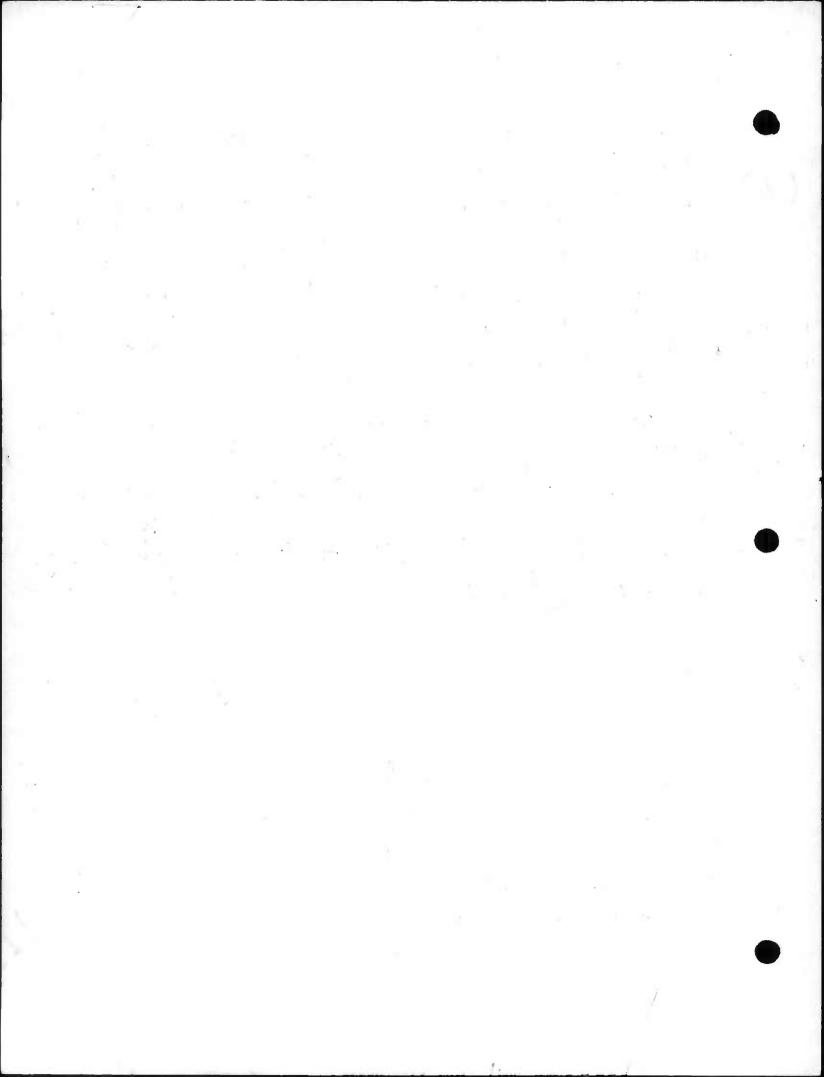
Dechter

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the or THE FUNEPAL DIPECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and Me IMPORTANT: If Item 28 is marked, or Item 23 shows any Inju



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	1 - FOR STATE REGISTRAR		STATE OF M	ARYLAND C	DEPAR ERTIF	TMENT	OF H	EALTH AND DEATH	MENTAL HYGIEI		01.	01.7	52	
100	•	I. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	DAY	YEAR	3. TIME OF DE	NTH	
DIRECTOR	Khalid 4. SOCIAL SECURITY NUMBER		Mohamma			dsi			Jan 2		994	1827	М	
	477-90-1015	= "	5. SEX	6. AGE (In yrs. Ia 42	st birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) January	19 24, <del>19</del>	52 BIRTI	HPLACE (State or i	Foreign	
	9a. FACILITY NAME (If not in	stitution, give si	treet and number)			9b. CITY,	TOWN C	R LOCATION OF D		T	INTY OF C	DEATH		
	ST. MARY'S HOSPITAL					Leo	nar	dtown		St	M	ary's		
Ä	10e. STATE	10b. COUNTY				Y, TOWN O	R LOCAT	ION				10d. INSIDE CIT	γ	
ā	Maryland	St. I	t. Mary's Ca				cnia					1 YES 2	NO	
AL	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZEN O			WHAT COUNTRY?		
H	1118 Spr:	ingste:	in Court				20619 United States					States		
FUNERAL	11. MARITAL STATU\$  1 Never Married 2 X	Mandad	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If Yes, specify Cuban, Maxican, Puerto Rican, etc.)  14. RACE — American Indier Black, White, etc.					llen,			
ВУ	3 Widowed 4 Divo		IF YES, GIVE WA	R OR DATES		1	☐ YES	2 X NO Speci	y:		Spec	ify:		
		EDENT'S EDUC	1								<u> </u>	Asia	n	
Щ	(Specify only	highest grade	completed)	(0	ECEDENT'S Give kind of v a. Do NOT us	vork done d	during mo	N st of working	16b. KIND OF BI	JSINESS/IN	DUSTRY			
2	Elementary/Secondary (0	-12)	College (1-4 or 5+)				Eng	ineer	Depart	nent	of N	avv		
E COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)					8		ME (First, Middle, Maide		0 = 10			
	Said Sad	aidQud:	si					Khurs		ın Ka	zmi			
BE (	19a. INFORMANT'S NAME (7	rpe/Print)		15	b. MAILING	ADDRESS	(Street a	nd Number or Rural	Route Number, City or To	wn, State, Zi	p Code)			
2	Samina Qu	ıdsi							t Califor			and		
	201 METHOD OF DISPOSIT	ON		20b. PLACE			TION (Na	me of	OATE 20c. L	DCATION -	City or To	own, Stata		
	1 Densition 2 Cremetton 3 Removal from State Completery, crematory or other place) George Washington Cemetery 1-30-94 Adelphi, Maryland													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Hines-Rinaldi Funeral Home 11800 NewHampshireAve.SilverSpring								1					
$\neg$	23. PART I. Enter the di	seeses, or c	complications that	ceused the d	eeth. Do n	ot enter	the mo	Newnamp	snireAve.	Silve	rspr	Ing, Mar		
	shock, or he IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert feilure.	Liet only one caus	on each lin	Fiel	le	7	nj u		on alony of	,	Interval I Onset ar	Between	
	DUE TO (OR AS A CONSEQUENCE OF):													
ON	Sequentially list conditione,  DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING													
띮	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
E	resulting in death) LAST													
	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY FINDINGS													
¥	PART II, Other significe	nt condition	e contributing to d	leath but not	reculting i	n the un	derlying	ceuse given in		NAUTOPSY	246	AMILABLE PRIOR	OT F	
									OF DEATH?	CAUSE				
ă	1 YES 2 □ NO													
MEDI														
AN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
ICIAN: MEDIC	EXAMINER?	1 No Inpatient 2 N ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
IYSICIAN: MEDIC	EXAMINER?		26a. DATE OF INJURY (Month, Day, Year) INJURY (Month, Day, Year)  100 4 1 1 2 0 M					284. DESCRIBE HOW INJURY OCCUREO						
PHYSICIAN: MEDICA	EXAMINER?	Pending	(Month, Day	2 Accident Investigation Jan 28 1994 1/30 1 YES 2 NO						Driver in auto/auto impa				
BY	EXAMINER?  XXES 2 NO  27. MANNER OF DEATH  1 Netural 5 2  Accident	investigation	Jan 2		ome form o	drank tarte	4 Homicide determined determined							
BY	EXAMINER?  VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Accident 5 Suicide 6	Investigation Could not be	Jan 2  26e. PLACE OF building, a	INJURY — At h		treet, tecto	ory, omic		City or Town, State	)				
BY	EXAMINER 7  X X SE 2 NO  27. MANNER OF DEATH  1 Netural 5    2 Accident  3 Suicide 6    4 Homicide	reatigation Could not be determined	Jan 2  26e. PLACE OF building, a	INJURY — At h	et				Rte. 235	00	ld F	Rte. 23		
BY	EXAMINER?  X WES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only) 1 CERT	representation of the determined of the determin	Jan 2 28e. PLACE OF building, a On	INJURY — At h tc. (Specify) STREE Ty knowledge, d	et neth occurre	ed at the ti	me, deta	and place, and du	Rte. 235	(a O	ld F	Rte. 23	35 ( N	
BY	EXAMINER?    X   X   ES 2   NO   Notural   5     Accident   3   Suicide   6     Homicide   CERTIFIER   CERTIFIER   CERTIFIER   MEDI	nvestigation Could not be determined  IFYING PHYSIC CAL EXAMINE	Jan 2  26e. PLACE OF building, a  On  CIAN: To the best of axe	INJURY — At h tc. (Specify) STREE Ty knowledge, d	et neth occurre	ed at the ti	me, deta	and place, and du	Rte. 235	(a O	ld F	Rte. 23	35 ( N	
COMPLETED BY	EXAMINER?  X WES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only) 1 CERT	nvestigation Could not be determined  IFYING PHYSIC CAL EXAMINE	Jan 2  26e. PLACE OF building, a On  CIAN: To the best of axe	INJURY — At h tc. (Specify) STREE Ty knowledge, d	et neth occurre	ed at the ti	me, deta	and place, and du	City or Town, State Rte. 235 Ito the cause(a) and mi	(a O	ld F	Rte. 23	35 ( N	
B	EXAMINER?    X   X   ES 2   NO   Notural   5     Accident   3   Suicide   6     Homicide   CERTIFIER   CERTIFIER   CERTIFIER   MEDI	Could not be determined  IFYING PHYSIC CAL EXAMINE  OF CERTIFIER	(Month, Dep Jan 2 28e. PLACE OF building, a On CIAN: To the best of a	INJURY — At he. (Specify)  STREE  Ty knowledge, d  mination and/or	eth occurre Investigatio	ed at the ti	me, deta	and place, and dur eath occured at the 29c. LICENSE NU	City or Town, State Rte. 235 Ito the cause(a) and mi	(a O onner as atended due to the second due to t	ld F	Rte. 23	35 ( N	



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DIVISION OF VITAL RECORD

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29b. SIGNATURE AND TITLE OF CERTIFIER

TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: If

ND 21215-0020

in by the funeral director, page 5 should be detached for use as the burial-transit removal. retained by the hospital or attending physician. To notified 2 2 Раде 6 тау must examiner medical ŏ npletely filler cremation, 華 event, bunial, traumatic signed by the attending physician a Health and Mental Hyglene prior to requires that the death certificate be or other Injury, amy Shows has been s Dept. of H HOSPITAL OR ATTENDING PHYSICIAN; The law 23 llem. FUNERAL DIRECTOR: After this certificate the within 72 hours after death with the State STAINT. If Item 28 is marked, or Item

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Clyde D Perkins 19 10 4. SOCIAL SECURITY NUMBER S. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign March 14 DAYS 228-03-3954 1 M 2 | F YRS. 1912 Virginia Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Frederick 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1. YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried
3 Widowed 4 Divorced BY Specify: Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b, KIND OF BUSINESS/INOUSTRY entary/Secondary (0-12) College (1-4 or 5+) N.I.H. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) Alexander Perkins Harriet Henderson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Lillian Hairston 3204 Marcando Lane Upper Marlboro, MD 20772 METHOD OF DISPOSITION
Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Farview Cemetery

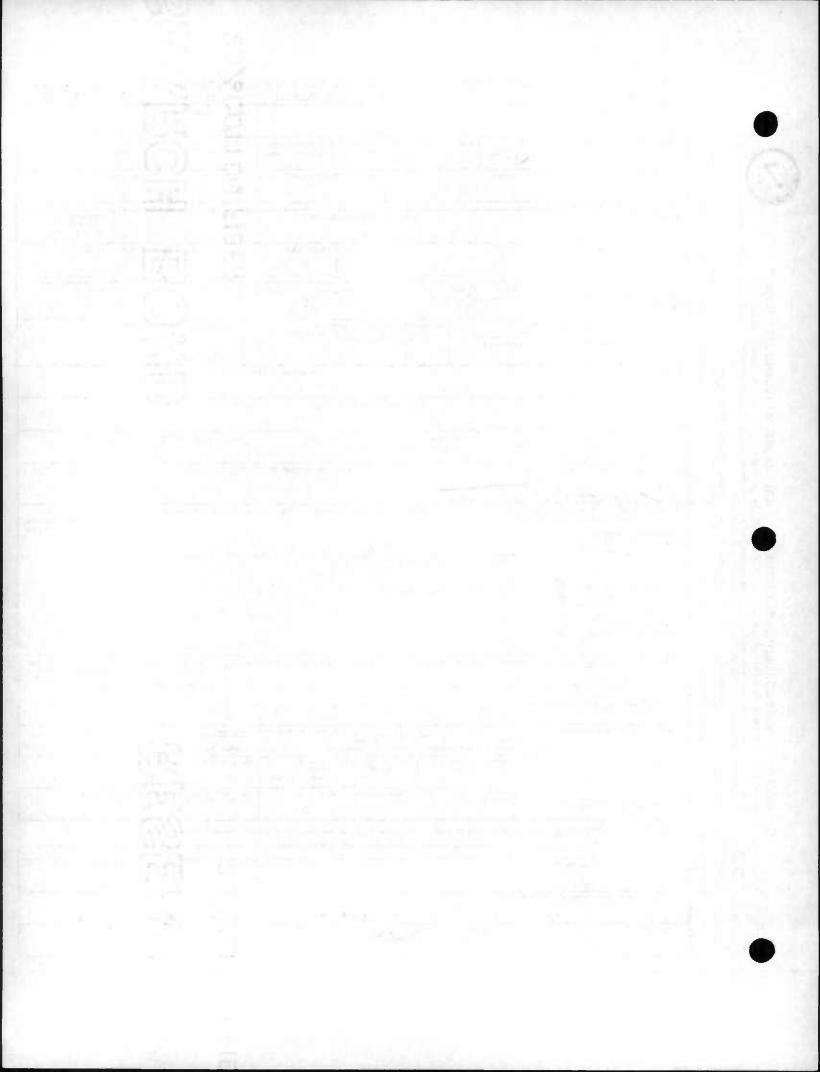
Farview Cemetery nation 5 Other (Specify) Feb 5 Frederick, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Homes. P.A. 1621 Opossumtown Pike Frederick. MD 21702 23. PART i. Enfer the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE IDDM. ASCVD

S. WAS CASE REFERRED TO MEDICAL				26. PLACE DF DEATH (C	heck only o	one)	
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient		OTHE 4   Nu				
7. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		28c. INJURY AT WORK? 1 YES 2 ND	284. DESCRIBE HOW INJURY OCCURED		
3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — At h building, etc. (Specify)	ome, ferm, st	treet, fac	itory, office		CATION (Street and Number or y or Town, State)	Rural Route Number,

29c. LICENSE NUMBER

325 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Gued 32. REGISTRAR'S SIGNATURE - 94

29d, DATE SIGNED (Month, Day, Year)

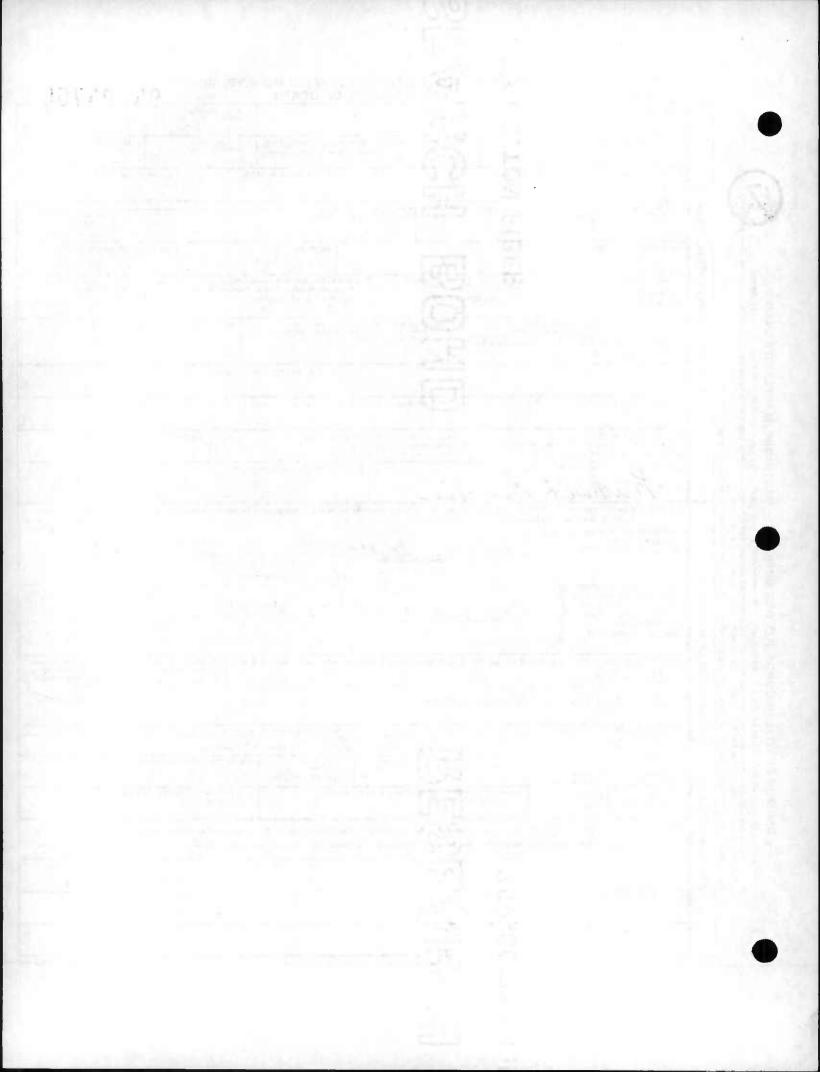


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de-	he filed within 20 hours after death with the State Dent of Health and Mental Horison prior to huisal cremation or removal
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31. DATE FILED (Month, Day, Your) 94

13	1. DECEDENT'S NAME (First, Middle, Last	)	- E=3				1	DATE OF DEATH		3. TIME OF DEAT
- 57	Helen	Norma		Po	е		J	anuary 2	4. 190	94 12:20
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	-	4 HRS. 7	DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Fo
	246-34-1212	1 □ M 2 🔀 F	67	YRS.	MONTHS DAYS	HOURS	MIN.	lov 1, 19	26	North Carol
	9a. FACILITY NAME (If not institution, give	9b. CITY, TOW	N OR LOCATION	OF DEAT			TY OF DEATH			
2013	Bayside Nursing Center					aton Pa	ark		St.	Mary's
шΙ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	TY		10c. CIT)	, TOWN OR LO	CATION				10d. INSIDE CITY
5	Maryland St.	Mary's								LIMITS?
AL	10e. STREET AND NUMBER	Mary 5		1 1/16	echanic	ISVILLE  101. ZIP CODE	2		10a, CITIZ	1 TYES 2 TEN OF WHAT COUNTRY?
5	2300 Mechanicsvi	lle Chant	icoPo	Бe	-	20659				
LON I	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN L	J.S. ARMED		ECENDENT OF	HISPANIC	ORIGIN? (Specify Yes		S. A. 14. RACE — American India
	1 Never Married 2 Married	FORCES?				specify Cuban, ES 2 NO		Puerto Ricen, atc.)		Black, White, etc.  Specify:
	3 🔀 Widowed 4 🗌 Divorced					44				White
בונה	15. DECEDENT'S ED (Specify only highest grad	de completed)	1	(Give kind of w	rork done during			16b. KIND OF BU	SINESS/INDU	STRY
	8th Grade	College (1-4 or 8	+)	ille. Do NOT us						
	17. FATHER'S NAME (First, Middle, Last)			Waitre	ess				auran	nt
- 1		Lee	Helto					(First, Middle, Maiden		
מ	19a. INFORMANT'S NAME (Type/Print)	Jee .	петто		ADDRESS (Street		lma	GEOY te Number, City or Tow		Butler
2	Debra Marie Rain	200								chanicsvill
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32 REGISTRAR'S SIGNATURE Pandelle



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BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pro-
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BALTIMORE, MARYLAND	urs after death. Page 6 may be retained by the hosp	in by the funeral director, page 5 should be detacher removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within acturis after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILEO (Month, Day, Year)
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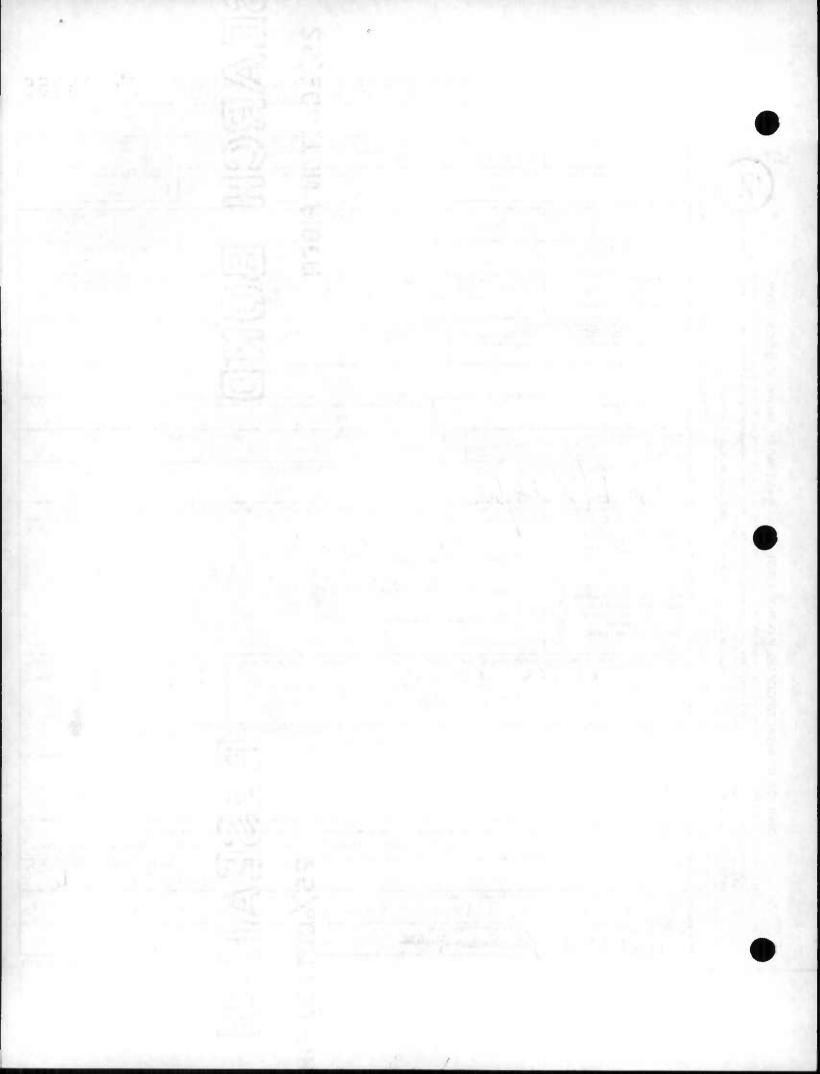
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REDISTRAR'S SIGNATURE Che Daydon Randall

SARA	NAME (First, Middle, Last)	I. Day	ro				REG. N 2. DATE OF DEATH MONTH		YEAR	3. TIME OF DEATH
A. SOCIAL SECU	IDITY MIMBER	5. SEX	8. AGE (In yrs. last	e Scholaria I ar ana	IDER 1 YEAR   IF U	INDER 24 HRS.	7. DATE OF BIRTH	3	44	OQ5X Q
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11	ATUS ried 2 Merried 4 Divorced		T EVER IN U.S. ARI YES 2 X N MAR OR DATES	MED IO	13. WAS DECENDE If yes, specify ( 1 YES 2	Cuben, Mexic	NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:	Yes or No-	14. RACE Bleck, Specify	- American Indian, White, atc.
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17. FATHER'S NA	AME (First, Middle, Lest)		1210	io erea.			AME (First, Middle, Maid		ERNM	ENT
ALONZ	O SHIR	LEY				HATT	IE NEWBO	DRN		
	T'S NAME (Type/Print) HY ALLEN	The state	198				Route Number, City or OWIE, MI			
	F DISPOSITION  Cremation 3 - Rem	oval from State	20b. PLACE A	ANDDATEOFDISI	POSITION /Neme of			LOCATION -	City or Toy	vn, State
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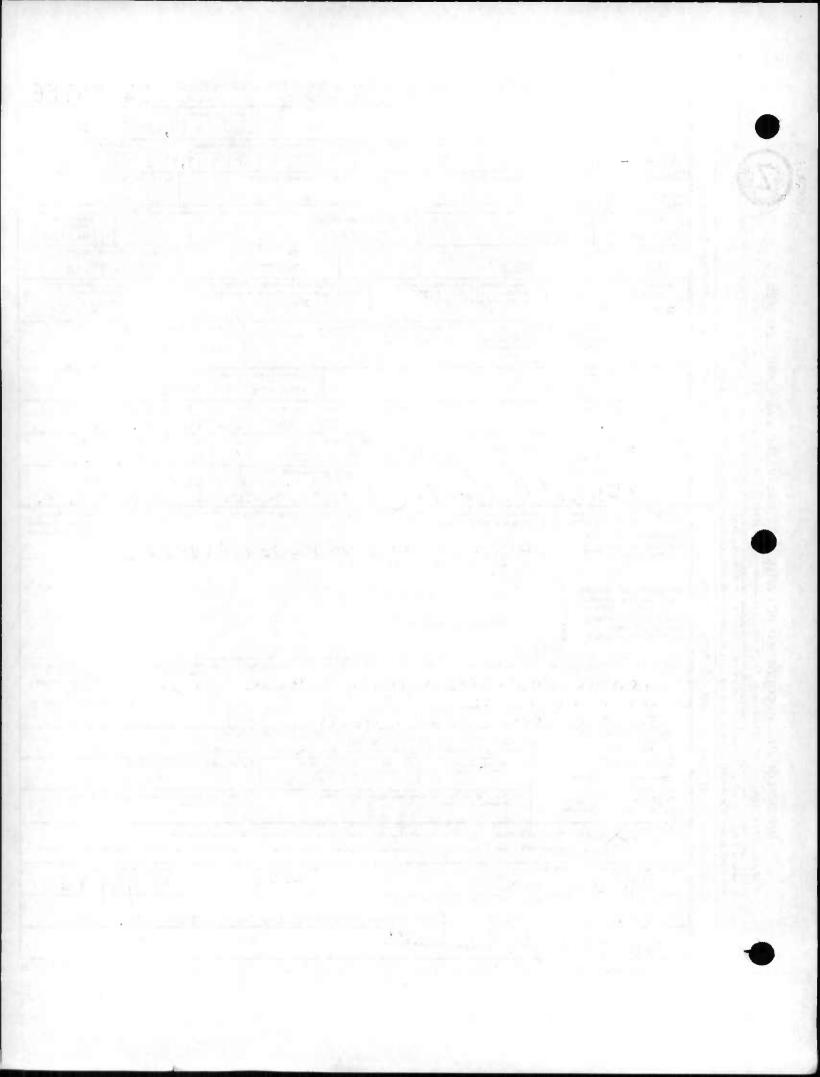
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	CDA! DIDCOMD. After this cardifficate has been signed by the attending placinian and completely filled in
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BALTIMORE, MARYLAND 21215-0020	ours after death, Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Mertal Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

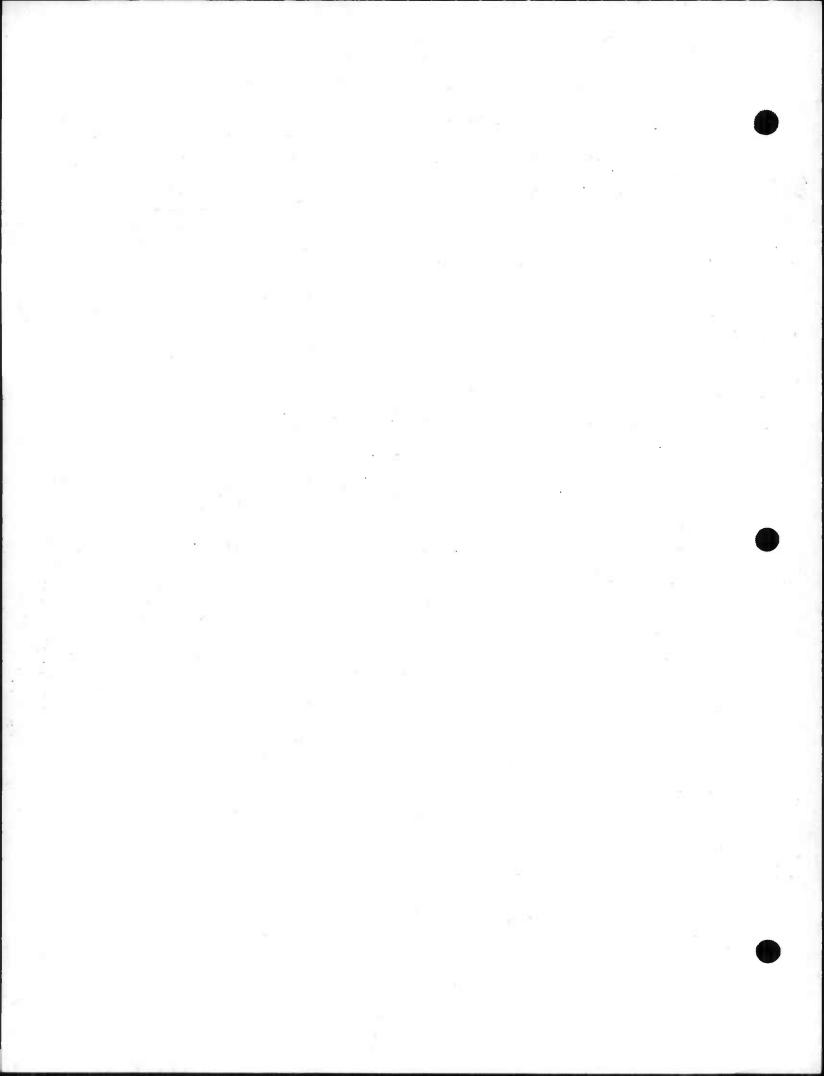
REGISTRAR	SIMIE OF MANILAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO	411	04756
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AV WAS	3. TIME OF DEATH
WILMA RU	TH PA	AZAR		JANUARY 2	29,1994	12:00 Noon
		yrs. last birthday) IF UNC	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	B. Bif	RTHPLACE (State or Foreign unitry)
112-10-0381  9a. FACILITY NAME (If not institution, give stre-	1 M 2 F 74	YRS.	TY, TOWN OR LOCATION OF	APRIL 13	1919 N	EW YORK
7089 MINK HOLLOW			HIGHLAND			WARD
	RD	HIG	OR LOCATION HLAND			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 7089 MINK HOLLOW 11. MARITAL STATUS 1. Never Married 2 Married	DOAD		101. ZIP CODE			F WHAT COUNTRY?
11. MARITAL STATUS	ITUALD  12. WAS DECEDENT EVER IN U.	S ARMED 1	2077' 3. WAS DECENDENT OF HISP			D STATES  ACE — American Indian.
3 X Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 3NO	If yes, specify Cuban, Maxic 1 YES 2 XNO Spec	can, Puerto Rican, etc.)	Bi	leck, White, etc.
15. DECEDENT'S EDUCA (Specify only highest grade co	iTiON 16 ompleted)	Sa. DECEDENT'S USUAL (Give kind of work dor	e during most of working	16b. KIND OF BU	SINESS/INDUSTRY	
	College (1-4 or 5+)	SECRETAL		TOWN G	OVERNME	NT
17. FATHER'S NAME (First, Middle, Last)		OHOIMIA		IAME (First, Middle, Maiden	Surname)	
OSCAR ERNST			AUGUS!		ENGERT	
D 198. INFOHMANT'S NAME (Typo/Print)		19b. MAILING ADDRE	SS (Street and Number or Flura			
RICHARD E. FAZAR		487 ST	200123			21784
20a. METHOD OF DISPOSITION  1 □ Burlel 2 ☆ Cremation 3 □ Remove  4 □ Donation 5 □ Other (Specify)		LACE AND DATE OF DISP	OSITION (Name of CREMATORY	1,	EXANDRIA	
21. SIGNATURE OF FUNERAL SERVICE LICEN			2. NAME AND ADDRESS OF F	ACILITY		
23. PART I. Enter the diseases, or con	A Bar		MURIEL H. B. 21525 LAYTON	SVILLE ROAL	LAYTON	
IMMEDIATE CAUSE (Final						A
	DUE TO (OR AS A CO	ONSEQUENCE OF):	vascula	ar disa	Case	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algorificant conditions	DUE TO (OR AS A CO	ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  not resulting in the	underlying cause given i	n Part i. 24a, WAS AN	I AUTOPSY 2	Onset and Death  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2  NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algorificant conditions	DUE TO (OR AS A CO	ONSEQUENCE OF):  ONSEQUENCE OF):  not resulting in the	underlying cause given in good of the support of th	n Part I. 24a. WAS AN PERFO!	I AUTOPSY 2	24b. WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  COV PULL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Horitorial S Panding investigation  3 Suicide S Could not be determined	DUE TO (OR AS A CO	ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  not resulting in the continuous of the continuous o	28. INJURY AT WORK?  1 Underlying cause given in the cause of open	n Part i. 24a. WAS AN PERFOI 1 YES 2	I AUTOPSY RMED?  NO  INJURY OCCURED and Number or Rur	24b. WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Notural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A CO  DUE TO	ONSEQUENCE OF):  ONSEQU	28. INJURY AT WORK?  1 YES 2 NO actory, office	Description (Specify)  24a, WAS AMPERFOIL  1 YES 2  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW of Town, State, are to the cause(a) and mane time, date and place, at UMBER	I AUTOPSY AMED?  INJURY OCCURED and Number or Rur	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  PART II. Other algnificent conditions  COV PULL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  PANTIES 1 Pending investigation investigation as Suicide a determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A CO  DUE TO	ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  OTHER  OTHER  28b. TIME OF  INJURY  M  At home, farm, street, f	26. INJURY AT WORK?  1   YES 2   NO sectory, office	n Part i. 24a, WAS AN PERFOI 1 YES 2  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW City or Town, State, we to the cause(a) and mane tima, data and place, at UMBER	INJURY OCCURED  and Number or Rur  nner as stated.  and due to the caus	AAL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  Ref Route Number,  Se(a) and manner as steled.  SED (Month, Day, Year)  3 ( 9 4 4



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by he fled within 72 hours after death with the State Dent, of Health and Mental Hydiene brick to burial, cremation, or removal.	IMPORTANT If item 28 is marked or item 23 shows any injury or other trainmatic event the medical asaminar must he natitied as
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	withi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I he filed within 72 hours after death with the State Bent, of Health and Mental Horlene prior to burial, cremation, or removal.	Vent
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	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		-/-	3. TIME OF DEATH
17	PAUL	RU	SSELL		P	PRICE		DAY	YEAR	0.100
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	199		8 - 10P PLACE (State or Foreign
g	577-05-8943	1 <b>X</b> XM 2 □ F	80	YRS.	MONTHS DAYS	HOURS MIN.	June 17,	1012	Countr	y)
	9a. FACILITY NAME (If not institution, give s	street and number)			SP CITY TOWN C	OR LOCATION OF D		_	NTY OF D	aryland
	7509 WHITTIER B	,			BETHES				TGOM	
	10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN OR LOCAT	TON				10d. INSIDE CITY
	Maryland M	Montgomer	У			Bethesd	a			LIMITS?
	10e. STREET AND NUMBER				101	ZIP CODE	-	10g. CIT	IZEN OF V	HAT COUNTRY?
	7509 Whi	ttier Bor	levard			20	817		IIn i +	ed States
	11. MARITAL STATUS		IT EVER IN U.S. A	RMED	13 WAS DEC		NIC ORIGIN? (Specify Y	a as No.		- American Indian,
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	YES 2 X	NO	If yes, spi	ecify Cuban, Mexic 2 X NO Speci	an, Puerto Rican, atc.)	or No-	Black	, White, alc.
	15. DECEDENT'S EDU		18a. Di	ECEDENT'S	USUAL OCCUPATION	NA .	16b. KIND OF B	I SINESC/INF	HICTOV	WILLCE
	(Specify only highest grade		(0	hve kind of a	work done during mo.	st of working	IOD. KIND OF B	0311463371146	JOSINI	
	Elementary/Secondary (0-12)	College (1-4 or 5			nol Mone					
	17, FATHER'S NAME (First, Middle, Last)		P	erson	nel Mana	,		_	Ind	ustry
						18. MOTHER'S N.	AME (First, Middle, Malde			
		Jacob Pri					Susan E.			
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Zip	Code)	
	Rita McKenn	ıa		Gaith	ersburg,	Maryla	Lane nd 20882			
	20a, METHOD OF DISPOSITION 1XXBurial 2 Cremetion 3 Rem		20h PLACE	AND DATE	DE DISPOSITION (No	me of	DATE 20c I	OCATION -	City or To	wn, Slate
1	4 Donation 5 Other (Specify)	oval from Stata	cemetery, cn	emetory or o	ther place) February Heaven	cemeter	1994   811	ver c	nrin	g,Marylan
ı	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	//	00 01	22. NAME AN	D APPRESS OF F	ACILITY _	VEL D	PLIII	g, maryran
	Den C	Kent	A M	00335	Bethes Avenue	da-Chev Bethes	phrey Fune y Chase, I da, Maryla	ral H nc. 7	ome/ 557 814-	Wisconsin
	23. PART I. Enter the disease or a shock, pr heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. ATHER	use on each lin	e. POR	CARD		ch as cerdiec or rea			Approximate Interval Batw Onset and De
1	Sequentially list conditions, if any, leading to immediate	b. DUE TO	(OR AS A CONSE	QUENCE O	F):					
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	c. DUE TO	(OR AS A CONSE	OUENCE O	F):					
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1	CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	d				g ceuse given in	PERF	PRMED?	24b.	AWAILABLE PRIOR TO
1	CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	d				g ceuse given in		PRMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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	CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other algnificant condition	d				g ceuse given ir	PERF	PRMED?	24b.	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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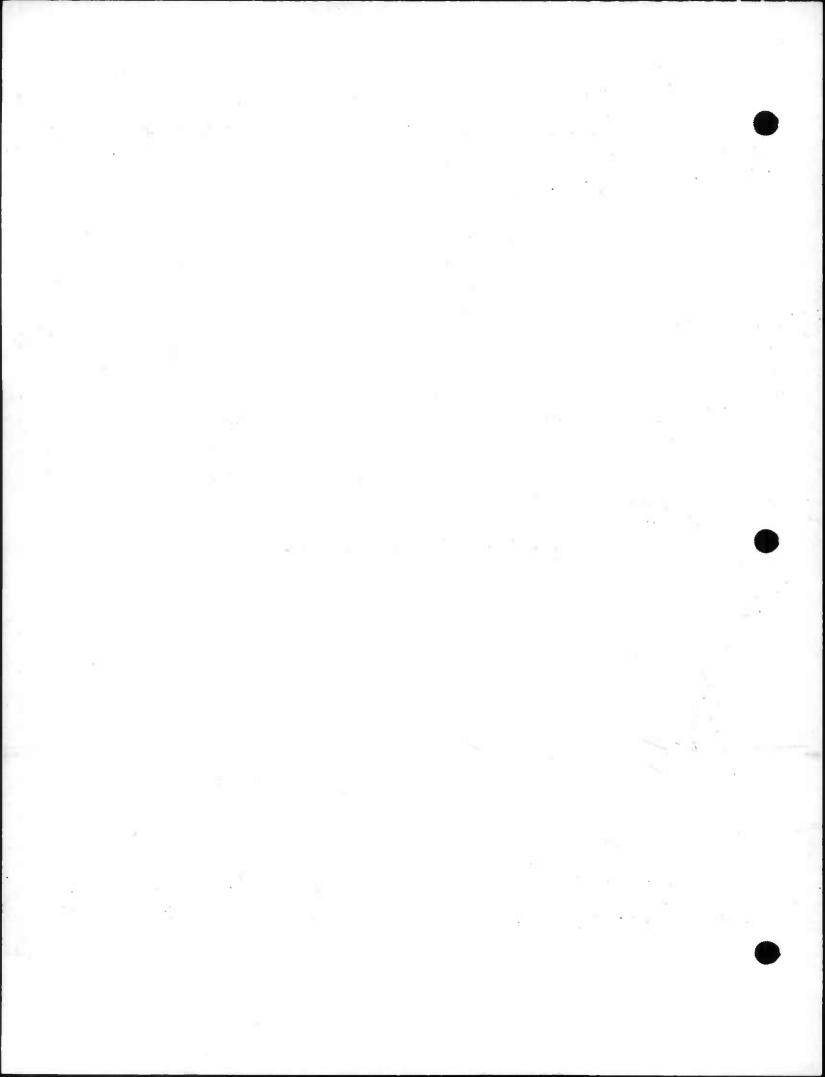
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

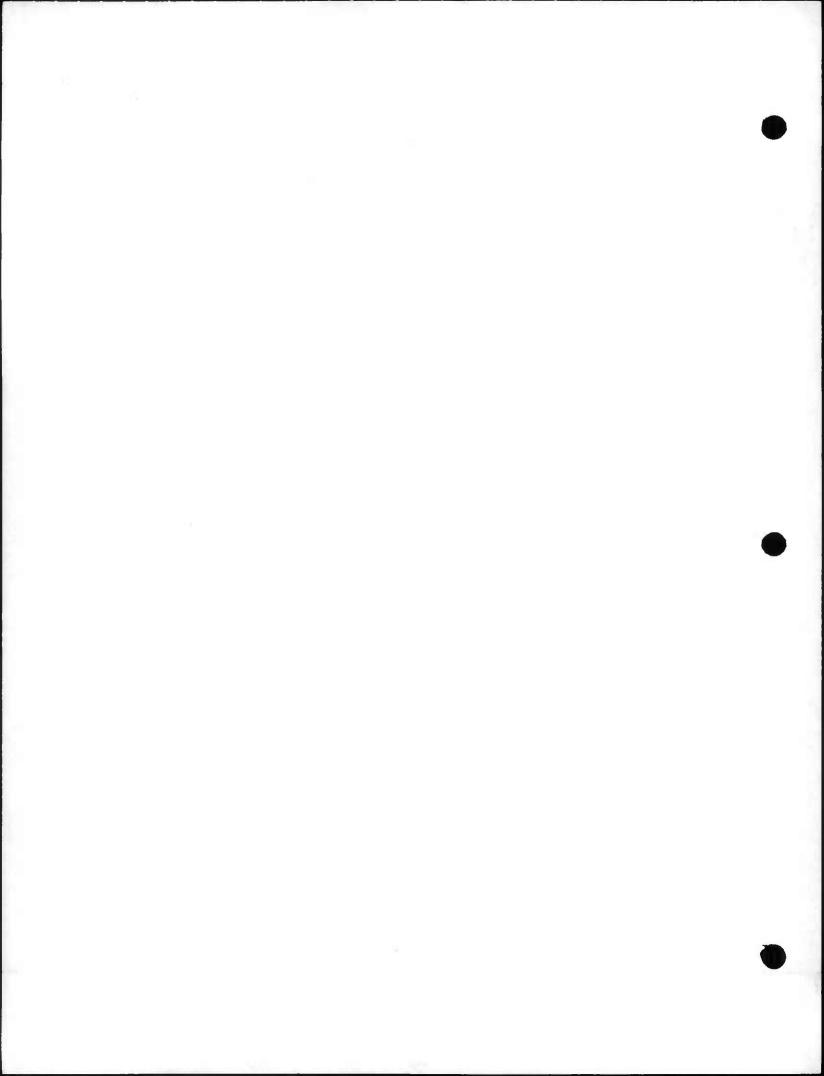
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	1. DECEDENT'S NAME (First, Mic	into		B	B. tr	4	ETR	Y				2. DATE C	30-	- 94	YEAR	830	A H
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I	9a. FACILITY NAME (If not institu	dion ohe st	. **				Oh C	HTY, TOW	N 00 10	CATIO	N 05 06	<u> </u>	20,		NTY OF 1		
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ĺ	10e. STREET AND NUMBER								101. ZIP	CODE				10g. CIT	IZEN OF	WHAT COUNTRY	7
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	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1									IIC ORIGIN?		or No-	14, RAC	E — American Ir	ndlan,
	1 Never Merried 2 Mer 3 Widowed 4 Divorced		IF YES, GIVE V	AR OR DA	TES				ES 2 X				Jan, ato.)		Spec	elly:	
İ	15. DECEDE	ENT'S FOLK	CATION	WW.		CEOENT'S	LIGHA	000010	TION			405	(IND. OF DIV	100500	DI LO TINU	WHITE	
Ì	(Specify only hig	ghest grade	completed)		(Gi	ve kind of a	work do	one during	most of	vorking	7	100. 4	(IND OF BU	SINE SS/INI	DUSTRY		
ļ	Elementary/Secondary (0-12)		College (1-4 or 5 -	"	ACC	OUNT	ANT					CA	RNEGI	E IN	STIT	UTION (	OF WAS
l	17. FATHER'S NAME (First, Middle	e, Last)					-		18.	мотн	ER'S NA	ME (First, Mi	ddle, Maiden	Surneme)			
	JOHN W.		PETRY								SIE			AUGH	AN		
Ì	19a. INFORMANT'S NAME (Type)	(Print)		·	198	. MAILING	ADDR	ESS (Stree	et and Nu	mber	or Rural I	Route Numbe	r, City or Tow	n, State, Zij	o Code)		
	DOLORES M.	PETR	Y		4	903	70I	H PI	LACE	,	HYA	TTSVI	LLE,	MD 2	0784		
	20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion	3 🗌 Remo	oval from State			ND DATE						OATE		CATION —			
	4 Donation 5 Other (Sp. 21. SIGNATURE DE FUNERAL SI		ENDER	_ GA	ATE	ÖF H	_		CEME			2/2	SILV	ER S	PRIN	IG, MD	
	Davis	J.	II R	al	0		F 5	22. NAME TRANC 500 U	INIV	J. ERS	COL SITY	LINS BLVI	FUNER., W.	AL H	OME,	INC. SP., MD	20901
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	t fellure.	Anterio	se on ac	us A	o all	end					dy					Between and Desth
	Sequentially list condition: If any, laeding to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initietad aventa resulting in death) LAST	te	C	(OR AS A													
Ì	PART II. Other significent	condition	a contributing to	death by	ut not r	eaulting	in the	undarly	/Ing ceu	ae g	Ivan In	Part I.	24e. WAS AN		246	. WERE AUTOPS	FINDINGS
				-									PERFOR			AMAILABLE PRH COMPLETION O OF DEATH? 1 YES 2	F CAUSE
	25. WAS CASE REFERRED TO M	EOICAL						28	PLACE	OF OF	ATH (Ch	eck only one.					
	EXAMINER?		HOSPITAL:	FB/Outp	ationt 3	□ noa		IER:				6 Other					
	27. MANNER OF OEATH		28e. DATE OF	INJURY		26b. TIM	E OF	28c.	INJURY		HOTERCE		RIBE HOW I	NJURY OC	CUREO	<u></u>	
	1 Natural 5 Pen	iding estigation	(Month, E	wy, Year)		IN	JURY N		WORK?	2 🗌	NO	7. 27.					
I	2 Destable	ıld not be	28e. PLACE C	F INJURY	— At ho	me, ferm,	street,	factory, o	ffice			281. LOCA	ION (Street I	and Numbe	r or Rural	Route Number,	
į	4 Homicide dete	ermined		True (opposi	,,							City bi	iowii, Siele)				
			CIAN: To the best of R: On the beele of e													e) end manner e	e stated.
	296. SIGNATURE AND TITLE OF	CENTURE	2,		m	7			294	LIE	NSE NUI	MBER		29d. DAT	E SIGNE	D (Month, Day, Ye.	ar)
	( pugusa	YE	Tolyny	1/	111	/				1:	14	00	,	1	-3	0-94	<u>.                                    </u>
	HULLIST P	RSON WH	disfue	191	0,	500	Print)	Pau	du	in	01	Ca	Sm	m	120	748	
	FEB 0 1	994	History	Hagan-	Jan	dell	, ,					0					



L. TALLWANDER!

ter death. Page 6 may be retained by the hos	the funeral director, page 5 should be detache yeal.	al examiner must be notified at once.
n 24 hours a	ly filled in by ation, or rem	the medic
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL HYGIEN		4 04759			
1. OECEDENT'S NAME (First, Middle	s, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
Far	nny Minter Palm	er			February	AV YEA	9.10			
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, 84	RTHPLACE (State or Foreign			
578-32-0511	1 🗆 M 2 😾 F	97 YRS. MO	HTHE DAYS	HOURS MIN.	Jan. 8, 18		entucky			
9a. FACILITY NAME (If not institution	•	98	city, town o	R LOCATION OF E		9c. COUNTY O				
Meridian Nurs RESIDENCE OF DECEDE 10e. STATE 10b. Maryland	NT		Severn			Anne A	rundel			
10a. STATE 10b.	COUNTY	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
	Anne Arundel	Anna	polis				1 TYES 2XXNO			
10e. STREET AND NUMBER 215 Nottinghal 11. MARITAL STATUS			101	ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?			
215 Nottingham				21405			d States			
11. MARITAL STATUS 1 Never Married 2 Marrie	12. WAS DECEDENT EVER FORCES? 1  YES	IN U.S. ARMEO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, lack, White, etc.			
3 € Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 NO Spec			pecify:			
	'S EDUCATION	Las procorres us				1	White			
(Specify only highe	st grade completed)	16a. DECEOENT'S USI (Give kind of work life. Do NOT use re	done during mo	st of working	United	SINESS/INDUSTR	Y			
Elementary/Secondary (0-12)	College (1-4 or 5 +)				Governm					
17. FATHER'S NAME (First, Middle, L	5+	Attorne	У							
	55				AME (First, Middle, Melden					
Joseph P. Mi					Ann Tyree					
	*				Route Number, City or Tow					
Stephen D. Pali					Annapolis,					
1 🔯 Buriel 2 🗆 Cremation 3	20e. METHOD OF DISPOSITION  1 M Buriel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND OATE OF DISPOSITION (Name of cemetery, cremajory or other place) Colles Ville 2 5/94  Methodist Church Cemetery  20c. LOCATION — City or Town, State  Silver Spring, Maryland									
21. SIGNATURE OF FUNERAL SER		cenourse c.				ver Spr	ing, Marylan			
Michael	& Sheen	M00846	Chevy	Chase,	phrey Fune Inc., 7557 vland 2081	ral Home Wiscon: 4-3501	e/Bethesda- sin Avenue			
23. PART I. Enter the disease	s, or complications that cause	ed the death. Do not	enter the mo	de of dying, su	ch as cardiac or respi	Iratory arrest,	Approximate			
shock, or heart for IMMEDIATE CAUSE (Final	allure. List only one class on	each line.					Interval Between Onset and Death			
disease or condition	SEP	'S1.S					Onset and Death			
resulting in death)	a	A CONSEQUENCE OF):								
.	_						į			
Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE OF):								
cause. Enter UNDERLYING	<b>)</b> .						ļ			
CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):								
resulting in death) LAST	d.						ļ			
)										
10/11/	nditions contributing to death	but not resulting in t	he underlying	cause given ir	Part I. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO			
		13000	11/06		1 - YES 2	1-110	COMPLETION OF CAUSE OF DEATH?			
DEMYL	PATION					- 1	1 YES 2 NO			
25. WAS CASE REFERRED TO MED EXAMINER?				ACE OF DEATH (C	heck only one)					
1 TES 2 BAND	HOSPITAL: 1   Inpatient 2   ER/Out		THEB.  Hursing Hom	5 Residence	6 Other (Specify)					
25. WAS CASE REFERRED TO MED EXAMINER?  1 VES 2 NO  27. MANNER OP DEATH	26e. OATE OF INJURY (Month, Day, Year)				28d. OESCRIBE HOW I	NJURY OCCURED				
1 Netural 5 Pendin	9	INJURY		RK? ES 2 NO						
	28e. PLACE OF INJUR	lY — At home, farm, stree	rt, factory, office	,	281. LOCATION (Street	and Number or Rur	al Route Number,			
4 Homicide determ		ecry)			City or Town, State)					
29s. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of my know	wiedge, death accurred -	t the time date	and place and d	In the grands' and Co	ones es etel d				
	XAMINER: On the besis of examination						ne(s) and manner as stated			
III 795 SIGNATURE AND TITLE OF CE	- The state of the		., .,, 0							
ZA A	- DAEN	die		29c, LICENSE NU		29d. DATE SIGN	IED (Month, Day, Year)			
TETOUR	ON WHO COMPLETED CAUSE OF O			251	1/6	- 4	44			
	UNIVRA MD 2	PEATH (ITEM 27) (Type, PHI	TAPSC	o Av. (	AUTIMOR	EMD	2/225			
31. DATE FILEO (Month, Day, Year)	22. REGISTBAR'S SIGN	NATURE				-				
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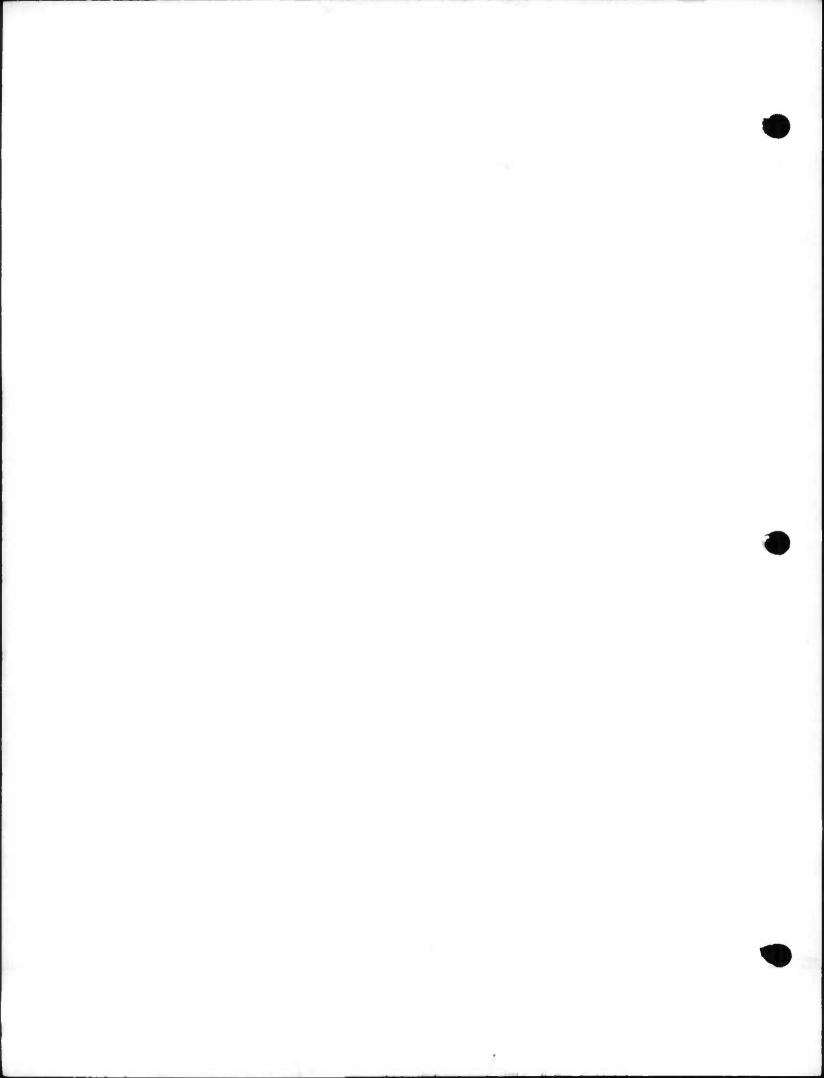
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		1 279-30-7331 II	,,,,,,
		9a. FACILITY NAME (If not institution, give street ar	
	RO	Med Atlantic Manor	
-	5	RESIDENCE OF DECEDENT	
	H	10e. STATE 10b. COUNTY	
ji g	ā	Maryland Montgo	m
per	Z Z	10e. STREET AND NUMBER	
020 physician. burial-transit permit. Pagei	BY FUNERAL DIRECTOR	2601 Bel Pre Road	
Sicia	٦	11. MARITAL STATUS 12. V	ANA O
200 E 3	7	H I I PREVENT MERITING 2   MERITING E	F١
15-0 ending as the	8		
use use	BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	ete
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	2	Elementary/Secondary (0-12) Coll	eg
Nospi ched	₹	12	
det det	8	17. FATHER'S NAME (First, Middle, Last)	
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Ж	Augustine Oliv	a
IARYLAND 2121 stained by the hospital or ath should be detached for use	10	19a. INFORMANT'S NAME (Type/Print)	
De Se Se Se Se Se Se Se Se Se Se Se Se Se	-	Emilio Pardo	
THE PAGE		20g. METHOD OF DISPOSITION 1 B Buriel 2 Cremetion 3 Removal fr	_
A O Pe 6		4 Donation 5 Other (Specify)	01
Tag in in in in in in in in in in in in in		21. SIGNATURE OF PUNERAL SERVICE LICENSES	-
BALTIMORE, ter death. Page 6 may by the funeral director, page wal.		· /1/5 /6	
FVITAL HECORUS, P.O. BOX 68760,  SICIAN: The law requires that the death certificate be executed within 2% informs after death. Page 6 may be retained by the hospital or attending physician certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-train the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  I, or illem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	-	23. PART I. Enter the diseases, or compl	ıc
d in t		shock, or heart fellure. Liet o	
filled on, on,		IMMEDIATE CAUSE (Final disease or condition	
thin etely emat		resulting in death)	
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68 ecut and c buris	N	Sequentially list conditions,	_
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OLIAL RECORDS, P.O. BOX 68760, CIAN: The law requires that the death certificate be executed within entificate has been signed by the attending physician and completely the State Dept. of Health and Mental Hygiene prior to burial, cremat or liem 23 shows any Injury, or other traumatic event, to	0	PART II. Other significant conditions con	tr
and the	Z	Significant Contaction Cont	
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law law law lept.	Ä		
N: The N: The State D	ਹੋ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOS	2.5
VIAN:	YSI	1 UYES 2 NO 1 0	Ing
TYSIC SE CE	H	V	28
TTENDING PHYS TOR: After this of after death with  28 Is marked	≥	1 Natural 5 Pending 2 Accident Investigation	
I de la Colo			28
2 afte 25	TE	4 Nomicide determined	
OR ATTENDING PHYSIC DIRECTOR: After this ce hours after death with titlem 28 is marked,	Ä	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: 1	in in
PAL S	ž	(Check only one) 2 MEDICAL SKAMINER: On 1	
TO THE HOSPITAL OR ATTENDING PHYSI TO THE FUNERAL DIRECTOR: After this c be fied within 72 hours after death with MPORTANT: If Item 28 is marked,	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	1 / / /	
표표 등	8	296. SIGNATURE (NO TYPLE OF CENTINGEN	
2 2 3 ₹	2	Man Cert	
		20 NAME AND ADDRESS OF BEDERN WHILE COM	_

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First	, Middle, Less)	1000	Ana	Ma	ria	Par	do			2. DATE O	F DEATN D		YEAR	3. TIME OF DEATH
AIVNA	Pt	1500								Janua			94	9:00 PM
4. SOCIAL SECURITY NUME		5. SEX		n yrs. lest b		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF	BIRTH 1	923	8. BIRTI	HPLACE (State or Foreign
579-58-7531		1 🗌 M 2 💢 F	70		YRS.	MINS	DATE	ноонь	MITTE.	Dece		15		uba
9a. FACILITY NAME (If not in					1			OR LOCATI				9c. COL	NTY OF E	DEATN
Med Atlant		nor				Si	lve	r Sp	ring			Mo	ntgo	mery
10e. STATE	10b. COUNTY	Y			10c. CITY,	TOWN OF	LOCA	TION						10d. INSIDE CITY
Maryland	Mont	tgomery				ver								LIMITS?
10e. STREET AND NUMBER							<del>-</del>	ZIP COD	F			10a CIT	IZEN OF	WHAT COUNTRY?
2601 Bel	Pre Ro	oad							_				uba	WILL COOKING
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARME	D	13. W	AS DEC	ENOENT (	OF HISPAN	VIC ORIGIN?	Specify Yes			E American Indian.
1 Never Married 2		FORCES? 1 IF YES, GIVE V	YES	2/L NO		16	yes, sp	ecify Cube	n, Mexice	n, Puerto Ric	en, etc.)		Blac	k, White, etc.
3 A Widowed 4 Divo	rced					1			орчол	Cuba	an		upoc.	"" White
15. DEC (Specify ont	EDENT'S EDU	CATION completed)		16a. DECE (Give	DENT'S US	SUAL OCC	CUPATIO	ON ost of working	na	16b. K	IND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0	1-12)	College (1-4 or 5	-)							1				
12		0		Но	memal	ker						Home		
17. FATHER'S NAME (First, M		liva								ME (First, Mic				
Augustine		TTAG							ulia		tupin			
Emilio	ype/Print) Pardo	2								Route Number				1 1 00010
20g. METHOD OF DISPOSIT			1	19	-	_			way			_		land 20910
1 Buriel 2 Cremetic	n 3 🗆 Reme	oval from State	ceme	PLACE AND	DATE OF	DISPOSIT	N) NOIT	Como	tors	DATE	20c. LO	ATION —	City or To	wn State ring,Marylan
21. SIGNATURE OF FUNERA		ENGE /	-	oute				ID ADDRE			P4 3	TTVE	L Sp.	Ling, Mary Lan
1 . /./	//	1/				Hi	nes	-Rina	aldi	Funer				20904
ill	)- 1	n				11.	800	New	Hamp	shire	Ave.S	ilve:	rSpr:	ing,Maryland
23. PART I. Enter the di shock, or he	aart fellure.	complications that Liet only one cau	t causad i	the daath ch line.	n. Do not	t enter t	ha mo	de of dy	ing, suci	h as cardle	c or reapl	ratory sr	rest,	Approximata Interval Between
IMMEDIATE CAUSE (Findisease or condition	nal	01	- 1			)		7						Onset and Daath
resulting in death)	<b>→</b>	· au	21	211	nc	8 3	•	1	7.	en	_			years
		DUE TO	(DR AS A C	CONSEDUE	ENCE OF):									
Sequantially list conditi		b	(DR AS A C	CONSEQUE	INCE OE									
if sny, leading to immed cause. Enter UNDERLYI			(											
CAUSE (Disesse or Inju that initiated events	ry	DUE TO	(DR AS A C	CONSEDUE	NCE OF):									<u> </u>
resulting in death) LAS	т .	4												
DART II Other electrics	an and date													
PART II. Other significa	nt condition	e contributing to	death but	t not resi	uiting in	the und	eriying	g ceusa (	given in	Part I. 2	Ia. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
										_ [1	YES 2	□ NO		OF DEATN?
														1 TYES 2 NO
25 WAR CARE DETERMENT	a Mercia.													
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			16	THER:				eck only one)				
1 YES 2 NO		1 Inpatient 2 I			DOA 4	Nursi	ng Nom	200	sidence	8 Other (5				
	Pending	(Month, D		1	8b. TIME (	2		RK?	3.00	28d. DESCR	HBE NOW IF	JURY OC	CURED	
3 Suletde	Investigation	28a. PLACE O	F INJURY -	- At home	form etre	T I		ES 1	NO	004 1 0047	DAY 400 111			
	Could not be determined	building,	atc. (Specify	(v)		TWI, TWO IO	y, ome			City or	Town, State)	na Numbel	or Hurair H	Route Number,
29a. CERTIFIER	TEVINO BUDG	01AN T- #												
(Check only		CIAN: To the best of												
	one) 2/ MEDICAL 5XAMINEN: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.													
Mariet	29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Pay, Your)  29d. DATE SIGNED (Month, Pay, Your)													
30. NAME AND ADDRESS OF	PERSON WHO	STA-A	E OF DEAT	TN (ITEM 2	7) (Type, Pr	17/7/	11	61	X ==	DI.	IA	Ave	1	SMD
31. DATE FILED (Month, Day,	(bar)	32. REGISTRA	R'S SIGNAT	TURE	/	, ,	J / /		57 (	0,50	1" "	,	۵	10902
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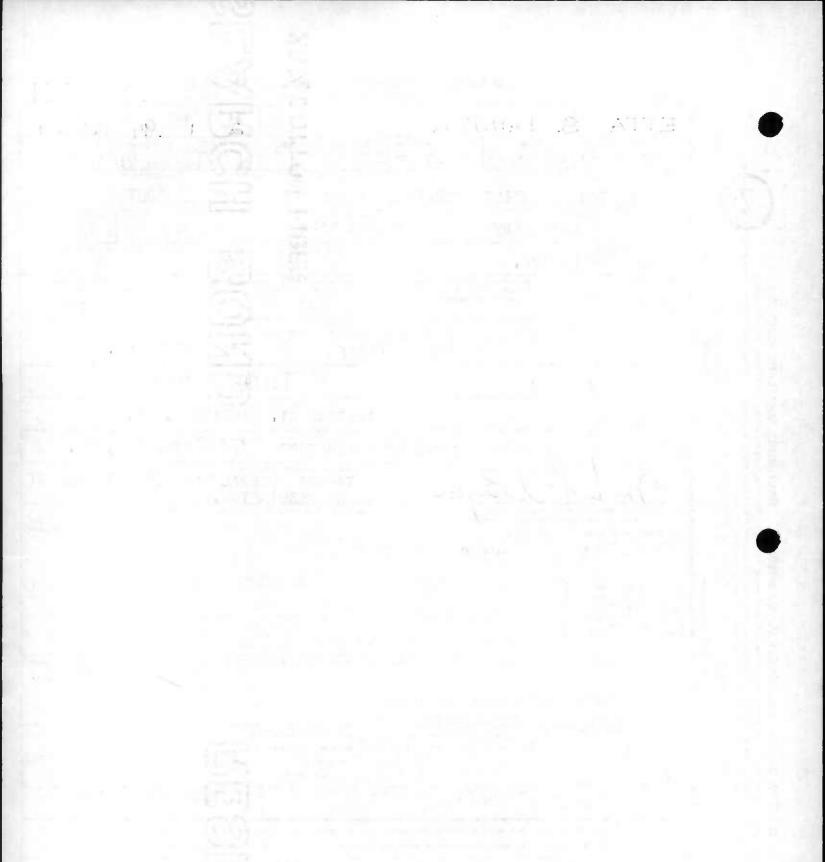
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ifter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit.		averaginar musel he model and an among

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	SIAIE UF MAK		ICATE OF	DEATH	MENIAL HYGIEN REG. NO	U	4 04761				
1. DECEDENT'S NAME (First, Middle, Last, ETTA S.	PAINTE	ER.			2. DATE OF DEATH	· 94	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 578 10 3494	1 🗆 M 2 🖫 F	GE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH	OF !	BIRTHPLACE (State or Foreign Country) VIRGINIA				
9a. FACILITY NAME (If not institution, give  WASHINGTON AT  RESIDENCE OF DECEDENT  10a. STATE  MD  MONT	VENTIST H	10c. CIT	TAKO T, TOWN OR LOCA KOMA P		MON.	TGOMERY  10d. INSIDE CITY					
	GOMERY	2	10g. CITIZEN	1 TES 2 NO							
10e, STREET AND NUMBER 7025 CARROLL  11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR WAR OF	ES 2 NO	13. WAS DEC	ZENDENT OF HISPA Decity Cuben, Maxics 2 NO Specif	RACE — American Indian, Black, White, etc. Specify: WHITE						
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	UCATION le completed) Collège (1-4 or 5+)			ost of working		ECHT	'RY				
WALTER COAKE	17. FATHER'S NAME (First, Middle, Last)  WALTER COAKLEY  18. MOTHER'S NAME (First, Middle, Maiden Surmeme)  LILLIE SANDY										
EMMA WACHLIN											
20e. METNOD OF DISPOSITION TO Surial 2 Cremation 3 Description Donation 5 Other (Special)	govel from State	THO RIVERY			2/7/94°S	TAUNT	or Town, State				
21. SIGNATURE OF FUNERAL SERVICE	003	lu	TAK		IERAL HOE	E 254	CARROLL ST				
shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition resulting in death)  a. Candiac Howert  Due to (or as a consequence of):  Co we only candine Faulure  Due to (or as a consequence of):  Co we only candine Faulure  Due to (or as a consequence of):  Cause or injury  that initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):										
1 1 1 1	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  Pentition his  Pentition his  Pentition his  Pentition his  Pentition his  Pentition his  Pentition his  Pentition his  Co  OF  Table 1  The many a Coognition has been allowed and the underlying cause given in Part I.  Pentition his  Pentition his  Co  OF  Table 1  The many a Coognition has been allowed and the underlying cause given in Part I.  Pentition his  Pentition his  Pentition his  Co  OF  Table 1  The many a Coognition has been allowed and the underlying cause given in Part I.  Pentition his  Pentition his  Co  OF  The many a Coognition has been allowed and the underlying cause given in Part I.  Pentition his  Co  OF  The many a Coognition has been allowed and the underlying cause given in Part I.  Pentition his  Co  OF  The many a Coognition has been allowed and the underlying cause given in Part I.  Pentition his  Co  OF  The many a Coognition has been allowed and the underlying cause given in Part I.  Pentition his  Pentition his  Pentition his  Co  OF  The many a Coognition has been allowed and the underlying cause given in Part I.  Pentition his  Pentitio										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 21 NO  27. MANNER OF DEATH	HOSPITAL:	Outpetient 3 DOA	OTHER:	LACE OF DEATH (Ci	6 Other (Specify)						
E Material 2 Panding	28s. DATE OF INJUF (Month, Day, Yes		JURY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCUR	ED				
2 Accident investigation 3 Suicide 8 Could not be detarmined 4 Homicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)											
one) —	(Check only V.) CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
29b. SIGNATURE AND TITLE	296. SIGNATURE AND TITLE 1 29d. DATE SIGNED (Mor										
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	3311	Print) Paledo	Terra	ce thyal	trill	le mel:				
FEB 0 4 1994	Jan REGISTRAR'S SI			18	97.1						



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE TE SISTRAR CERTIFICATE OF DEATH REG. NO DENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY MONTH FEB YEAR ROBERT RASCHE D. 03 1994 10:39 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 X M 2 - F 216-66-1539 1957 36 APR. 19. MARYLAND 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GROVE HOSPITAL SHADY ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY MARYLAND CARROLL TANEYTOWN 1 - YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1207 HAPES MILL RD. 21787 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Olvorced WHITE COMPLETED 15. DECEOENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) 12 PARTNER/OPERATOR CONSTRUCTION CO 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM R. RASCHE, SR. BE DORIS SAKIE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR.&MRS. WILLIAM R. RASCHE 1207 HAPES MILL RD. TANEYTOWN, MD 21787 20e METHOD OF DISPOSITION
1 (A Burlet 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State PIPE CREEK CEMETERY NR. NEW WINDSOR, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D.D. HARTZLER & SONS athanine UNION BRIDGE, MD 23. PART I. Enter the diseases, or complications that coursed the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, Approximate ahock, or heart failure. List pnly one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Head Ln WY1-es reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 DEYES 2 | NO OF DEATH? YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 | Inpatient 2 | ER/Outpatient 3X DOA XXYES 2 NO 4 ☐ Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation FEB 03, 1994 M 1 XXYES 9:42A BY SUBJECT FELL FROM SCAFFOLD 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide FARM 23320 RIDGE RD/MONTGOMERY CO 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND/TTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 出 O.C.M.E ▶ FEB 04,1994 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson Andre



retained by the hospital or attending physician.

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funeral director,

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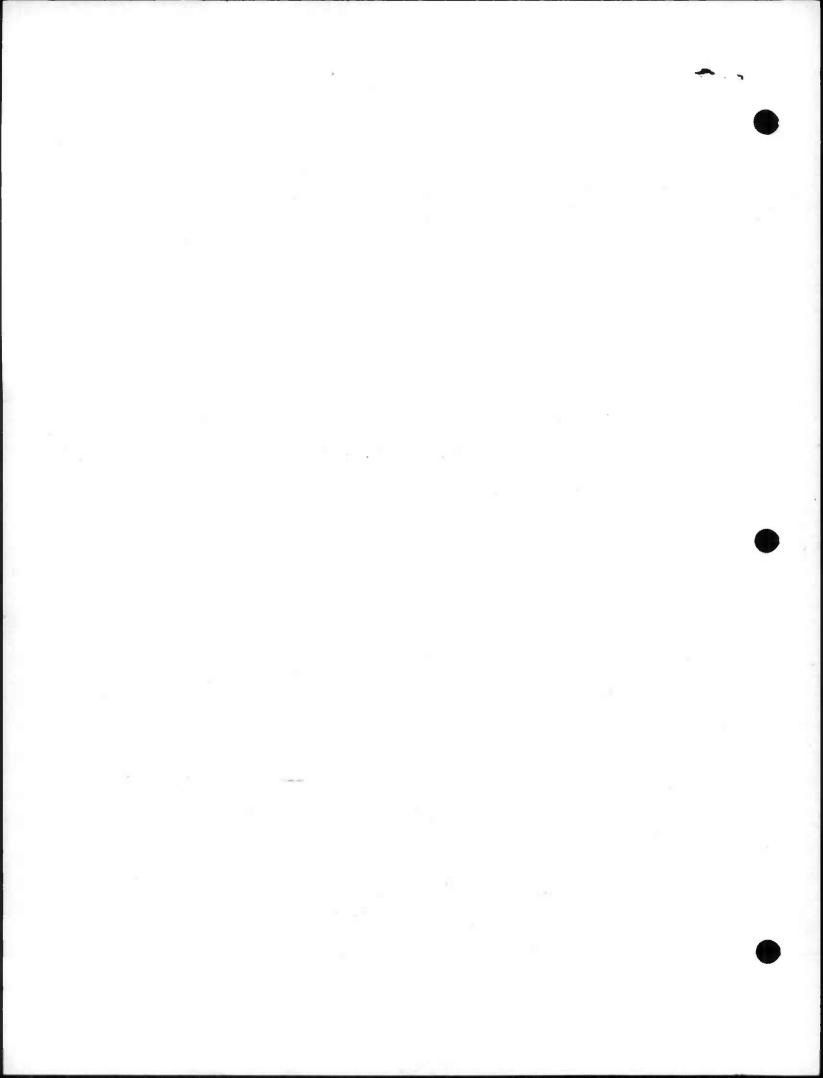
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Hygiene prior to

BALTIMORE, MARYLAND 21215-0020 BOX 68760 DIVISION OF VITAL RECORDS, P.O.

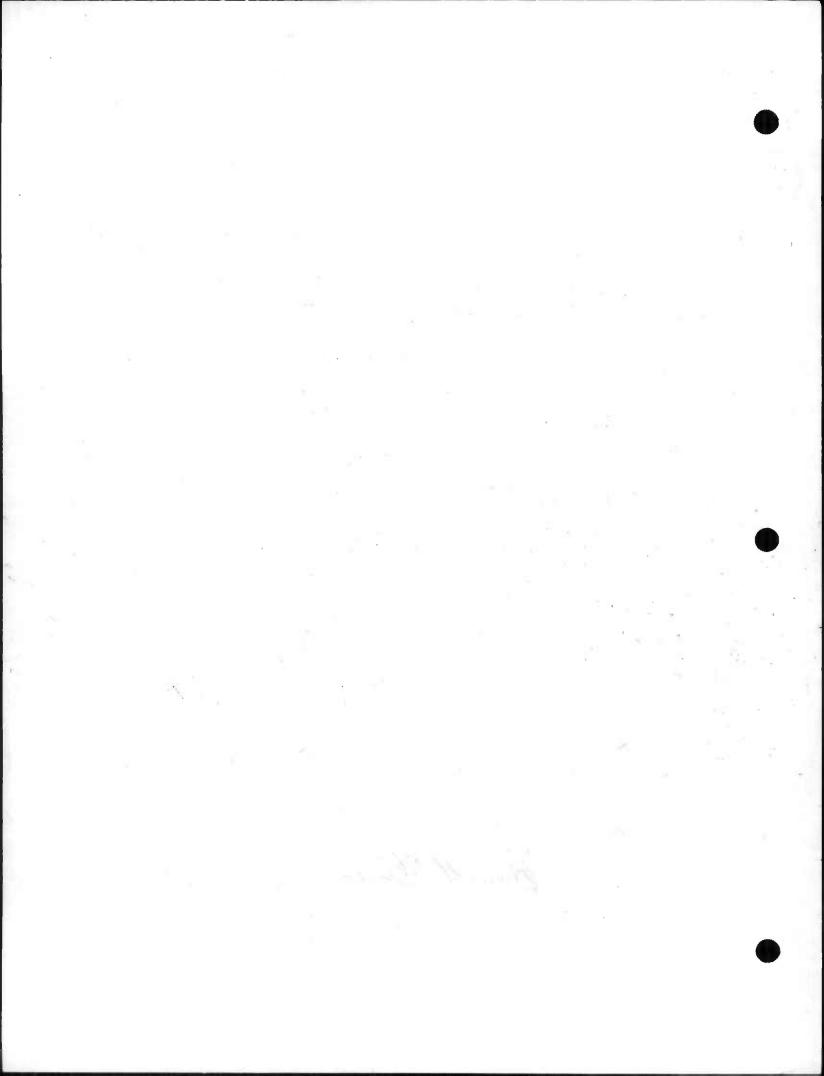
and completely for burial, cremation executed with physician HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be the attending p signed by t has been s Dept. of H certificate h this c DIRECTOR: After the hours after death w TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 PM IMPORTANT: It IS

DHMH-18 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALLIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	ı
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ei
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AN	MENTAL HYGIE	0.1	. 01.763			
	1. DECEDENT'S NAME (First, Middle, Last)		02.1111110	ALL OF BEATT	2. DATE OF DEATH		3. TIME OF OEATH			
1	Donald	Milton Ramey				th, 199	EAR			
	4. SOCIAL SECURITY NUMBER		'In yrs. lest birthday) F	UNDER 1 YEAR IF UNDER 24 HR	7 DATE OF BIRTH		BIRTHPLACE (State or Formian			
	213-46-6333  90. FACILITY NAME (If not institution, give s	12 M 2 □ F 4	6 YRS.	THS DAYS HOURS MIN	Aug. 18,1		country) Virginia			
R	61 Stewart	Manor	96	city, town or Location of Frederick	DEATH		of OEATH Ederick			
5	RESIDENCE OF DECEDENT									
DIRECTOR	Maryland 106. COUNTY	Frederick	10c. CITY, TO	Stewart Man	or -Freder	ick	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	10e. STREET AND NUMBER	wart Manor		10f. ZIP CODE	1701		N OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DECENDENT OF HIS			ed States  RACE – American Indian.			
	1 Never Merried 2 Merried	FORCES? 1' YES	2 NO ATES	If yes, specify Cuben, Ma: 1 YES 2 X NO Sp	ricen, Puerto Ricen, etc.)		Black, White, etc.			
ЭВУ	3 Widowed 4 Divorced	VIETNIA.		7.			Black			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S USU (Give kind of work	done during most of working	16b. KIND OF B	USINESS/INDUS	TRY			
"	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re							
\§	12 th. 17. FATHER'S NAME (First, Middle, Last)		Self-e	mployed	vario					
		harles R	C1100 C1 44	18. MOTHER'S	NAME (First, Middle, Meide		t and			
BE	19e. INFORMANT'S NAME (Type/Print)	nacces k	amey	DRESS (Street and Number or Ru	Florence H					
입	Debbie Ann R	amou		Stewart Mano			·			
	20a. METHOD OF DISPOSITION	7	. PLACE AND DATE OF D			OCATION - CIN				
	1 Buriel 2 Cremetion 3 Remi	oval from State cen	ROCK HULL	Cemeteru			l, Virginia			
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS OF	FACILITY Stanks	OH FUNC	Hal Home			
	20 March	1)/					ick, Md. 21702			
Н	23. PART i. Enter the diseases, pr	complications that cause	the deeth. Do not	enter the mode of dving.	uch as cardiac or res	Diretory arrest	I, Approximate			
	shock, or heart fallure. IMMEDIATE CAUSE (Finel	List only one ceuse on e	ech line.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	interval Between Onset and Death			
	disease or condition resulting in death)  a. Extensive Stage Small Cell Lung Cancer  10 Months									
	DUE TO (OR AS A CONSEQUENCE OF):									
N	Sequentially liet conditione,  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
윤	CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS /	CONSEQUENCE OF):							
E	resulting in death) LAST									
		0.								
¥	PART II. Other significant condition	s contributing to death b	ut not reculting in t	ne underlying ceuse given	in Part i. 24e. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
PHYSICIAN: MEDIC					1 _ YES	2 XNO	OF DEATH?			
×							1 TES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL									
C	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH						
HYS	1 YES 2 NO	1 Inpatient 2 ER/Outp	26b. TIME O	Nursing Home 5 Residen	26d. DESCRIBE HOW	IN HIPV OCCUR	) FD			
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?  M 1 YES 2 NO	200. DEGOMBE NON	moon! occor				
ЭВУ	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY	- At home, farm, stree		26t. LOCATION (Stree	end Number or	Rural Route Number,			
Ë	4 Homicide datermined	building, etc. (Spec	ofy)		City or Town, Stell	9)	2002			
Ä	290. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of my know	ledge, death occurred a	the time, date end place, and	due to the cause(e) and m	anner es stated				
COMPLETED	opel			my opinion, death occured at			euse(s) end menner ee stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER	NUMBER		IGNEO (Month, Day, Year)						
BE			31/94							
2	30. NAME AND ADDRESS OF PERSON WH						J 1 / J 7			
	Brian M. O'Connor	, MD 501 W.	Seventh	St., Frederic	k, Md 21701					
	31. DATE FILED (Month, Day, Year)	32. REMSTRAR'S SIGN	ATURE Randelle							
	2-7-94	SHAMANAIN	Moi - I							



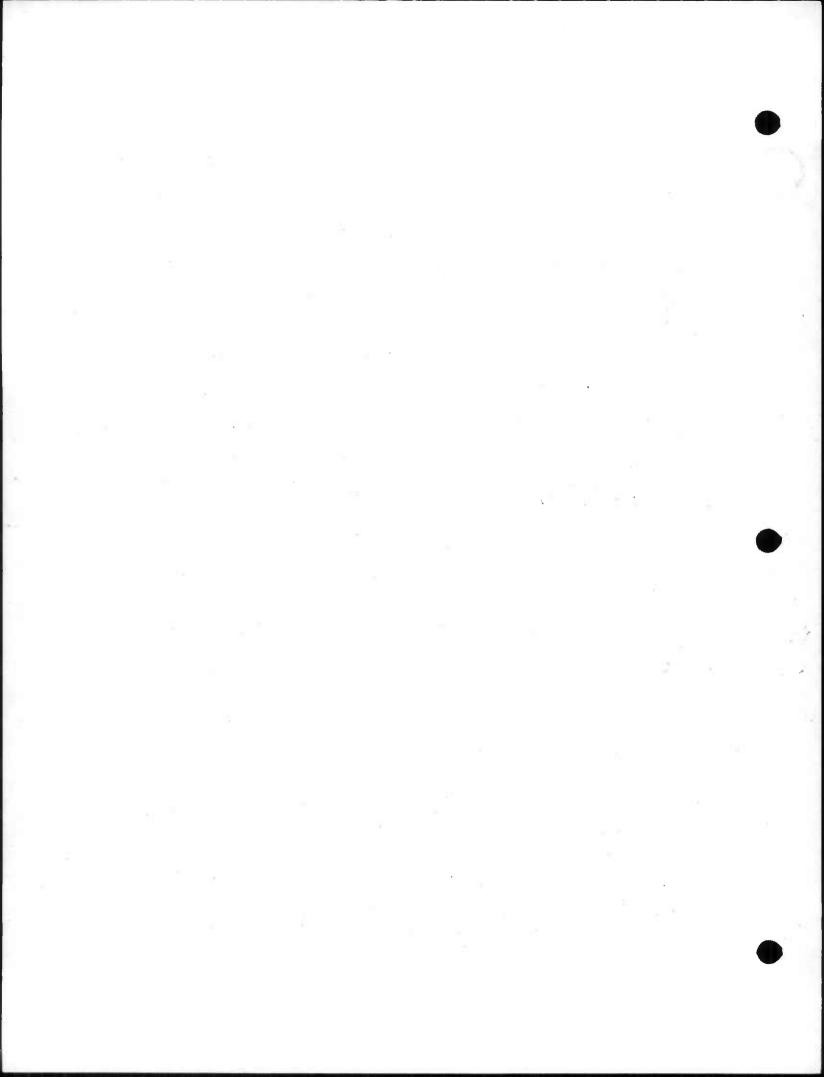
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FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04764. 94

	REGISTRAR		CE	RTIF	ICATE C	F DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)  EARL REITH	KOPP					2. DATE OF MONTH	OEATH D	×29	94	3. TIME OF DEATH  9:00 P M	
	4. SOCIAL SECURITY NUMBER 096-22-2860	1 <b>X</b> M 2 □ F	GE (In yrs. lest	birthday) YRS.	MONTHS DAY		7. DATE OF (Month, E) 9/15/	lay, Year)		Country	PLACE (State or Foreign ) AND	
DIRECTOR	9a. FACILITY NAME (If not institution, give sti SUBURBAN HOSPITAL RESIDENCE OF DECEDENT	reet and number)			•	N OR LOCATION OF	DEATH			NTGO		
EC	10e. STATE 10b. COUNTY			10c, CIT	r, TOWN OR LO	CATION					10d. INSIDE CITY	
	MARYLAND MONTO	GOMERY		RO	CKVILL						14 YES 2 NO	
FUNERAL	6121 MONTROSE ROAI					20852	20852			109. CITIZEN OF WHAT COUNTRY? UNITED STATES		
ВУ	11. MARITAL STATUS 1  Never Married 2  Married 3  Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X N	MED O	If yes	DECENDENT OF HISP, specify Cuban, Maximum (PS 2   X NO Specify Cuban)	can, Puarto Rici		or No		American Indian, White, atc. y: WHITE	
E	15. DECEDENT'S EOUC (Specify only highest grade of	ATION completed)	18a. DE0	CEDENT'S	USUAL OCCUP	ATION most of working	16b, K	ND OF BU	SINESS/INI	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)						_	
OMF	17. FATHER'S NAME (First, Middle, Last)			STOC	K CLER	I8. MOTHER'S N				STOR	E	
Ö	HYMAN REITKOP	P				ESTHER		OLUDI	,		1-	
) BE	19a. INFORMANT'S NAME (Type/Print)		196	. MAILINO	AOORESS (Stra	et and Number or Rura				p Code)		
5	RICHARD REITKOPP	(SON)				DE ROAD,				1461	8	
	20a. METHOO OF DISPOSITION 1 X Burlel 2 ☐ Gremation 3 X Ramo	oval from State	20b. PLACE A	ND DATE (	F DISPOSITION	(Name of	DATE			City or Tov		
	4 Donation of Other (Specify)	A	MT. HO	OPE (	her place) EMETEI		2/1	ROC	HEST	ER, N	EW YORK	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE .	4		DANZ		DBERG				ELS, INC.	
	23. PART / Entar tha diseases, or co	omplications that cau	sed the de	sth. Do n	ot enter the	mode of dving en	Ch as cardia	, ROC	CKV11	nLE,	MD 20852 Approximats	
	ahock, or has(t ) allura. L  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	list only one cause of	o Cau	de	âl	Infre					intarval Batween Onset and Death	
CERTIFICATION	Sequentisily list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initisted eventa resulting in desth) LAST	DUE TO (OR A		_								
	DATE II ON THE INTERNATIONAL PROPERTY OF THE INTERNATIONAL PROPERT										+	
MEDICAL	PART II. Other algnificant conditions	contributing to deat	ssulting i	n the underl	/ing cause givan i		Ia. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL											
SICI	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C						
PHYSICIAN:	27. MANNER OF DEATH Natural 5 Pending	28s. DATE OF INJUI (Month, Day, Yea		28b. TIM	E OF 28c.	INJURY AT WORK?	8 Other (S	-	NJURY OC	CURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJI building, atc. (3	URY — At hor Specify)	na, farm, e			28f. LOCATI City or	ON (Street a		r or Rural R	oute Number,	
COMPLETE	ome)	CIAN: To the best of my ki									and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER  Melyn Uln	my MI	0	att	SILIAI	29c, LICENSE NI		/	_		(Month, Day, Year)	
0	30. NAME AND ADVISES OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM	1,27) (Typo,	Print)	Suite	227	7 5	SILL	EK	SPRING	
	JAN 3 1 1994	12. REGISTBAR'S S	HONATURE AND	182				-	MID	20	902	



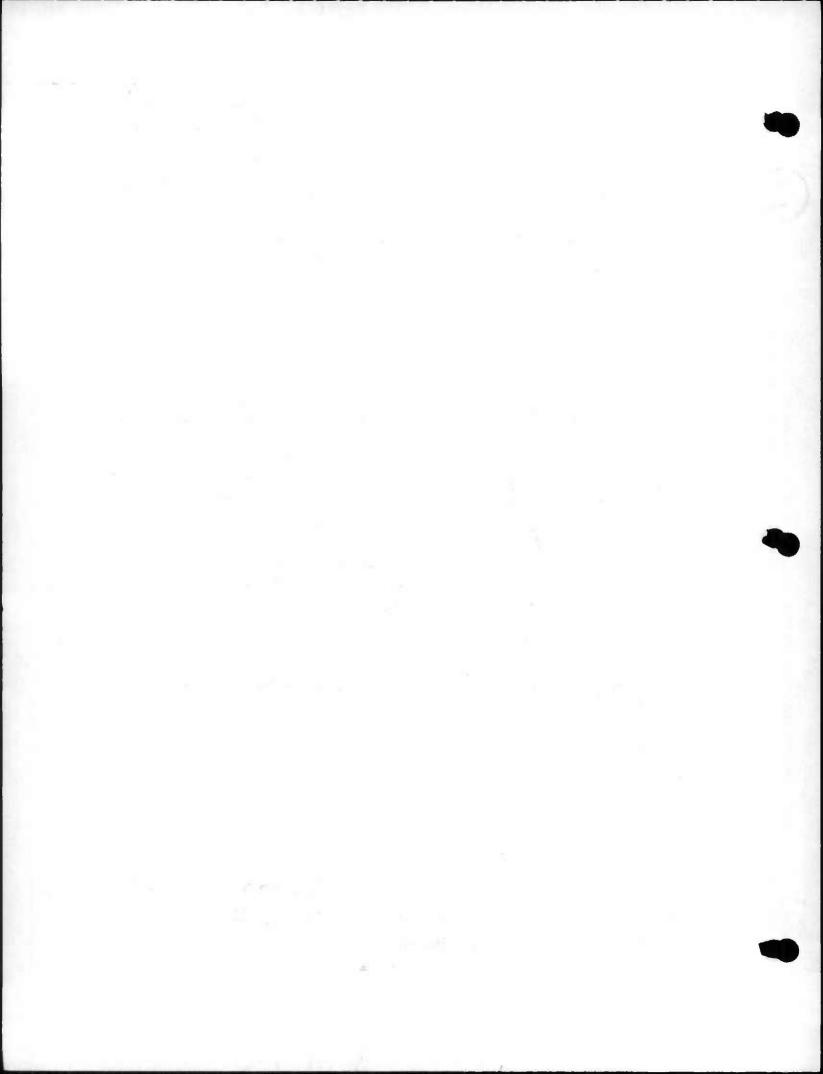
BALTIMORE, MARYLAND 21203-3146	ars after death. Page 6 may be retained by the hospital or attending physician.	and in by the funeral director, page 5 should be detached for use as the burial-transit p.m., or removal.	e medicai examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed witth?	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery and in by the funeral director, page 5 should be detached for use as the buntal-transit per field within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to buntal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND I	MENTAL HYGIENI REG. NO.	94 04769
1. DECEDENT'S NAME (First, Middle, Last) JAMES HAMILTON	N ROYCE			2. DATE OF DEATH DA	
4. SOCIAL SECURITY NUMBER 577-03-5890	1 1 1	YRS. MONTH		7. DATE OF BIRTH 6 - 15 - 14	Washington, Do
9a. FACILITY NAME (If not institution, give so Citizens Nursir			ederick, MD	АТН	oc. county of oeath Frederick
10a. STATE 10b. COUNTY	gomery		n or Location n Echo Heig	hts	10d. INSIDE CITY LIMITS? 1X YES 2 \( \square\) NO
5208 Wissiomi			101. ZIP COOE 20816		U.S.A.
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN ( FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 XNO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexice 1 YES 2 DO Specify	n, Puerto Rican, etc.)	or No- 14. RACE — American Indian, Black, White, etc.  Specify: White
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEOENT'S USUAI (Give kind of work do life. Do NOT use retire Auto Me	ne during most of working id.)	Garage	e Ownership (Ret
7th Grade   17. FATHER'S NAME (First, Middle, Last) James H.	Royce	AUCO ME	18. MOTHER'S NA	ME (First, Middle, Meiden erine	
19a. INFORMANT'S NAME (Type/Print) Mrs Gail Wate	(Daughter) rs	19b. MAILING ADDR	ROCKY Rd,	Route Number, City or Town Laytonsv:	n, State, Zip Code) ille, Md
20g. METHOD OF DISPOSITION 15 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State Pa	other place) irklawn M	(Name of cometery, cremetory or emorial Par	k Ro	cation — city or Town, State  OCKVILLE, Md
21. SIGNATURE OF FUNERAL SERVICE LIK	? Anew	du			me P.A. 20850 St, Rockville, M
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions,	Ventricu  Due to (or as a a	lar Dyn	hythemia  Mythemia  Mythemia  Mythemia  Pindry Trac  Mythemia		Interval Between Onset and Deetl
If any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	- Proling	1	eumonia)		2 week
PART II. Other algorificant condition  CVA SOCIATION SOC		1. Haus	and Daniel		RMED? AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpe	Rient 3 DOA 4)X	26. PLACE OF DEATH (C) HER: Nursing Home 8  Residence		
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TIME OF INJURY	28c, INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED  and Number or Rural Route Number,
3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	building, etc. (Specif	(v)	the time, date and place, and due	City or Town, State)	
29b. SIGNATURE AND TITLE OF CERTIFIE		TH (ITEM 27) (Type, Print)	29c. LICENSE NU	MBER 55	29d. DATE SIGNED (Month, Day, Year)
CAMES E. STON	EAJA 2		AKET ST. F	KENERICK	MO 21 101

MEGISTRAR'S SIGNATURE
WHA DAVIDSON-RANDAM

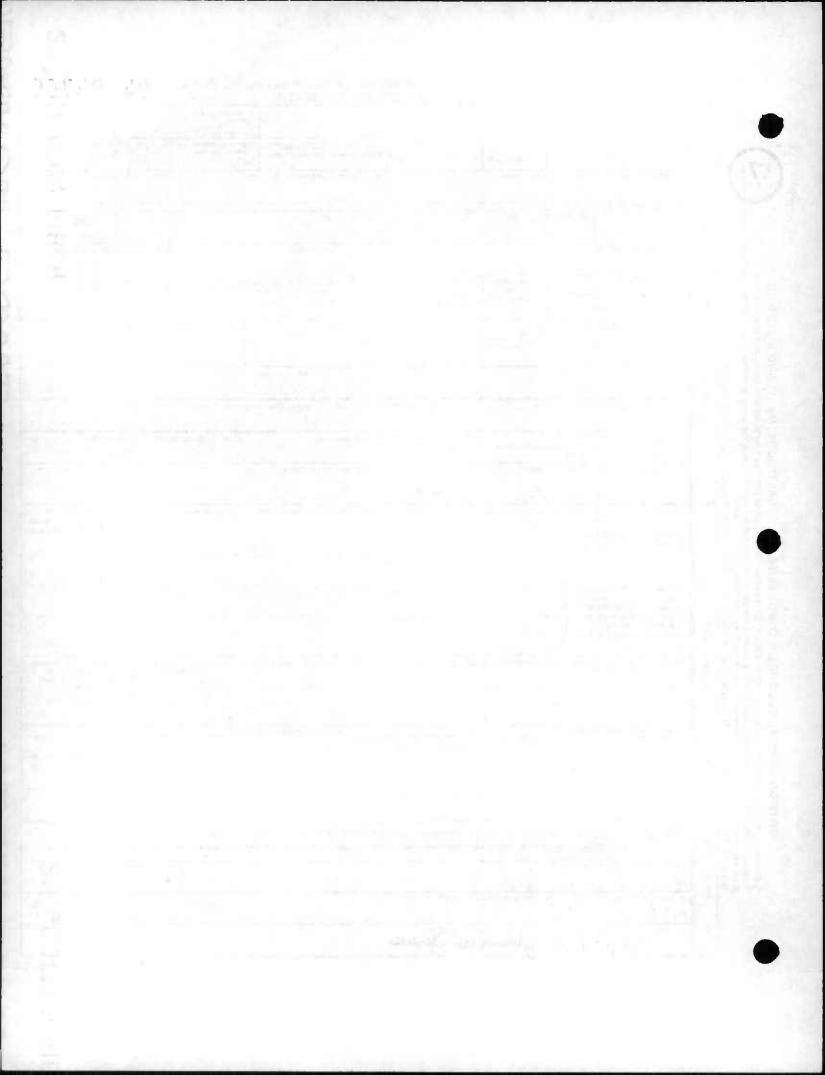


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1, DECEDENT'S NAME									2. DATE OF E		Y _	YEAR	3. TIME OF DEATH	
		erena			thst				Januar		5, 19	994	4:00 P M	
4. SOCIAL SECURITY 579-16-9		5. SEX	6. AGE (In yr.	s. last birthday) YRS.	IF UNDER	1 YEAR	HOURS	24 HRS. MIN.	June 2	98, 1	906	Count	PLACE (State or Foreign ny) and/Russia	
90. FACILITY NAME (#	not institution, give :	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE				NTY OF D		
Carriage RESIDENCE OF		rsing Hor	ne			Sil	ver S	Spri	ng		Mor	ntgor	nery	
10e. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?	
Maryland	Mont	gomery		5	Silve	r S	pring						1 WES 2 NO	
10e. STREET AND NUM	IBER					10	f. ZIP COD						WHAT COUNTRY?	
9101 2nd	Avenue						2	0910	)		Uni	ted	States	
11. MARITAL STATUS  1)XXNever Married  3 Wildowed 4		12. WAS DECEDED FORCES? IF YES, GIVE	YES 2	(X) NO		If yes, sp	CENOENT Coocify Cube	of HISPAT n, Mexica Specify	NIC ORIGIN? (Sen, Puerlo Rican y:	pecify Yes n, etc.)	or No-	14. RACI Blac Spec	E — American Indian, k, White, etc. lly: White	
	OECEOENT'S EDU		184	DECEDENT'S	USUAL O	CCUPATI	ON on working		16b. KIN	D OF BUS	INESS/INC	DUSTRY	11111100	
Elementary/Second		College (1-4 or 5	+)	life. Do NOT u	se retired.)	uuring m	oat or working	w .						
12				Artis	st				Ar	t				
17. FATHER'S NAME (FI	rst, Middle, Last)								ME (First, Middle	e, Maiden S	Sumame)			
Moshe	Rothste	ein			6.0		Ra	chel	l Fish	1				
19a. INFORMANT'S NA	ME (Type/Print)			19b. MAILING	ADDRESS	Street	end Number	or Rural I	Route Number, C	City or Town	n, State, Zip	Code)		
Ethan	Signer			20 Fc	rest	St	reet,	Ca	ambridg	je, M	IA O	2140		
20s, METHOD OF DISP 1X Burlal 2 Cres 4 Donation 5 0		noval from State		CEAND DATE				T	2-1		ation –		own, state	
21. SIGNATURE OF FUI	Pom	CENSEE	Par	P	Ra	app		ral	Service Ue, Si				MD 20910	
Sequentially list co if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event	nmediate RLYING Injury	b	OR AS A COL	NSEQUENCE O	F):	0			tasta					
PART II. Other aigr		d	death but n	ot reaulting	in the ur	nderlyin	g cause (	ni nevic	Part i. 24e	. WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS	
				1he underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2 X NO					AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
25. WAS CASE REFERE	ED TO MEDICAL				_	26 0	LACE OF O	EATN (C)	eck only one)					
EXAMINER?		HOSPITAL:	FD/0 4-4		OTHER	<b>a</b> :								
27. MANNER OF OEATH		28e. OATE OI (Month, I	FINJURY	28b. TIN		28c. IN.	JURY AT ORK?		8 Other (Sp 28d. DESCRIE		JURY OC	CURED		
2 Cutate	Could not be determined	28e. PLACE ( building	PLACE OF INJURY — At home, farm, stree building, etc. (Specify)				ce	H		OCATION (Street and Number or Rural Floute Number, City or Town, State)			Route Number,	
onel -		ICIAN: To the best of											s) end menner ea stated.	
Kuth K	even-	Cole	11	0	Oden.		29c. LICI	D33	MBER 3159				(Month, Day, Year) ry 31, 1994	
30 NAME AND ADDRES  RUTH HEU  31. DATE FILED (Month,	iess-Lot	en M.	D. 8.	700 C	enine)	na	Ave	#	400, Si	lver	Sp	nino	MD 2091	
FEB (	1 1994	32 REGISTA	widson-1	Bondess	V									



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAIL OB ATTENDING DEVOLUTE. The law requires that the death certificate he exercted within
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	t. DECEDENT'S NAME (	First, Middle, Las	st)					DEA			OF DEATH		94	3. TIME OF DEA
			Agnes M	argaret	Rob	ertsor	1			Jani	uary 2	9, 19	94	3:30 F
	4. SOCIAL SECURITY NO. 268-32-89		5. SEX 1 M 2 X F	6. AGE (In yrs. )	lest birthday) YRS.		YEAR DAYS	IF UNDER	R 24 HRS.		OF BIRTH h, Day, Year)	.908	8. BIRTH Countr	PLACE (State or F
	9a. FACILITY NAME (If n	ot institution, giv	ve street and number)			9b. CITY, T	TOWN C	R LOCAT	ION OF D		20, 1		VTY OF D	
OR	9336 Orch	ard Br	ook Drive			Poto	oma					Mon	tgor	merv
DIRECTOR	RESIDENCE OF D	10b. COU	NTY		10c CI	TY, TOWN OR	LOCAT	ION						10d. INSIDE CIT
E I	Florida	3.000	ellas			earwat		1011						LIMITS?
	10e. STREET AND NUME				02	out wat	_	ZIP COD	E			10g. CITI	ZEN OF V	WHAT COUNTRY?
ER	2010 High	Ridge	Drive					34	1623			Uni	ted	States
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2  3 Widowed 4 1			NT EVER IN U.S. A 1 YES 2 WAR OR DATES		if y	yes, spi		ın, Mexics	an, Puerto	t? (Specify Ye Ricen, etc.)		14. RACE	E — American Inc k, White, etc.
ED		DECEDENT'S E		16e. I	DECEDENT'S	USUAL OCC	UPATIO	DN		188	. KIND OF BU	ISINESS/IND	USTRY	WILLOC
COMPLETED	Elementary/Secondar	ry (0-12)	College (1-4 or 8	+)	ife. Do NOT u	work done du ise retired.)	ring mo	st of world	ng					
MP			4	Но	omema	ker					Own H			
	17. FATHER'S NAME (Firs							10 11			Middle, Meider			
BE	Eugene At										Bromme			
6	Andrew Ro		on								ber, City or Tov			2005 4
	280. METHOD OF DISPO		OIT	20h BLAC		OFDISPOSIT			JK D	rive.	Poto	Mac,		
	1 Donation 6 Of	nation 3 🗆 Re	emoval from State	cemetery, c	oremetory or	other clace)	atc	rv		1				ng, Mary
	23. PART I. Enter the	Capa at caused tha	O death. Do	22. N/ Rap 933	op F	st. /	ral S	Servi	ices, Silver	Spri	na .	Approxi		
	23. PART I. Enter the	or heart failur (Final	or complications the List only one can CANOI	AC A	ne. NEST	Rap 933 not enter th	op F	une	ral S	Servi	Gilver	Spri	ng est,	MD 2091 Approximate interval onset se
7	23. PART I. Enter the shock, of IMMEDIATE CAUSE disease or condition	e diseases, cor heart failur	or complications the List only one can CANOL	AC ACONS	MEST	22. N/ Rap 933 not enter th	AME AME DD F B Gi	unei st / de of dy	ral :	Servi ue. S	Gilver	Spri	ng est,	Approxis Interval Onset as
NOIL	23. PART I. Enter the shock, of iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list con	e diseases, cor heart failur (Final	or complications the central control one can can be carried as a carried as a carried as a carried as a carried as carried as a carried	AC A	META	22. N/Rap 93.3 not enter th	AME AME DD F B Gi	unei st / de of dy	ral S	Servi ue. S	Gilver	Spri	ng.	Approxi Interval Onset a
ICATION	23. PART I. Enter the shock, of iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confi any, leading to Imcause. Enter UNDER	e diseases, cor heart failur (Final	or complications the re. List only one can be carried by the carri	AC AC O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS 1 WO WAY	METY EQUENCE C	Pap 933 not enter the state of	AME AME DD F B Gi	unei st / de of dy	ral :	Servi ue. S	Gilver	Spri	ng.	Approxi Interval Onset s
ERTIFICATION	23. PART I. Enter the shock, of iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confirming in any, leading to improve the shock of th	e diseases, cor heart failur (Final natitions, mediata	or complications the re. List only one can be carried by the carri	ACA O (OR AS A CONS OWN A	METY EQUENCE C	Pap 933 not enter the state of	AME AME DD F B Gi	unei st / de of dy	ral :	Servi ue. S	Gilver	Spri	ng .	Approximately interval onset at SEC
MEDICAL CERTIFICATION	23. PART I. Enter the shock, of immediate CAUSE disease or condition resulting in death)  Sequentially list confirming in death)  Sequentially list confirming in the cause. Enter UNDEF CAUSE (Disease or that initiated events	e diseases, cor heart failur (Final natitions, mediata altying injury LAST	a. CACIW DUE TO C. CHICK DUE TO C. CHICK DUE TO DUE	AC AND OR AS A CONS	MCT SEQUENCE OF MCTV SEQUENCE OF	22. N/Rap 933 not enter the post of the po	AME AND P F B Gibbon Manual P F B G B B B B B B B B B B B B B B B B B	Uneist /	Cal Savening, suc	Serviue. S	Gilver	Spri	est,	Approxis Interval Onset as
MEDICAL	23. PART I. Enter the shock, of immediate CAUSE disease or condition resulting in death)  Sequentially list configuration in cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L  PART II. Other significant in the	e diseases, cor heart failure (Final manufacture) Anditions, mediata RLYING injury LAST	DUE TO  d.  DIE TO  DUE TO  d.  DIE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	AC AND OR AS A CONS	MCT SEQUENCE OF MCTV SEQUENCE OF	22. N/Rap 933 not enter the state of the sta	AME AM PARTIES OF THE	tones	AVENUING, SUC	Serviue. Sch as can	24e. WAS APPERFO	Spri	246	Approxi Interval Onset a Section 19
MEDICAL	23. PART I. Enter the shock, of iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list configure, in any, leading to limit cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L  PART II. Other significations of the sequential cause. The sequents resulting in death) L  25. WAS CASE REFERRE EXAMINER?  1 YES 2 NO	e diseases, cor heart failure (Final manufacture) Anditions, mediata RLYING injury LAST	DUE TO  C. CHICA  DUE TO  C. CHICA  DUE TO  DU	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	MEST SEQUENCE COMMENT SEQUENCE COMMENTS OF THE COMMENT SEQUENCE COMMENTS OF TH	PF:  OTHER: 4   Nursin	DD F B Gi B Gi B Gi B Gi B Gi B Gi B Gi B Gi	cause	AVENUING, SUC	Part I.	24a. WAS AT PERFO	Spri- NAUTOPSY RMED? XXX NO	24b	Approxi Interval Onset a Section 19
PHYSICIAN: MEDICAL	23. PART I. Enter the shock, of immediate CAUSE disease or condition resulting in death)  Sequentially list confidence or condition resulting in death)  Sequentially list confidence or cause. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L  PART II. Other algorithms of the cause of the cause or cause. The cause of t	e diseases, cor heart failure (Final manufacture) Anditions, mediata RLYING injury LAST	DUE TO  C. CHOCK  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  C. CHOCK  DUE TO  DUE TO  C. CHOCK  DUE TO  DUE TO  Of Month,  On	O (OR AS A CONS O (OR AS A CON	DOA 128b. TH	OFF:  OFF:	28. PL	cause  ACE OF C  TRKY  TES 2 [	SOLATION OF THE PROPERTY OF TH	Part I.	24e. WAS APPERFO	Spri- NAUTOPSY RMED? XXX NO	24b	Approxi Interval Onset a Section 19
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the shock, of immediate CAUSE disease or condition resulting in death)  Sequentially list confirm any, leading to improve that initiated events resulting in death) L  PART II. Other signification of the confirm and the confirm and the confirm and the confirm and the confirm and the confirm and the confirm and the confirm and the confirm and the confirm and the confirmation and the confir	e diseases, cor heart feilur (Final nations, mediata RLYING Injury LAST	DUE TO  C. DUE TO  DUE	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	DOA 128b. TH	OFF:  OFF:	28. PL	cause  ACE OF C  TRKY  TES 2 [	SOLATION OF THE PROPERTY OF TH	Part I.  Part I.  28d. DE:	24a. WAS AT PERFO	Spri- NAUTOPSY RMED? XXX NO  SON INJURY OCC	24b	Approximate interval onset at Service Autropsy Amailable Philo Completion of Death?  1 Yes 2
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the ahock, of iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confirmed in any, leading to limit cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L  PART II. Other eignit was a case reference EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER 1 X C	e diseases, cor heart feliur (Final nations, mediata RLYING Injury LAST  To To MEDICAL  Pending Investigatio  Could not Industry in determined	DUE TO  C. DUE TO  DUE	D (OR AS A CONS D (OR AS A CON	TEOUENCE COLOR RESULTING  TO DOA  28b. TII IN  Adeath occurred	22. N/Rap 933 not enter the state of the under	28. PL  28. PL  28. INJ  29. INJ  20. I	ond place	given in	Part I.  Part I.  Part I.  Colly or  to the care	24e. WAS AN PERFO  1 YES  ATION (Street or Yown, Stete use(e) and ma	Spri- NAUTOPSY RMED? XXX NO  SON INJURY OCC and Number  onner ee state	24b	Approxi Interval Onset a Section 19
BY PHYSICIAN: MEDICAL	23. PART I. Enter the ahock, of iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confirmed in any, leading to limit cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L  PART II. Other eignit was a case reference EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER 1 X C	e diseases, cor heart feilur (Final namediata RLYING Injury LAST To TO MEDICAL determined investigation of the determined determined the medical Example of the medical example of the	DUE TO  CANCEL  B. DUE TO  C. CHOCK  DUE TO  C. CHOCK  DUE TO  C. CHOCK  DUE TO  C. CHOCK  DUE TO  C. CHOCK  DUE TO  C. CHOCK  DUE TO  C. CHOCK  DUE TO  C. CHOCK  DUE TO  C. CHOCK  DUE TO  C. CHOCK  DUE TO  C. CHOCK  DUE TO  C. CHOCK  DUE TO  C. CHOCK  DUE TO  C. CHOCK  DUE TO  DUE TO  C. CHOCK  DUE TO  DUE TO  C. CHOCK  DUE TO  C. CHOCK  DUE TO  DUE TO  C. CHOCK  DUE TO  DUE TO  DUE TO  C. CHOCK  DUE TO  DUE TO  DUE TO  C. CHOCK  DUE TO  DUE	D (OR AS A CONS D (OR AS A CON	TEOUENCE COLOR RESULTING  TO DOA  28b. TII IN  Adeath occurred	22. N/Rap 933 not enter the state of the under	28. PL  28. PL  28. INJ  29. INJ  20. I	de of dy  de of dy  ace of C  s = R  cause  ACE OF C  s = R  cause  and place  enth occur  enth occur	given in	Part I.  Part I.  28d. Des	24e. WAS AN PERFO  1 YES  ATION (Street or Yown, Stete use(e) and ma	Spri- Nautopsy arr Nautopsy named? XIX No  Son Injury occurrence state and due to the	24b  1 S H  CUREO  or Rural I	Approximately interval onset a Section on the section of the secti

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1/po, Print)

11 LT COCKUI LE PHETE COCKUI LET, W

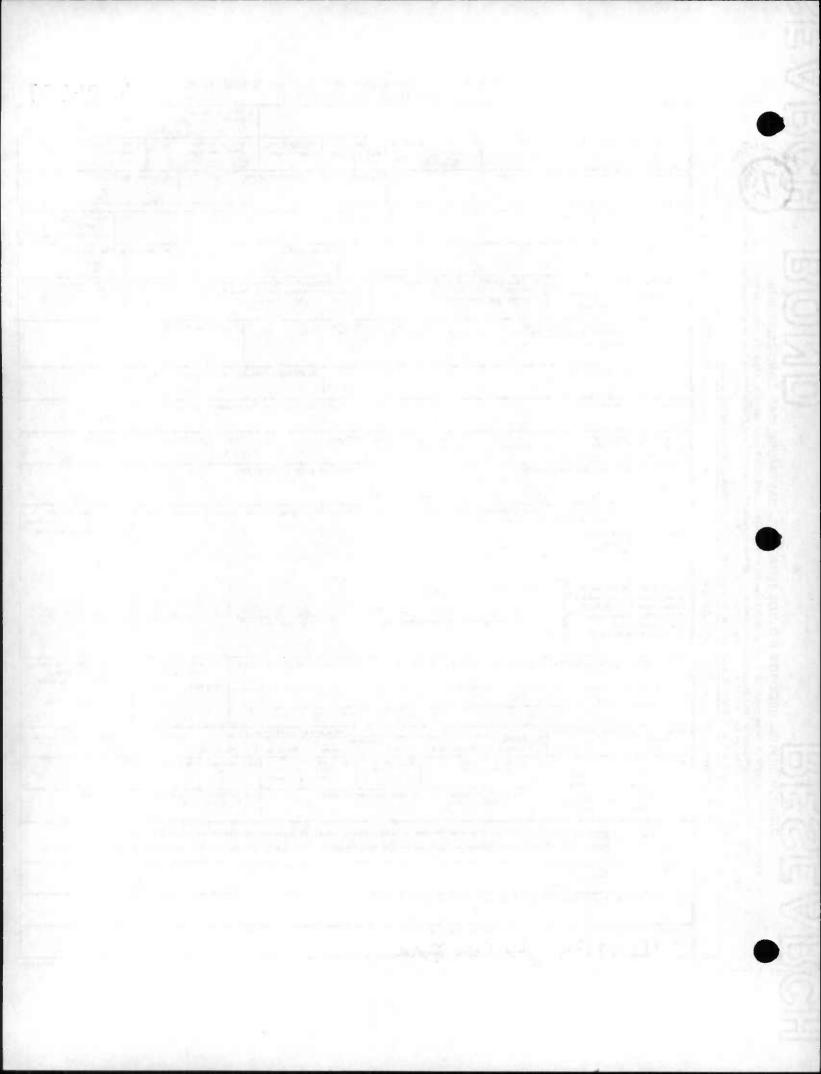
31. DATE FILED (Month, Day, 1661)

32. REGISTRAR'S SIGNATURE

FEB 0 1 1994 Fulla Mandala. Rendala.

2085

DHMH-18 Rev 1/89



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

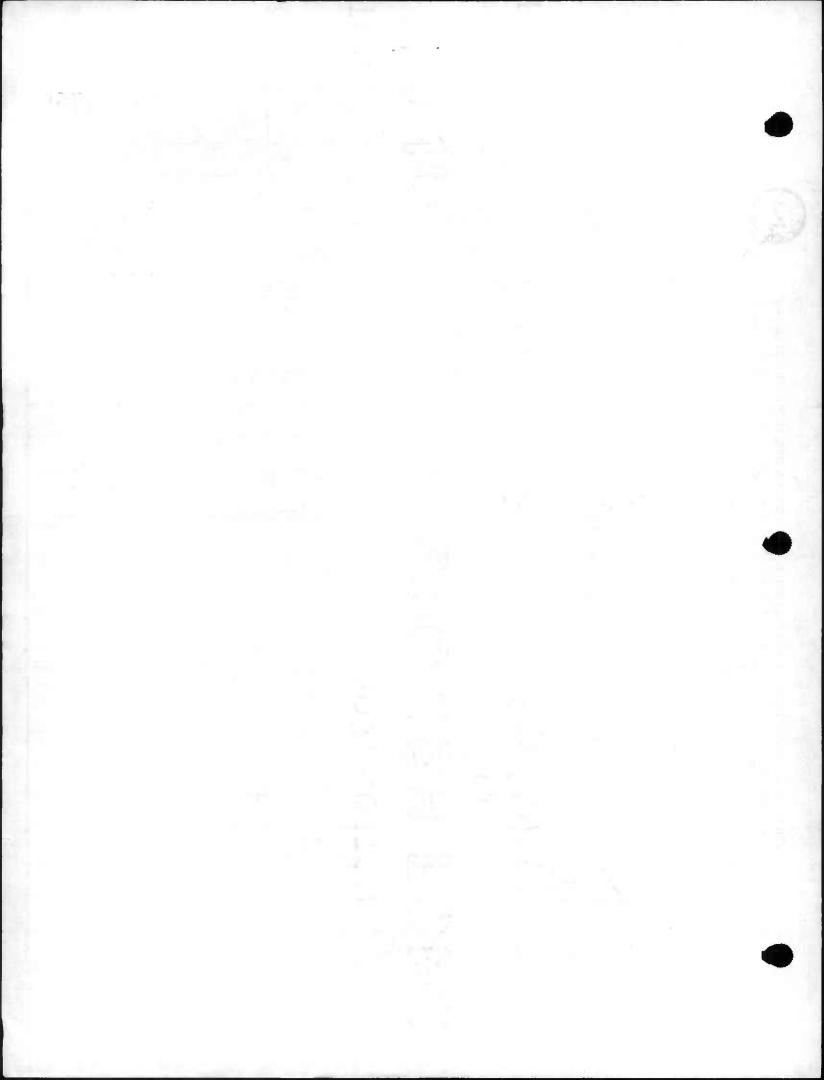
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / D	EPART	MENT CATE	OF H	IEALTH AND	MENT	AL HYGIEN		94	04	768
1. OECEOENT'S NAME (First	t, Middle, Last)			_	==					TE OF DEATH			3. TIME OF OR	ATH
MARY		EXANDER	RON	MAGN	OLI				1	ATH 2D	7	94	6:40	PH
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In	yrs. lest bi		IF UNDER		IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTI Count	IPLACE (State or	Foreign
089-01-7		1 □ M 2 🎇 F	84	1	YRS.	MONTHS	DAYS	HOURS MIN.	JUI	NE 26,	1909	G	A.	
9a. FACILITY NAME (If not in		· ·				9b. CITY,	TOWN C	OR LOCATION OF O	EATH		9c. COU	NTY OF E	EATH	
HOLY C	ROSS	HOSPITA	L			S	ILV	ER SPRI	ING		MC	ONTG	OMERY	
10a. STATE	10b. COUNT	TY		1	IOc. CITY,	TOWN O	R LOCAT	TION					10d. INSIDE CI	TY
MD.	MD. MONTGOMERY							SPRING	3				LIMITS?	
100. STREET AND NUMBER								ZIP CODE			10g. CIT	IZEN OF Y	WHAT COUNTRY	
14000	CAS	STLE BLV	D.				_	20904				U.S	. A .	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARME	D	13. V	WAS OEC	ENDENT OF HISPA	NIC ORIG	GIN? (Specify Yes	or No-	14. RACI	E — American In	dlen,
1 Never Married 2 3 Wildowed 4 Divo		FORCES? 1				1 1	Yes, sp	2 NO Specific	in, Puert ly:	o Rican, etc.)		Spec	k, White, etc. //y:	
		<u> </u>											WHI	re
(Specify onl	Y highest grad	le completed)		(Give	DENT'S U kind of wo NOT use	ork done o	CUPATIO	ON st of working	1	6b. KIND OF BU	SINESS/INC	DUSTRY		
Elementary/Secondary (0	0-12)	College (1-4 or 5	)			111	T_F	DITOR		пусшт	NCC	סוום	LIC L	
17. FATHER'S NAME (First, M	fiddle. Last)	<u> </u>		11.1.	DIVA	I/TWI	.4 – 15.	18. MOTHER'S NA	ME (Elm			PUD	DIC D.	LDKAL
JOSE		ALEXAND	FP					_	JNA	_				
19a. INFORMANT'S NAME (		231111272141	шк	19b. N	IAILING A	ADDRESS	(Street a	nd Number or Rural			AMB	Codel		
EMIL A	. RO	MAGNOLI		1	_			ERRY CI					ם פחפ	252
20a. METHOD QE DISPOSIT				PLACEANE	_	_			1		CATION -	-		132
4 Donation 5 Other	(Specify)	noval Irom State		tery, cremai			PM7	ATORY	1/2		IVER			
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE						D ADDRESS OF FA						
1/11/	1/h	Ambero	ML	MOO	TOO	7.7	7.7	CITA ME		SIL	VER	SPR		D.
23. PART I. Enter the d	Iseases, or	complications the	t caused t	the death		t enter	the mo	. CHAME	h as ca	ordiac or mani	INC.	2	0910 Approxi	mete
shock, or h IMMEDIATE CAUSE (Fir	eert tellure.	List only one ceu	se on eac	ch line.	11		1	4					interval	
disease or condition	-	Cono	nte	10	Han	27	TY	Alle					/. 10	b C
resulting in death)		DIDE TO	(OR AS A C	CONSEQUE	NCE OF):		-	110/0					West	4>
		ATRO	Al	MI	rill	ST	on	l					200	Dhs
Sequentially list condition if any, leading to imme	diate	DUE TO	(OR AS A C	ONSEQUE	NCE OF):		-	2.0.0						
cause. Enter UNDERLY!		a Hort	CS	5/01	105	15,	1	evere		-			yes	15
that initiated events resulting in death) LAS	,	DUE TO	(OR AS A C	ONSEQUE	NCE OF):	. /							0	
Tooling in doutin Exp		d												
PART II. Other aignifice	nt condition	ns contributing to	death but	t not resu	iting in	the unc	derlying	cause given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY	FINDINGS
COVONA	MA	witery.	NIS		ک					PERFOR			AVAILABLE PRIO	R TO
Chromic	oh.	STruck	v-P L	LUM	1 &	218	248	e .		1 123 2			OF DEATH?	NO
				0	N					,			1 123 23	MO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	110000						ACE OF DEATH (Ch	eck only	one)				
1 TYES 2 NO	_	HOSPITAL:	ER/Outpet	ient 3 🗌		OTHER I Numi		5 🗆 Residence	6 🗆 Ott	ver (Specify)				
27. MANNER OF DEATH		28a. OATE OF (Month, D	INJURY sy, Year)	20	8b. TIME		28c. INJU	JRY AT	28d. D	ESCRIBE HOW II	JURY OCC	CURED		
	Pending Investigation					M		ES 2 NO						
	Could not be	28e. PLACE O building,	F INJURY -	At home,	Jerm, str	eet, lacto	ry, office		281, LC Cit	CATION (Street a	nd Number	or Rural R	loute Number,	
1	ootarmined .				-									
		ICIAN: To the best of												
one)   MEDI	CAL EXAMINE	ER: On the beals of a	amination a	and/or Inve	atigation,	In my op	inion, de	ath occured at the	time, da	te and place, an	d due to th	e cause(a	and manner as	stated.
29h SIGNATURE AND THE	орбинтин	n	v.0					29c. LICENSE NUM	IBER		29d. DATE	GNED	(Month Day, Year	)
100sun	Jus	Deser Of	W)					D253	40	7-	<b>&gt;</b> /	12	7/94	
30/NAME AND ADDRESS OF	PERSON W	O COMPLETED CAU	E OF DEAT	H (ITEM 27	) (Type, P	rint)	0	, (1	-		MA		0.1	
Kobert 1	-	berg NI	73	01 (0	118	ville	. Ka	1/ve	13	pring	(B)	20	70/	
31. DATE FILED (Month, Day,	1994	Fisher Des	R'S SIGNAT	Mande	2									

BALLIMORE, MARYLAND 21215-0020	and after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burlal-transit per- tion, or removal.	natic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (First	t, Middle, Last)	OF	50	hlu	ter			2. DATE	OF DEATH	5 9	EAR/ 3.	TIME OF DEATH			
4. SOCIAL SECURITY NUM 217-01-21	вев	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs		IF UNDER		IF UNDER 24 HRS. HOURS MIN.	7. DATE 3 - 4	OF BIRTH	18.	BIRTHPL/	MCE (State or Foreign Marylan			
9a. FACILITY NAME (If not in Charlotte RESIDENCE OF DE	Hall		ns Hor	me			tte Ha			St.	y of DEAT Mar				
10e. STATE MD	ry, town o		on Hall					d. INSIDE CITY LIMITS?  YES 2 ANO							
Rt. 2 Box						The state of the s					S.A.	T COUNTRY?			
11. MARITAL STATUS 1 Never Married 2  3 Wildowed 4 Div	200000000000000000000000000000000000000		NT EVER IN U.S. 1 TYPES 2 WAR OR DATES	■ NO		f yes, spec	INDENT OF HISPAI city Cuban, Maxica 2 XNO Specif	in, Puerto I		n or No- 14	Black, W	American Indian, Mita, etc. White			
	CEDENT'S EDUC ily highest grade (0-12)		+)	Give kind of life. Do NOT o	work done ouse retired.)	during most	t of working	1		siness/indus		er			
17. FATHER'S NAME (First, A John Schl							18. MOTHER'S NA Elsie				iter				
190. INFORMANT'S NAME ( Robert EI							d Number or Rural	Route Numi	ber, City or Tox	vn, State, Zip C	ode)	21227			
20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION – City or Town, State of Cognetary, crematory or pitter place)															
4 Donation 5 Othe	r (Specify)		_ Met:	pole of the place of the properties of the place of the p											
4 Donation 5 Othe 21. SIGNATURE OF FUNER.  23. PART I. Enter the c	AL SERVICE LIC	Elhos complications the	MOO at caused the	945 death. Do	Å. La	KEHA aPla	RT-ECH ta,MD	<b>ÖLS</b> 206	<b>FUNE</b> : 46	RAL H	OME,	INC.			
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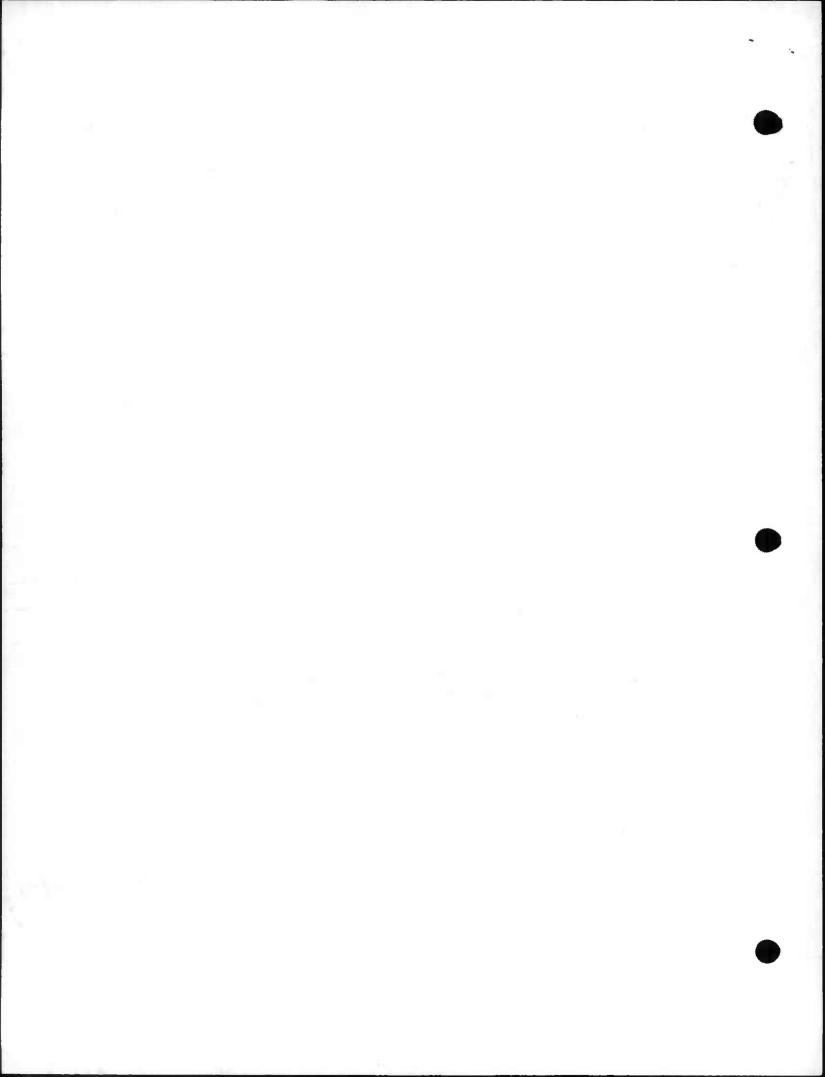
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**ARYLAND 21215-0020** 

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH YEAR 09 Feb 1994 8. BIRTHPLACE (State or Foreign Country) Maryland 7. DATE OF BIRTH Dec 18 1920 HOURS 219-07-4529 73 1 X M 2 - F 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Carroll County Gen. Hospital Westminster Carroll RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Carrol1 Finksburg 1 | YES 2 | NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2525 Baltimore Blvd. 21048 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried
3 Widowed 4 Divorced FORCES? 1 YYES 2 NO 1 TES 2 TONO Specify: Specify: white WWII 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) materials expiditor stee1 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Howard Scott Florence C. Yingling 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2525 Baltimore Blvd., Helen C. Scott Finksburg, MD 21048 20e. METHOD OF DISPOSITION
1 Disposition 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Nother (Specifientombment 2/9/94 Gardens of Faith Overlea, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Katheren 412 Washington Rd., Westminster, MD 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition\_ ar ard Lac resulting in death) DUE TO (OR AS A CONSEQUENCE OF Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING card CAUSE (Disease or injury DUE TO OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 T NO 1 YES 2 NO recurte 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only o HOSPITAL OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28e. DATE OF INJURY 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Matural Pending Investigation М 1 YES 2 NO

FUNERAL BY COMPLETED 8 2 CERTIFICATION MEDICAL PHYSICIAN: BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide Could not be COMPLETED 4 Homicide 29e. CERTIFIER

(Chack and CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year, 29c. LICENSE NUMBER 8 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 7) (Type, Print) HRAIM P FEB 8 94 ha baydon-



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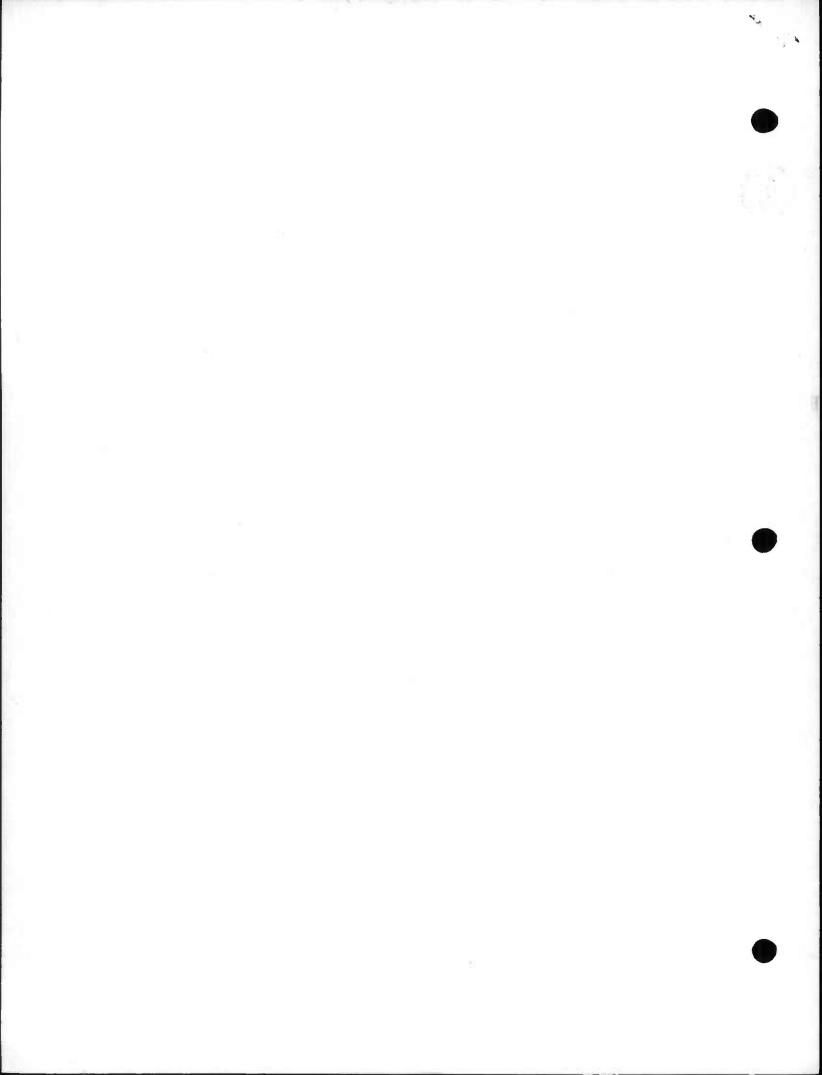
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DIVISION OF VITAL RECORDS,

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAVID 5 Coff 5:00 P CHARLES 94 2 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7 DATE OF BIRTH Aug 23 DAYS HOURS 219-14-9480 1 M 2 - F 70 1923 Maryland 9a. FACILITY NAME (If not inatitution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll County Gen. Hospital Westminster Carrol1 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Carrol1 Westminster 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 500 S. Center Street 21157 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

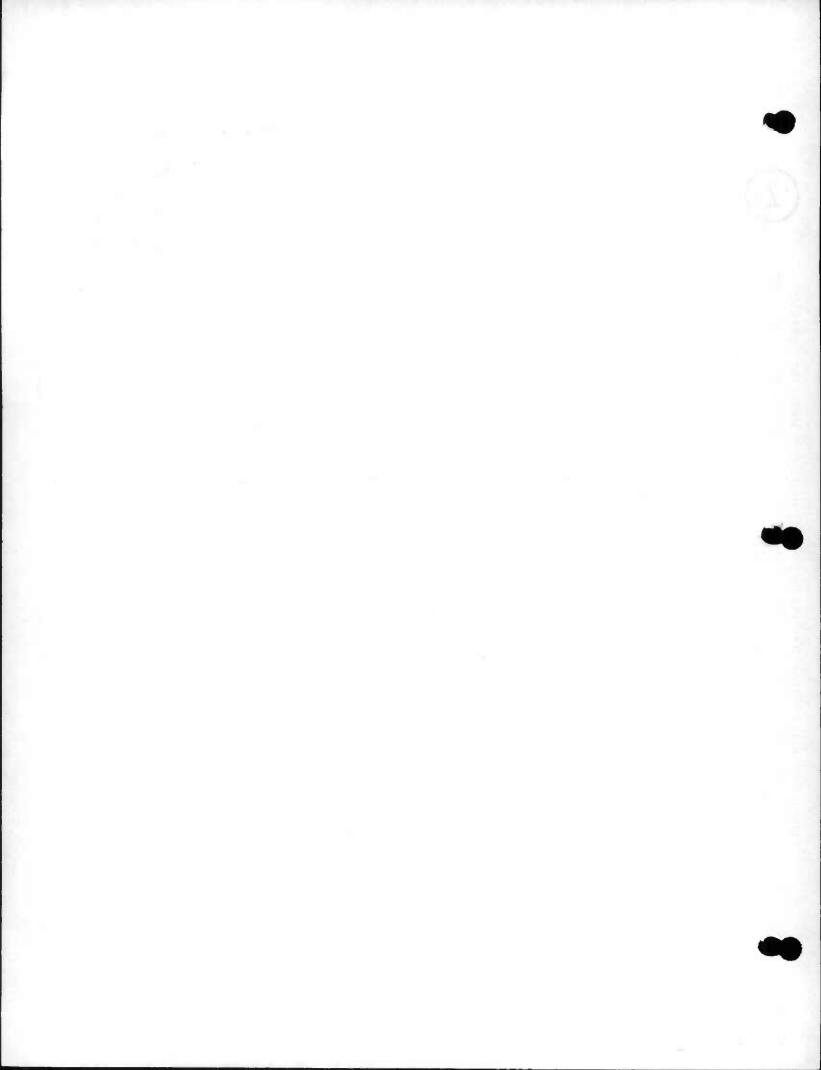
1 □ YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced white WWII ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest ost of working (Give kind of work done life. Do NOT use retired.) Carroll County Elementary/Secondary (0-12) College (1-4 or 5+) COMPL maintenance/caretaker Farm Museum 17. FATHER'S NAME (First, Middle, Leat) 18, MOTHER'S NAME (First, Middle, Maiden Surname Howard **Bratten** Scott BE Naomi Lookingbill 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21157 2 Jean Scott 500 S. Center Street, Westminster, 20a METHOD OF DISPOSITION
1 N Burlel 2 Cremetton 3 Ren 20b. PLACEAND DATE OF DISPOSITION (Name 2/11/94 DATE 20c. LOCATION - City or Town, State Evergreen Memorial Gardens 4 Donation 5 Other (Specify) Finksburg, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Katherine 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest,

Approximately Approximatel Pretto Approximata shock, or haert failure. List only one cause on each line. Intarval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) (OR AS A CONSEQUENCE O CERTIFICATION Sequentially list conditions, UN TO (OR AS A CONSEQUENCE OF) If any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Inpetiant 2 ER/Outpetiant 3 DOA OTHER: 1 YES 2 NO 27. MANNER OF CEATH 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED YRULM 1 Stural
2 Accident 5 Pending М 1 YES 2 NO BY Investigation 3 Suicide 28a. PLACE OF INJURY — At home, larm, street, factory, offica building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide COMPLET 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated 296 SIGNATURE MUTTING OF CERTIFIER 29d. DATE SIGNED (Mosth, Day, Year) BE 38315 2 RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
FREIOI 542 30 NAME AND ADD WASH 22. RESISTRAR'S SIGNAPLE 31. DATE FILEO (Month, Day, Year) 8 '94



BALTIMORE	ours after death. Page 6 ma	In by the funeral director, p.	e medical examiner must
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completery. In by the funeral director, poerfleed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If item 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	E	94 0477
,	1. DECEDENT'S NAME (First, Middle, Lest) RU'TH CAI	ROLYN	STULL			2. DATE OF DEATH DA Feb. 2, 19	94 YE	3. TIME OF DEATH 11:18 p m
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (in		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. E	IRTHPLACE (State or Foreign ountry)
1	200-20-0237		9 YRS.	NTHS DAYS	HOURS MIN.	June 12, 1		**
_	9a. FACILITY NAME (If not institution, give street	and number)	91	b. CITY, TOWN C	R LOCATION OF DI	EATH	9c. COUNTY	OF DEATH
HECTOR	Frederick Memorial	Hospital		Freder			Fre	derick
4	10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIGE CITY LIMITS?
5	Maryland Frede	erick	T	nurmont				1 YES 2 NO
HAL	10e. STREET AND NUMBER			101	ZIP CODE			OF WHAT COUNTRY?
CNEH	24 Blue Ridge Ave.	. WAS DECEDENT EVER IN	110 401150	L so umo occo	21788		U.S	
BY PU	1 Never Married 2 Married 3 M Wildowed 4 Divorced	FORCES? 1 TYES	2 NO	If yes, sp		NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:		RACE — American Indian, Black, Whita, atc. Specify: hite
ED	15, DECEDENT'S EDUCATI	ION	18a. DECEDENT'S US	UAL OCCUPATION	N	16b. KIND OF BUS		
	(Specify only highest grade con	npleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo etired.)	st of working			
COMPLE	12	2	Secretary	7		Insura	ince	
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
D L	Charles	Friesz	e11		Unkr	nown		
	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
	C. Edward Byers (	Son)				Rd., Casca	ide, MD	21719
	20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Ramoval  4 Donation 8 Other (Specify)	I from State	PLACE OF DISPOSITION Of the Place)				CATION City	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		MERIOGE	22. NAME AN	D ADDRESS OF FA	CILITY		Maryland
	1							L HOMES, P.A.
	23 Star I Enter the diseasee, or com	onlications that caused	the death Do not					T, MD 21788
	shock, or heert fellure. Lie	t only one couse on ee	ch line.	4	ao or aying, auc	in aa cardiac or reap	ratory arrost,	Interval Between Onset and Death
	disease or condition resulting in deeth) e	Card	oc a	west				Onset and Death
		Pinlink	O CALL	To Mu	and.	01.10	4	
HIFICALION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	COMSEQUENCE OF):	Q	h	ac sufa	MC/C	
3	cause. Enter UNDERLYING	Hyper	tensia	any	V	V		
	CAUSE (Diseese or injury that initiated events	DUE TOYOR AS A	CONSEQUENCE OF:	A -				
	resulting in deeth) LAST	NA-XV	ellypy	dem	شه			
5	PART II. Other algnificent conditions of	contributing to deeth bu	t not resulting in t	the underlying	cause given in	Part I. 24a. WAS AN	AHTOPSV	24b. WERE AUTOPSY FINDINGS
5		,	t not rooming in	and discorrying	, oadaa given iii	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
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						-		1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF DEATH (C)	seek only one)		
2	EXAMINER?	IOSPITAL:		THER:				
ב <sup>"</sup>	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME C			8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	D
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	A MC	RK? Ea 2 NO			
2	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE OF INJURY	— At home, farm, atre			281. LOCATION (Street a		Jural Route Number,
	4 Homicide 8 Could not be	building, atc. (Special	fy)			City or Town, State)		
4	29a. CERTIFIER  1 CERTIFYING PHYSICIA	N: To the heat of my knowle	idos daeth occurred	et the time date	and place, and due	to the cause(s) and mar	tree on stated	
COMPLEIED	(Orloan Orla)							use(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIED		Λ	1 / 0	29c. LICENSE NU			SNED (Month, Day, Year)
BE	U	la le	hush	(an)	018	7 05		/94
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr	rint)	17.70		2/ 3	
	ALAN L. CARROLL, M	1.D. S. SETC	N AVE., I	EMMITSE	URG, MD	21727		
	31. DATE FILED (Month, Day, Year)	32. REGISTRARIS SIGNA	TURE Ponde DO			-11		
	2-7-44	guna wando	210-1					



DALLINOUE, WARTEAND 21213-00	nours after death. Page 6 may be retained by the hospital or attending p	filled in by the funeral director, page 5 should be detached for use as the ton, or removal.	ne medical examiner must be notified at once.
Constitution of the consti	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within proper and recent feath. Page 6 may be retained by the hospital or attending page.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bible within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENT	TAL HYGIEN	E	94	04773
	1. DECEDENT'S NAME (First, Middle, Last)	CATHE	ERINE	MAE	SI	UL	L		MO	eb. 4.	19	YEAR 94	3. TIME OF DEATH 1:55 P M
	4. SOCIAL SECURITY NUMBER 212-03-3059	5. SEX	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DA	TE DF BIRTH prith, Day, Year) C. 19,1	910	Count	PLACE (State or Foreign y)
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, 1	OWN D	R LOCATI	ON DF DE		0.17,1	7	INTY OF D	
TOR	Meridian Nur	sing Ho	ome			F	red	erio	ck			Fred	lerick
DIRECTOR	Md . 10b. COUNTY	Frede	erick	10c. CIT	Y, TOWN DR	LOCAT	Wa	alke	ers	ville			10d, INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER	Maple	Ave./	/		10f.	ZIP COD	21	179	3	-		WHAT COUNTRY?  States
B≼	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. AF YES 2 X		- 11	yes, spe			in, Puarl	GIN? (Specify Yaa to Rican, etc.)			E — American Indian, k, Whita, atc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	+) (G	sive kind of a. Do NOT u	usual occ work done du se retired.)	ring mos	N st of workin	ng	1	Sewin			ory
BE COM	17. FATHER'S NAME (First, Middle, Last)	D. Gra	ayson E					HER'S NAI		t, Middle, Maiden	Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print)  Mary Grimes	5	19							umber, city or Town Walker			, Md.
	20a. METHOD DF DISPOSITION 1 Surial 2 Cremation 3 Ram- 4 Donation 5 Other (Specify)	ovat from State	20b. PLACE cometery, cre GLac	AND DATE	of disposit	ion <sub>(Nai</sub>	me of						Lle, Md.
	21. SIGNATURE DF FUNERAL SERVICE LIE	ENSEE	enser	)	22. N	AME AN	O ADDRE	on A	CILITY	Stauf	fer	Fur	neral Home
	23. PART i. Enter the diseases, or of shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cov	ct ceused the de see on each line CLVO VO (DR AS A CONSE	e. 25 Cu	lar					ardiac or respi	ratory ar	reat,	Approximata intervel Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in deeth) LAST	с	(DR AS A CONSE										
MEDICAL CE	PART II. Other algorificent condition	e contributing to	death but not i	reculting	In the und	eriying	Ceuse (	given in	Part i.	24s. WAS AN PERFOR	MED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 ND
PHYSICIAN: A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			OTHER:	26. PL	ACE OF D	EATH (Che	eck only	one)			
PHYSI	1 U YES 2 ND  27. MANNER OF DEATH	1 Inpatient 2 28a. DATE DF (Month, E	INJURY	26b. TIM	4 Nursir	6c. INJU	JRY AT	sidenca		ther (Specify) DESCRIBE HOW II	NJURY OC	CURED	
ВУ	1 Natural 5 Panding 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE C building,	F INJURY — At he etc. (Specify)	ome, farm,	M street, factor		ES 2	NO		OCATION (Street a ity or Town, State)	nd Numbe	r or Rural i	Route Number,
COMPLETED	20a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check EXAMINE)												a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	H-mi					_	LOO		1	29d. DA	E SIGNED	(Month, Day, Year)

30. NAME AND ODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Α.

JOHN

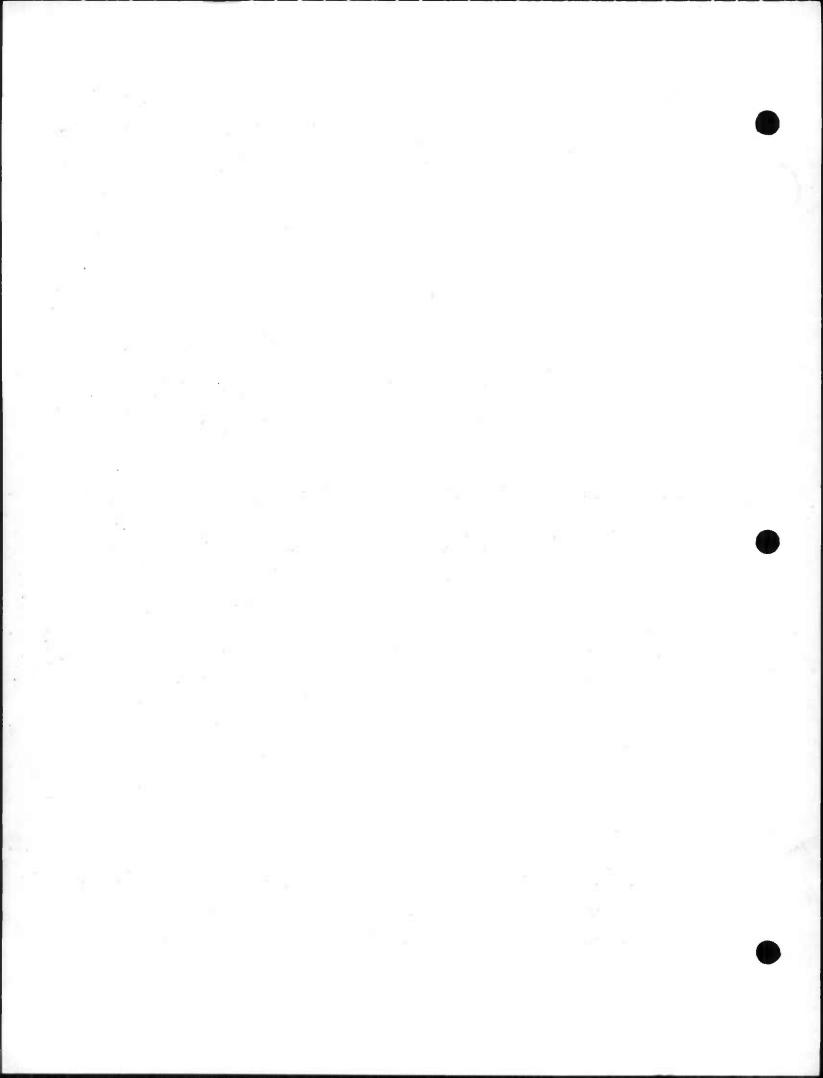
31. DATE FILED (Month, Day, Year) 2-14-94

SHUTTA / 15 E. F

32. RESULTINATES SHONATURE

STUDIES SHOWN

15 E. Frederick St./ Walkersville, Md.



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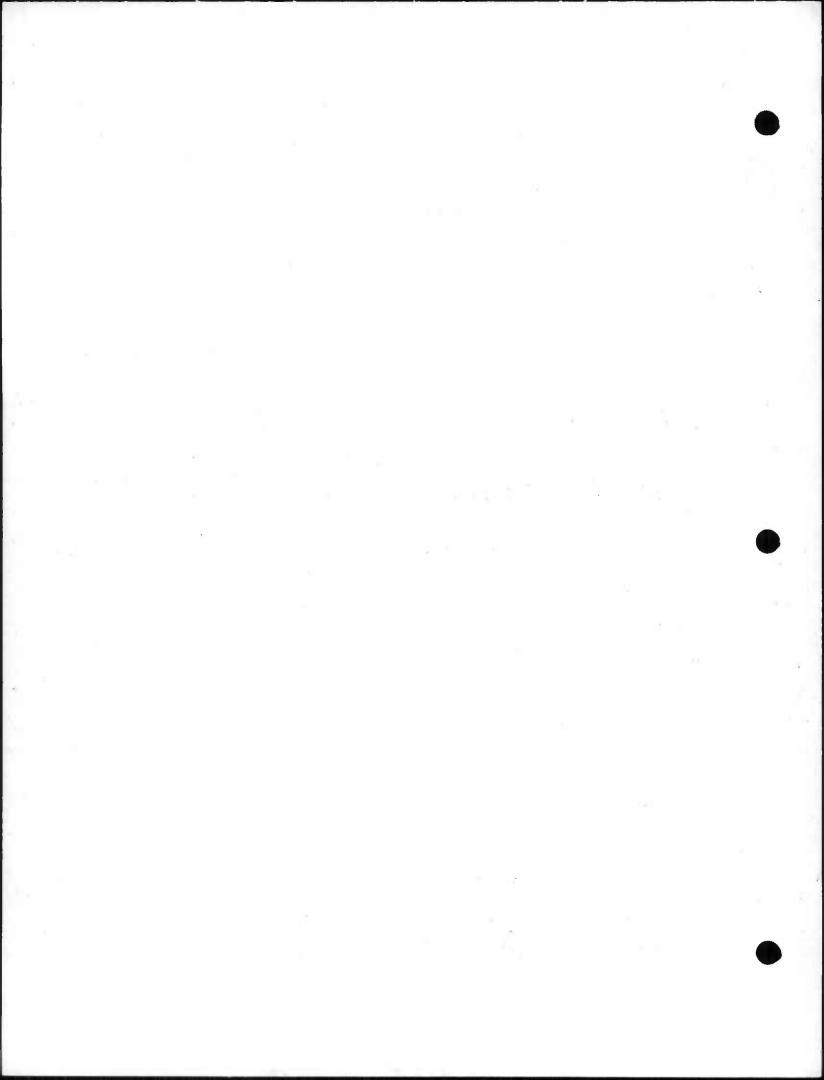
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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filled within 72 hours after death with the State Debt, of Health and Mental Hyplene prior to burial, cremation, or removal.

Dr. William DeWys,
31. DATE FILED (Month, Day, Year)
2-14-94

	FOR	STATE OF	MARYI AND /	UEDAL	OTMENT	UE H	CAITH	AND 1	MENTAL HYGIENI	e		
	1 - STATE REGISTRAR	01/11 01 .			ICATE				REG. NO.	- (1)	4	04774
	1. DECEDENT'S NAME (First, Middle, Last)		_						2. DATE OF DEATH MONTH DA	W.	YEAR	TIME OF OEATH
	James		aul	DAT	YDER	-			February :	5, 199	94	2:10 pm M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest				IF UNDER 2	24 HRS. MIN,	7. DATE OF BIRTH (Month, Dgy, Year)	0	Country)	ACE (State or Foreign
	227-13-6112	1 M 2 F	26	YRS.					July 13,19			ginia
~	9a. FACILITY NAME (If not institution, give a						R LOCATIO		ATH		Y OF DEAT	
0	9014 Spring Mead	ow Circi	e		Fr	:ede:	rick			Fre	ederio	ck
E	10a, STATE 10b, COUNT	Y		10c. CIT	TY, TOWN OR	R LOCATI	ION	-			10	d. INSIDE CITY
DIRECTOR	Virginia Lou	ıdoun	!		Lee	esbu	rg				1	LIMITS? YES 2 NO
	10a. STREET AND NUMBER			_			ZIP COOE			10g. CITIZE		T COUNTRY?
FUNERAL	668 Gateway Driv	e. SE #	401				2.2.0	075			U.S.A	
S	11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. ARI	MED			ENDENT OF	F HISPAN	IIC ORIGIN? (Specify Yea		4. RACE -	American Indian
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		1 YES 2 N WAR OR DATES	Ю	H y	yes, spec		n, Mexican	n, Puerto Rican, etc.)		Black, W Specify:	White
ED	15. OECEDENT'S EDU (Specify only highest grade		16a. DE/	CEDENT'S	S USUAL OCC	CUPATION	N of working	-	16b. KIND OF BUS	INESS/INDU	STRY	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5	life.	. Do NOT us	work done dui use retired.) Oution			_	Publis	hing	Compa	any
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					$\overline{}$	18. MOTH	IER'S NAI	ME (First, Middle, Meiden			
BE	Richard Will	iam	SNYDER				Mai	rily	n Dorot	hy	SALI	LS
TOB	19a. INFORMANT'S NAME (Type/Print)	VD	191	a. MAILING	a ADDRESS (	(Street an			Route Number, City or Town			
-	Mr. George Rozak	is	9	014	Sprin	19 M	eador	w Ci	r, Frederi	ck, M	aryla	and 21701
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 X Cremetion 3 ☐ Ram	loval from State	20b. PLACE A cemetery, crer	AND DATE	OF DISPOSIT					CATION — CI		
	4 Donation 5 Other (Specify)		_ Smith	asbw	rg Cre				Smi	thsbur	rg. M	laryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	2 Rober	0 4 1	0706	Ke 10	eney 6 Ea		Basf Chur	ord P.A. F ch St, Fre	unera deric	l Hon	
	23. PART i. Enter the dialeses, or a shock, or heart failure.	complications the	at caused the da	ath. Do	not anter th	ha mod	la of dyir	ng, such	n ss csrdiac or respir	retory arres	st,	Approximsta
	iMMEDIATE CAUSE (Final	List Dilly Dile Cer	JSC OH BRUTH HILE.			1	1 / .		. ^	4		Interval Batween Onsat snd Daath
	disease or condition reautiting in death)	tun	a ca	n CA	A 1	1 1	alia	sha	ut Me	olah	bma	12×1
	roading in duali,	DUE TO	OR AS A CONSEC	JUENCE O	es les	- T	100 10	- 0	10-94		6 . Pare	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Z	Or translate that conditions	b				S. Committee	my in	0.00	-10-1			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	O (OR AS A CONSEQ	JUENCE O	F):							
2	cause. Entar UNDERLYING CAUSE (Disease or injury	C										
F	that initiated evants resulting in desth) LAST	DUE TO	O (OR AS A CONSEO	JUENCE O	F):							
HH H		d										-
	PART ii. Other significant condition	na contributing to	death but not r	eaulting	in the und	Jariying	cause g	iven in i				FRE AUTOPSY FINDINGS
Š									PERFOR		co	MPLETION OF CAUSE
										X no		DEATH?
3									_		1	
IA.	25. WAS CASE REFERRED TO MEDICAL					26. PL/	ACE OF DE	EATH (Che	eck only one)			
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient 3	□ DOA	OTHER:		5 X Ref	eldence	6 Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26a. DATE OF	F INJURY	28b. TIM	ME OF 2	28c. INJU	JRY AT	T	28d. DESCRIBE HOW IP	NJURY OCCU	JRED	
ВУР	1 X Natural 5 Pending 2 Accident Investigation	(hnorm), a	Day, Year)	Irvs	JURY M	1 YE		NO				
	3 Suicide 6 Could not be	28e, PLACE (	OF INJURY — At hor	me, larm,	streal, factor	ry, offica	ı .		261. LOCATION (Street a	nd Number or	r Runel Route	e Number,
TE	4 Homicide determined	During,	MC. (Specify)						City or Town, State)			
COMPLETED	29a. CERTIFIER 1 X CERTIFYING PHYSI	ICIAN: To the best o	of my knowledge, de	ath occur	red at the tim	me. date :	and place.	and due	to the cause(s) and man	nor an eteted		
N N	(Check only one) 2 MEDICAL EXAMINE											id manner es stated,
	29b. SIGNATURE AND TITLE OF CERTIFIE						29c, LICER					
BE	an,	Des	Mar	1	MN		D354		BER	290, DATE :	)	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	10 COMPLETED CAL	ISE OF DEATH TITE	M 27) (Type	e. Print)		ייכע	133				0-1-1

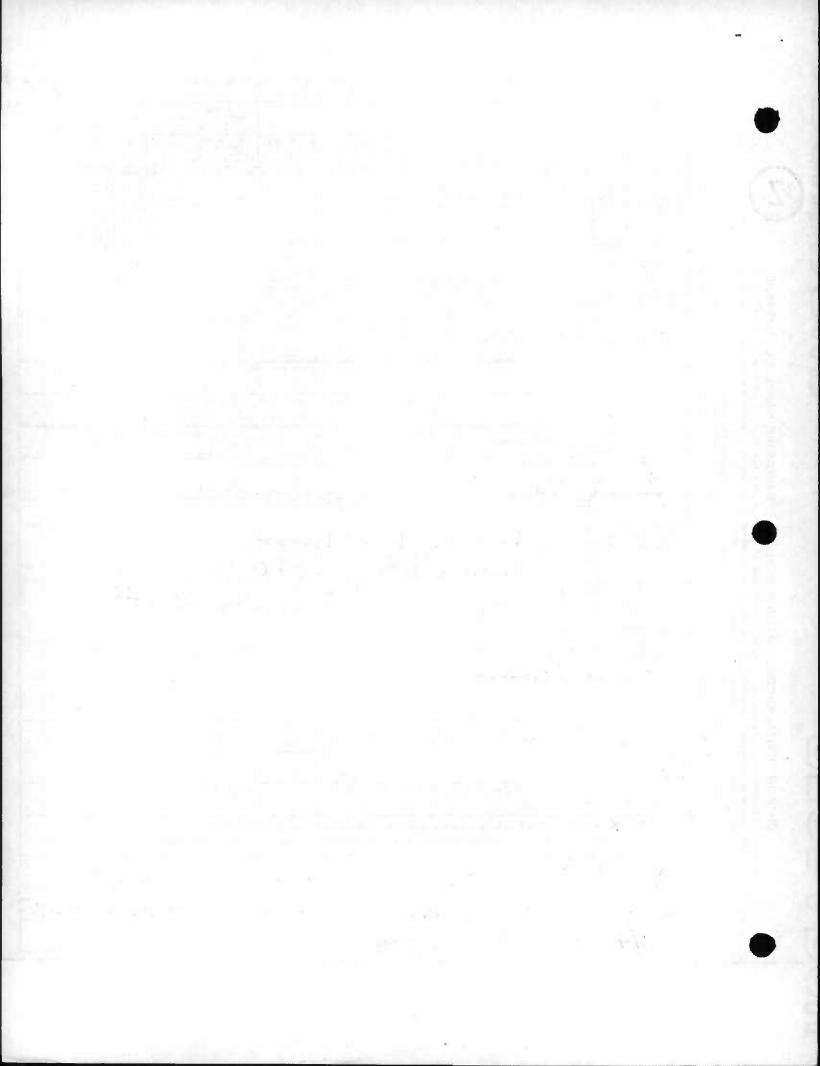
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D35433 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) M.D., 201 N. Washington Street, Falls Church, VA 22046 DHMH-16 Rev 1/89



BALLIMORE, MARYLAND 21215-0020	Gurs after death. Page 6 may be retained by the hospital or attending physician.	filled in by the human director, page 5 should be detached for use as the burial-transit permit ion, or minimal	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within John states of may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the human director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or minimal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle		CE	RTIF	ICATE	OF	DEAT	H	REG. NO		74	04777
	Alice Mon		-					Feb. 6, 1	994		7:30 A.
4. SOCIAL SECURITY NUMBER 547-22-8419	5. SEX 1 M 2 X F	6. AGE (In yrs. les 81	t birthday) YRS.	IF UNDER	DAYS	HOURS	MIN,	Mar. 18,		New	Mexico
9a. FACILITY NAME (If not institution Frederick Mer	morial Hospi	tal		9b. CITY		reder		ATH		reder	
	Frederic	K		r, rown o							10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 103 Willowda	ale Dr.				101	ZIP CODE	217	702		ZEN OF W	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	MED		f yes, sp		, Mexica	IIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	or No—	14. RACE Black Specific	— American Indian, White, etc. y:
(Specify only higher Elamentary/Secondary (0-12)	r's EOUCATION sit grade completed)  College (1-4 or 5 +)	(Gi	ive kind of Do NOT u	se retired.)	during mo	on st of working cler		166. KIND OF BU			
17. FATHER'S NAME (First, Middle, I Walter Dan:	iel Monroe							ME (First, Middle, Melden Janetta Mo			
Gayle P. Geog		198						Frederick			702
20a, METHOD OF DISPOSITION 1 Burlel 2 Commation 3 Donatton 6 Other (Spee) 21. SIGNATURE OF FUNERAL SEP	(y)	20b. PLACE A competery, gra- SM1 tl	MND DATE MBIORY OF O DSDUI	rg Cr	emai	ory ADDRES	Thor	2/7 Smi		irg, Home	
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Seven Due to (	OR AS A CONSECUTION OR AS	HOUSE OF THE PROPERTY OF THE P	esty finalogical	9 (	130 20 ach	PK	) Lin in	4	:HF	Onset and De
PART II. Other significent co	nditions contributing to	daath but not r	esulting	In the un	darlying	g cause g	Iven in	Part i. 24a. WAS AN PERFOI	RMED?	24b.	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatlant 3	□ DOA	OTHER	₹:			sck only one)			
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendic	HOSPITAL: 1 Inpetiant 2   28a. DATE OF (Month, Da		28b. TIN	4 🗆 Nun	R: sing Hom 28c. INJ WO	6 🗆 Ras	Ildenca	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendir	HOSPITAL: 1 Inpetient 2   28a. DATE OF (Month, Da getton not be building.	INJURY	28b. TIN	4 Nun	28c. INJ WO	O 6 Res	Ildenca	6 Other (Specify)	and Number		oute Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendir 2 Accident Invest 3 Suicide 8 Could 4 Homicide 8 Could determ  29e. CERTIFIER (Check only	HOSPITAL: 1 Inpetient 2   28a. DATE OF (Month, Da getton not be building.	NJURY y, Year)  INJURY — At ho htc. (Specify)	28b. TIN	4 Num NE OF JURY M atreet, fact	28c. BNJ WO 1 1 1 ory, office	o 6 Rai	NO and dua	6 Other (Specify) 28d. DESCRIBE HOW   28f. LOCATION (Street City or Town, State, to the cause(e) and ma	and Number	or Rural R	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendir 2 Accident Invest 3 Suicide 8 Could 4 Homicide 8 Could determ  29a. CERTIFIER (Check only	POSPITAL: 1 Inpetiant 2 26a. DATE OF (Month, Date) 1 Sea. PLACE OF building, of the best of the building. 26a. PLACE OF building, of the basis of ax	injury y, Year)  Finjury — At ho stc. (Specify)  my knowledge, de amination and/or i	28b. TIM IN. me, farm, meth occurr	4 Nun IE OF JURY M atreet, fect	28c. BNJ WO 1 1 1 ory, office	o 6 Rai	NO NO and due	6 Other (Specify) 28d. DESCRIBE HOW   28f. LOCATION (Street City or Town, State), to the cause(a) and ma	and Number	or Rural R	

John Tavidson-Rondo



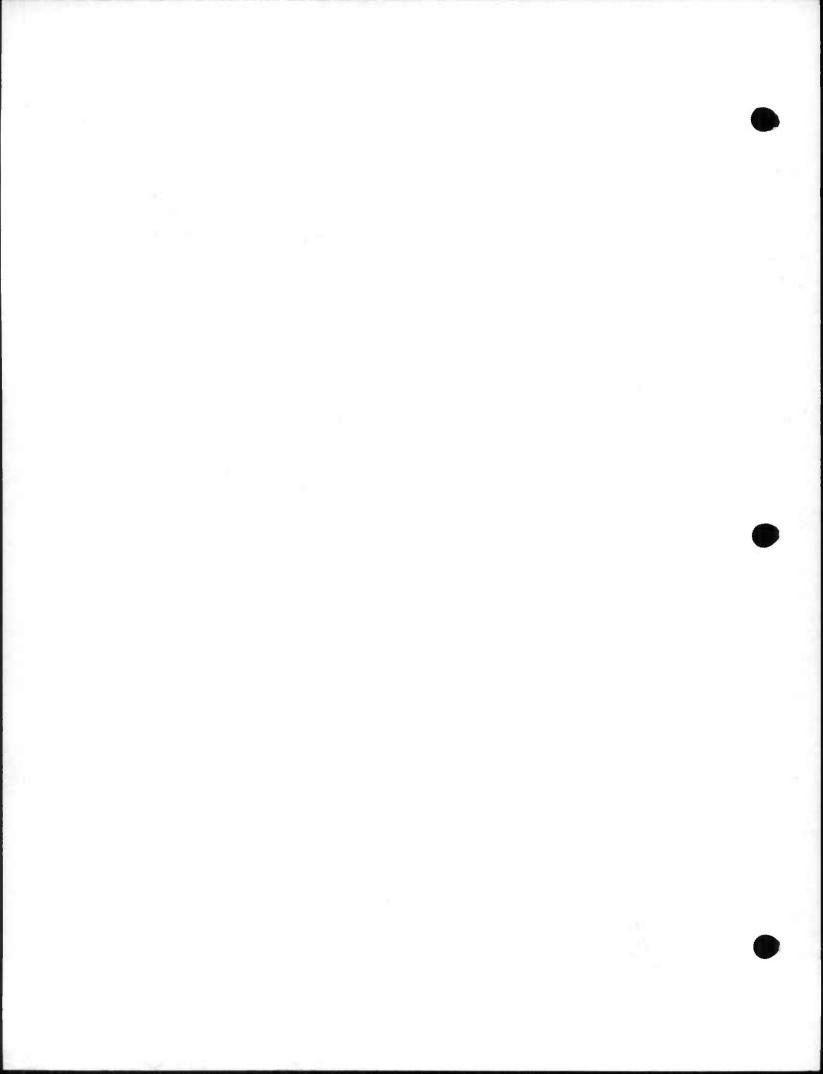
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit he filled within 72 hours after death with the State Dent, of Health and Mental Hoviene prior to burial, cremation, or removal.	ely filled in by the funeral director, page 5 should be detached for use as the burial-transit nation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 DECEDENT'S NAME /First Middle Leat 2. DATE OF DEATH 3. TIME OF DEATH FEBRUARY **ELEANOR** LIZZIE SHOLL 1994 4:30 P. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) DEC. 1, 5 SEY 6. AGE (In vrs. last birthday) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 65 1928 PENNSYLVANIA 579-40-3417 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7218 13th AVENUE TAKOMA PARK PRINCE GEORGES RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGES TAKOMA PARK 1 X YES 2 NO FUNERAL 10a STREET AND MUMBER 10g, CITIZEN OF WHAT COUNTRY? 7218 13th AVENUE 20912 USA 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-H was apacify Cuban. Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rical

1 YES 2 NO Specify: 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ost of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+1 11 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LeROY GASSERT BE REBER Μ. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7218 13th AVENUE, TAKOMA PARK, MD 20912 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata t Burial 2 Cremation 3 Ramoval from State
4 Donation 6 Other (Specify) TRINITY U.C.C CEMETERY REHRERSBURG, PA 21. SIGNATURE OF FUNERAL SERVICE LICENSER 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIV. BLVD. W., SILVER SPRING, MD 20901 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximeta ahock, or heert fallure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition CENTRAL NERVOUS SYSTEM INSUFFICIENCY 1 WEEK resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PRIMARY BRAIN TUMOR 6 MOS. CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER 1 TES 2 XIO 1 Dipatient 2 ER/Outpatient 3 DOA ng Home 5 🖟 Raaidence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicida 29a. CERTIFIER

(Chart only 1 📉 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE DS:313.4 heaven O. Meltz w 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D. WETTZ 7525 6 reenway MERKIN 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE
Funa Davidson-Randala



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	ΑY	No. of	buid bi
	MA	e retair	5 she
	Ä,	may b	r, page
	OM	age 6	directo
	E	fter death. Page 6 may be retained by	the funeral director, page 5 should be loval.
	BA	fter de	the fu

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thurs after death. Page 6 may be retained by the instruction of the physician and completely filled in by the funeral director, page 5 should be detuched for use as the born be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	REGISTRAR		CE	RTIFIC	CATE O	F DEATH		REG. NO			
		SACKLEY	HANNAI	H SA	ACKLEY		2. DATE OF	DEATH D		94	3. TIME OF DEATH 4:45 AM
	4. SOCIAL SECURITY NUMBER  130-03-7875	1 🗆 M 2 🛣 F	8. AGE (In yrs. lest	5 YRS.	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	JUNE	Day, Year)	1908	a. BIRTHP Country) NEW	
DIRECTOR	98. FACILITY NAME (If not institution, HERREW HOME OF RESIDENCE OF DECEDEN	GREATER WASI	HINGTON		ROCKVI	LLE	EATH			GOME	
M	10e. STATE 10b. CO	DUNTY		10c. CITY, 1	TOWN OR LOC	ATION					10d. INSIDE CITY
	MARYLAND MON'	TGOMERY		ROCKV							LIMITS?
FUNERAL	6121 MONTROSE					20852			UNITE	ZEN OF WI	ATES
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2 AN	MED O	If yes,	ECENDENT OF HISPAI specify Cuban, Mexics ES 2 NO Specif	an, Puerto Ric	Specify Yea an, etc.)	or No-	Specify	
TED	15. DECEDENT'S (Specify only highest		(GA		SUAL OCCUPA k done during i	TION most of working	16b. K	IND OF BUS	SINESS/IND	WHIT	K
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)			JPERVI	SOR	NEWS	S PAP	ER IN	IST.	OF AMERICA
BE CO	17. FATHER'S NAME (First, Middle, Last HILLEL RABINOWI'					18. MOTHER'S NA			Sumame)		
10 8	19a. INFORMANT'S NAME (Type/Print)				t and Number or Rural					0 20000	
	ARTHUR SACKLEY  20 METHOD OF DISPOSITION			_				_	-		.C. 20008
	1 Burlal 2 Cremation 3 4 Donation 6 Other (Specify)		20b. PLACE AI cometery, cren BETH I	natory or other	r place)		1/27	ELMO		City or Town	n, Stata
	21, SIGNATURE OF TUNERAL SERVIC	E CICENSSE L'aule	)		DANZ		DBERG				ELS, INC. MD. 20852
	23. PART I. Enter the diseases,	or complications that	ceused the das	th. Do not	anter the m	node of dylan auc	h sa cardia	or resol	CKATI	وتاباد	
	shock, or haert falls iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SEPS	on each line.			out of thing, ado	or all cardia	or respi	iatory arr	ost,	Approximate interval Between Onset and Death
z			(OR AS A CONSEQUENCE OF): RATION PNEUMONIA								
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSECU	INSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (0	R AS A CONSEQU	CONSEQUENCE OF):							
- 19	PART N. Other algnificent cond	Itiona contributing to de	eath but not re	sulting in 1	the underlyl	ng causa given in	Part I. 24	a. WAS AN	ALITOPSY	245 4	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PARKINSONS	WITH 1	DEMENTA				PERFORMED?			MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 P NO	
żΙ											
≸∥	25. WAS CASE REFERRED TO MEDICA	IL.			26. 1	PLACE OF DEATH (Ch	eck only one)				
VSIC	1 YES 2 NO	HOSPITAL:	R/Outpatient 3		THER: Nursing Ho	me 5 - Residence	8 Other (S	(pecify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF IN (Month, Day,		28b. TIME O	Υ W	JURY AT PORK? YES 2 NO	28d. DEŞCR	IBE HOW IN	JURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined								ite Number,		
COMPLETED		HYSICIAN: To the beat of m									
	29jo SIGNATURE AND TUTLE OF CENT	MINER: On the beele of exer	mination and/or in	vestigation, i	n my opinion,	death occured at the		d placa, end			
TO BE	aluin & The	adarang				D391			DATE	26-	Aonth, Day, Year)
	ALVIN S. MA	DARANG,	OF OEATH (ITEM	27) (Type, Pri	MONT.	ECSE RI	) Ro	CKV	1146	MI	20852
	31. DATE FILED (Month, Day, Year)	Julia David	SIGNATURE	N.						,	

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TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 M IMPORTANT: If It

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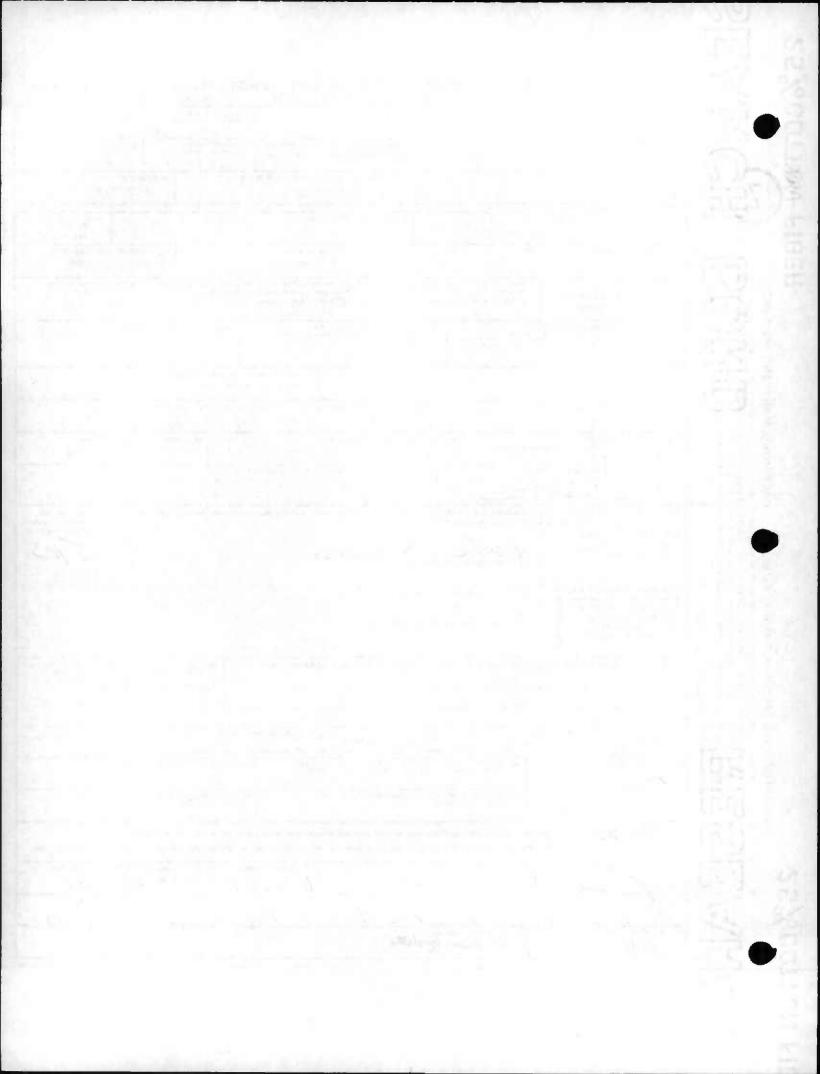
## BALTIMORE, MARYLAND 21215-0020

[2] hospital or attending physician M. use as the TAUBER, ور detached be detache DR. the Page 6 may be retained by BY I tuneral director, page 5. RELEASED examiner must be n y filled in by the fi medical 幸 and completely for burial, cremation event, traumatic prior to attending physician other t Hygiene p 6 the atten Mental Injury, signed by the amy shows has been 6 HOSPITAL OR ATTENDING PHYSICIAN: The law Dept. 23 this certificate h Item 0 marked, DIRECTOR: After the hours after death

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH STARR PHTI.TP M. JANUARY 26,1994 9:20 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 055-09-1227 1 X M 2 | F 78 YRS. TIME 19 191 **NEW YORK** Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 11801 ROCKVILLE PIKE #602 ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MONTGOMERY ROCKVILLE 1 YES 2 NO **MARYLAND** FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20852 UNITED STATES 11801 ROCKVILLE PIKE #602 11 MADITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 ANO Specify: IF YES, GIVE WAR OR DATES Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY lege (1-4 or 5+) Elementary/Secondary (0-12) SHOES SALESMAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) PEARL SCHAFFER ABE STARR BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 11801 ROCKVILLE PIKE #602, ROCKVILLE, MD PHYLLIS STARR (WIFE) 20852 20s. METHOD OF DISPOSITION
1X Buriel 2 Cremetton 3 Whemoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE KING DAVID MEMORIAL GARDEN 1/28 FALLS CHURCH, VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE - ROCKVILLE, MD. 20852 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset and Deeth** disease or condition or/10 Ins >1eNOSIS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I, 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 1 DC CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED /Month BE 20674 2 0 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0740 0 p2. REGISTRAR'S SIGNATURE



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directo	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mu

FOR STATE REGISTRAR CERTIFICATE OF DEATH AEG NO L DECEDENT'S 2. DATE OF DEATH 1/12/94 WEAR DOROTHY 3. TIME OF DEATH 434 5/AGLE DR. Ro 01 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrg. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS 1 8Country) 75 1 - M 2 F DAYS HOURS 213-38-4738 YRS. Washington, 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring TYPES 2 - NO FUNERAL 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 202 University Blvd W. 20901 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY Specify: 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ndary (0-12) College (1-4 or 5+) 12 0 Supervisor US Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at Joseph Roy Bladen BE Eleanor Manger 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Karen Slagle 2043 Firetower Lane Ijamsville, Maryland 21754 must be 20a. METHOD OF DISPOSITION
1 A Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Parklawn Cemetery 1/15/94 Rockville, Maryland medical examiner 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Ave 1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiec or respiratory arrest, Approximsta ahock, or heart fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition . Ruptured Abdominal Aorth Aneurysm 3 hrs item 28 is marked, or item 23 shows any injury, or other traumatic event, resulting in death) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury custeméa that initiated events resulting in desth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: npatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH DATE OF INJURY (Month, Day, Hear) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural Reported that fatrent fell at Home 5 Pending investigation 12 1 YES 2 Accident 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide Horros 29e. CERTIFIER
(Check only one)

1 \*\*CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. = 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. THOMAS G. ZORE MD BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Mgnth, Day, Year) 1/12/94 D35110 000 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Thomas Go. Zorz MD 5530 Wis Are Heyo Clear Charmo 21815 31. DATE FILED (MONTH, Day, Year)

JAN 1 9 1994 92. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

01/12 \*\*

**DHMH-16 Rev 1/89** 

Karen Stagte

AU43 FIFELOWET Lane

1 Jamsville, Haryland 21/54

¥

Parklawn Cemetery

1/15/94 Rockville, Maryland

Hines-Rinaldi Funeral Home 11800 New Hampsbire Ave Silver Spring, MD

Ruptured Abdominal Austr Aneurysm

Hypertensian

Hype dulaterolemia

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TO BE COMPLETED BY FUNERAL DIRE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the function of the control of detached for use as the bundaritation permit, range Mai.	to the control of the branch with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
her death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Incomo after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTM	MENT OF HEALTH AND MENTAL	HYGIENE
CERTIFIC	ATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL	HYGIENI REG. NO.		94	0478
1. DECEDENT'S NAME (First, Middle, L Martha	M. Sau	nders			2. DATE O MONTH Janua	DA	, 1994	EAR	TIME OF DEATH  11:30 A
4. SOCIAL SECURITY NUMBER 490-12-3275	1 🗆 M 2 💢 F	// YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	May	Day, Year)	16	Country) Miss	
99. FACILITY NAME (If not institution, g 10450 Lottsford RESIDENCE OF DECEDENT	Road, #4017		Mitche	llville	EATH		Princ		orge's
10a. STATE 10b. CO			town or Local tchellv:						Dd. INSIDE CITY LIMITS?
100. STREET AND NUMBER 10450 Lottsfor				ZIP CODE	20721				tates
11. MARITAL STATUS  1 Never Married 2XX Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	IN U.S. ARMED	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	an, Puerto Ri	(Specify Yes can, atc.)			- American Indian, Vhite, etc.
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		16e. DECEDENT'S L (Give kind of we life. Do NOT use	ork done during me	ON ist of working	16b.	KIND OF BUS	INESS/INDUS	TRY	-
17. FATHER'S NAME (First, Middle, Last	5+	Executiv	ve / Pai	tner		dverti		Comp	any
Wade Bush  190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	Mary and Number or Rural	Arthu		nders		
William K. Sa  200. METHOD OF DISPOSITION 1 Burlel 2 (A Cremetton 3 DI	unders	0b. PLACE AND DATE OF	as 10	ime of	DATE	20c. LOC	CATION — CH	y or Town	, State
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	· · · · · · · · · · · · · · · · · · ·	Suburban	Rapp I	ory NO ADDRESS OF FA Uneral Lst Aven	Servi	ces, P	. A.		, Marylan
23. PART I. Enter the diseases, shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Lymphom	each line.	ot enter the mo						Approximata Interval Betwee Onset and Dea 15 years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	ъ	A CONSEQUENCE OF)							
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)	:						
PART II. Other algnificent condi	tiona contributing to deeth	but not resulting in	the underlyin	g cause given in		24a. WAS AN A PERFORI 1 YES 2	MED?	CO	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C					
1 N YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending	1 Inpetient 2 ER/Or  28e. DATE OF INJURY (Month, Day, Year)	7 28b. TIME	OF 28c. IN.	URY AT DRK?		(Specify)	JURY OCCUI	RED	- 500
2 Accident Investigat 3 Suicide 8 Could not 4 Homicide determine	be 28e. PLACE OF INJU- building, atc. (S)	RY — Al home, lerm, st pecify)				TION (Street e	nd Number or	Rural Rout	te Number,
enel	HYSICIAN: To the best of my known with the base of examinate								nd manner ee stated.
290. DIGNATURE AND TITLE OF CENT	EH Be	e W	7	29c, LICENSE NU D 2356			29d, DATE S	SIGNED (M	onth. Day. Year) y 28,1994
Robert H. Blee	, M. O., 553	O Wisconsi		e, #140	O, Che	evy Ch	ase, I	MO 2	0815
FEB 0 1 1994	PER PEGISTRAP'S SH	mature mandale						R	

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BALTIMORE, MARYLAND 21215-0020

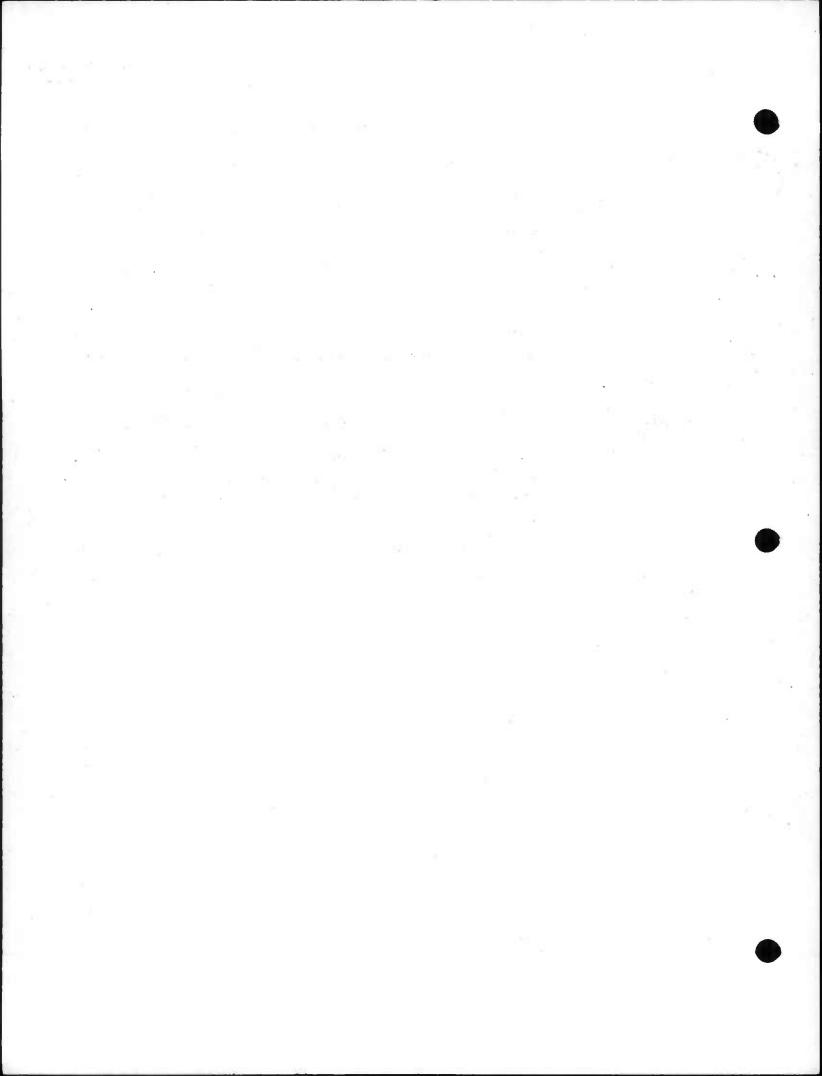
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital or present of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permode within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	TICOIOTT VIIT		QL.		JAIL OF	DEATH	HEG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last) THOMAS	DARBY	S	IM	PSO	N	2. DATE OF DEATH	ř c	YEAR 2 35 P. M	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. le						7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)		
	230-01-362/	1 🖾 M 2 🗆 F	74	YAS.		HOURS MIN.	July 9, 19	19	Virginia	
œ	9a. FACILITY NAME (If not institution, give stre	et and number)		3	9b. CITY, TOWN	OR LOCATION OF C	EATH	9c. COU	NTY OF DEATH	
5	Suburban Hospital				Bethes	da		Mon	tgomery	
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?	
	Maryland Montgo	omery		Beth	resda				1 X YES 2 NO	
FUNERAL						Of. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?	
N N	5813 Ogden Court	12. WAS DECEDENT EV	VER IN U.S. ARM	IED		0816 CENDENT OF HISPA	NIC ORIGIN? (Specify Yea		S . A . 14. RACE — American Indian,	
BY FI	1 Never Married 2 Married	FORCES? 1X	YES 2 N	0	If yes, s		en, Puarto Ricen, etc.)	01110-	Black, White, etc.	
	3 X Widowed 4 Divorced		1						White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted)	(G/v	EDENT'S Use kind of wo Do NOT use	SUAL OCCUPAT rk done during ri retired.)	ION lost of working	16b. KIND OF BUS	SINESS/INC	DUSTRY	
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	1			ione Air	force Der	at o	f Defence	
Ö	17. FATHER'S NAME (First, Middle, Last)		DILC	CCOI	operac		AME (First, Middle, Maiden		1 belense	
BEO	Ellsworth Simpson	1				Isabe:	lle Sulliva	ın		
2	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Town			
	Deborah Volz					hesda, MD.				
	1X Burial 2 Cremation 3 Ramov	al from State	cametery cren	natory or othe	DISPOSITION (F		1 1		City or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	esge	1	Lincoln Cemetery 1/31/94 Brentwo						
	> Henry 2	Fred	1			ph Gawler			20016	
	23. PART I. Enter the diseases, or co	mplications that ca	used the dea	ıth. Do no	t anter the m	oda of dying, aud	ch as cardiac or raspi	ratory arr		
	shock, or heart failure. Li IMMEDIATE CAUSE (Finsi								intarval Between Onsat and Death	
	disease or condition reaulting in death) s.	HSP1	RATI	ON	PM	1ermon	117		4 DAYS	
		ASPI DUE TO (OR PEN IN DUE TO (OR	AS A CONSEO	UENCE OF):	n, ,	06			2	
O.	Sequentially list conditions, if any, isading to immediate	DUE TO (OR	AS A CONSEC	UENCE OF):	1100				2 weeks	
S	cause. Enter UNDERLYING CAUSE (Disease or injury	MUL	MAL	E	mi	Erom 4	2		3 wedes	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	UENCE OF):						
S	d.									
AL	PART II. Other algnificant conditions	contributing to dea	ath but not re	suiting in	suiting in the underlying cause given in Pert i. 24s. WAS AI PERFO				24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
EDICAL				-			1 🗆 YES 2	□ NO	OF DEATH?	
Σ							—		1 TYES 2 NO	
MAN	25. WAS CASE REFERRED TO MEDICAL				28. F	PLACE OF DEATH (C)	heck only one)	-		
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	/Outpatiant 3		OTHER:					
H	27. MANNER OF DEATH  1 Netural 5 □ Pending	28a. DATE OF INJ (Month, Day, Y		28b. TIME INJUI	RY W	JURY AT ORK?	28d. DESCRIBE HOW II	NJURY OCC	CURED	
B	2 Accident Investigation	28a. PLACE OF IN	JURY — At box	na facm atr		YES 2 NO	201 LOCATION (Or - )			
COMPLETED	4 Homicide 8 Could not be datarmined	building, atc.	(Specify)	rm, (mr)11, mt)	ser, ractory, orn	Cal	281. LOCATION (Street a City or Town, State)	na Number	or Hural Houte Number,	
PLE.	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my	knowledga, dea	th occurred	at the time, dat	e and place, and du	in the cause(s) and man	ner ea siet	ed	
OM									e cause(a) and manner as stated.	
w I	296. SIGNATURE AND THEE OF CERTIFIER	4. 3				29c. LICENSE NU	MBER	29d. DATI	E SIGNED (Month, Day, Year)	
	7 11 .1					11 \- 1/-	, ,	N.		
	Daniel Kosar Kon	_ ///	)			1047	06	1	-28-94	
TO B		COMPLETED CAUSE O	F DEATH (ITEM	27) (Type, P	non)	20470	606, KENS,	NGTO	-28-94 MD 20895	



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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12:25 GERDA SMEDLEY JANUARY 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Morith, Day, Year SJULY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 MRS. S. BIRTHPI ACE (State or Form) HOURS 276 03 5200d 1 M 2 4 QQ YRS. SWEDEN Se. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7501 CARROLL AVE TAKOMA PARK MONTGBMERY 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
1 YES 2 NO TAKOMA PARK MD MONTGOMERY FUNERAL 10e. STREET AND NUMBER 20912 10g. CITIZEN OF WHAT COUNTRY? 7501 CARROLL AVE USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TES 2 THO Specify Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 2 HOMEMAKER examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) BE OLAF JOHNSON UNKNOWN 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1616 SMEDI EY AWRENCE T. XEM WINDING WAYE IA. SILVER SPRING.MD 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 1994 LORATN OHTO COOWNI CEMETERY FEB 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY TAKOMA FUNERAL HOME E 254 CARROLL ST N. WASHINGTON, DC . marked, or Item 23 shows any Injury, or other traumatic event, the medical 23. PART I. Enter the diseases, or complications/that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): Disease resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSPOUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
4 | Nursing Home Sy Residence 8 | Other (Specify) HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Accident 5 Pending Investigation 1 YES 2 NO 8 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 28 18 a Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If item 2 29e. CERTIFIER

(Chack ank. 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) Soul DOSI 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8218 (W) 2016) CW SUA STATE THE THE THE PROPERTY OF THE PER STATE OF THE PERSON DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL ORRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

9	1. DECEDENT'S NAME (First,									2. DATE	OF DEATH	DAY	YSAR	3. TIME OF DEATH	
1 8	John		Tze	Sun						Jan	uary	29,1		10:55 PM	
- 22	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lies					IF UNDER	DAYS	HOURS	24 HRS.		OF BIRTH		8. BIRTH Count	IPLACE (State or Foreign	
1	015-32-1957				YRS.					Sept	. 4,		Cl	nina	
OC.	Suburban Ho					A		OR LOCATIO	ON OF DE	EATH		9c. COU	INTY OF D	EATH	
FUNERAL DIRECTOR	RESIDENCE OF DEC	_	L				Beth	esda				Мо	ntgo	mery	
E	10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY	
0	Maryland	Mont	tgomery		В	ethe	sda							LIMITS?	
AL	10e. STREET AND NUMBER				1 -			. ZIP CODE	E			10g. CIT	IZEN OF V	WHAT COUNTRY?	
ER.	6811 Melo	dy Lar	ne					208	17			1		States	
N O	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIGIN	17 (Specify Y			E — Americen Indian, k, White, atc.	
BY F	1 Never Married 2 1 Nover 1 No		IF YES, GIVE W	YES 2 X	NO.		If yes, sp 1 YES	ecity Cuba 2 2 NO	n, Mexica Spec/ly	in, Puerto i y:	Rican, atc.)		Blaci Speci		
														Asian	
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J.	Elementary/Secondary (0-1	12)	College (1-4 or 5 +	,	le. Do NOT u						_	ment	of		
N N	17. FATHER'S NAME (First, Mid	dello 4 ==4)	5+	Phy	ysica	1 Sc	ient				Inter				
	The second second										Middle, Melde	,			
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2	Jone Justina													22301	
	20a. METHOD OF DISPOSITIO	ON			AND OATE				aven	ue, A		ndria .ocation –		rginia	
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	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE		)831	22.	NAME AN	O ADDRES	S OF FA	CILITY	Dec	.ne sac	i, Ha	rytand	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MOO831  Babara Mo ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501														
	23. PART I. Enter the dis	bases by a	ordnii estiene stel	TO POST		[A	venu	e, Be	ethe	sda,	Mary.	land	208	14-3501	
	anock, or nea	art renure. L	List only one cau	se on each iin	e.	not enter	the mo	ae or ayı	ng, suci	n aa cerd	liac or rea	piratory an	reat,	Approximate interval Batween	
	IMMEDIATE CAUSE (Fina disease or condition	ol .	DEC ON	2 ~~~ 0	S /	AD	25	(						Onset and Daath	
- 1	resulting in death)	<b>,</b>	KESPIN	OR AS A CONSE			176	> /							
_		_	A .	BRAL		FNC	XIF	· ·							
ō	Sequentially list condition			OR AS A CONSE	OHENCE O	E):									
CAI	cause. Enter UNDERLYIN	IG	SUDD	EN (	CAR	DIA	C	DE	CAT	71		1/2/	94	289	
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	resulting in death) LAST a. CORONARY ARTERY DISEASE														
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS														
MEDICAL							,				PERF	PRMED?	240.	AMILABLE PRIOR TO COMPLETION OF CAUSE	
										1 □ YES 2XX NO				OF DEATH?	
	10								1 YES 2 NO						
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
Sic	EXAMINER?  1 YES 2 NO 1 Residence 6 Other (Specify)														
ξ	27. MANNER OF DEATH		28e. DATE OF	INJURY	26b. TIM	E OF	28c. INJ	URY AT	T		_	INJURY OC	CURED		
BY	1 Netural 5 Pe	ending restigation	(Month, De	ry, rour)	INJ	M	_	RK? 'ES 2 [	NO.						
ED B	3 Suicide 6 C	ould not be	28e. PLACE OF	F INJURY — At he	ome, farm,	street, fact	ory, office			281. LOC/	ATION (Street	end Number	or Aurel A	loute Number,	
=	4 Homicide de	etermined	Jonathy, 1	area (opeciny)						City	or Town, State	9)			
2	29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the beat of	my knowledge, d	eath occum	ed at the ti	lme, data	and placa.	end due	to the cau	se(s) end m	enner es etel	lad		
COMPLET														end manner es stated.	
	295, SIGNATURE AND TITLE		0 51	-440				29c. LICE					-	(Month, Dey, Year)	
) BE	Will		5 /X	alle	(				0203			•	113	0/96	
2	30. NAME AND ADDRESS OF I	PERSON WHO	COMPLETEO CAUS	E OF DEATH (ITE	M 27) (Type	Print)						1.	1	117	
	William E. E	Battle	, M.D.	1145 19	th St	reet	, N.	W.,	Wash	hingt	on, I	C 20	0036		
	31. DATE FILEO (Month, Day, Ye			ELS SIGNATURE			_								
	FEB 0 3	3 1994	June 1	-W1 4500///	or free										

3. TIME OF DEATH

9:55 A. 8. BIRTNPLACE (State or Foreign Country)

2. DATE OF DEATH DAY Jan. 23,

7. DATE OF BIRTH (Month, Day, Year) Apr. 14,

1994 YEAR

Iowa

9c. COUNTY OF DEATN

1903

261-44-8185

Lucille Elizabeth Swales
4. SOCIAL SECURITY NUMBER 5. SEX 6. AG

Sa. FACILITY NAME (If not institution, give street and number)

5. SEX

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IF UNDER 1 YEAR

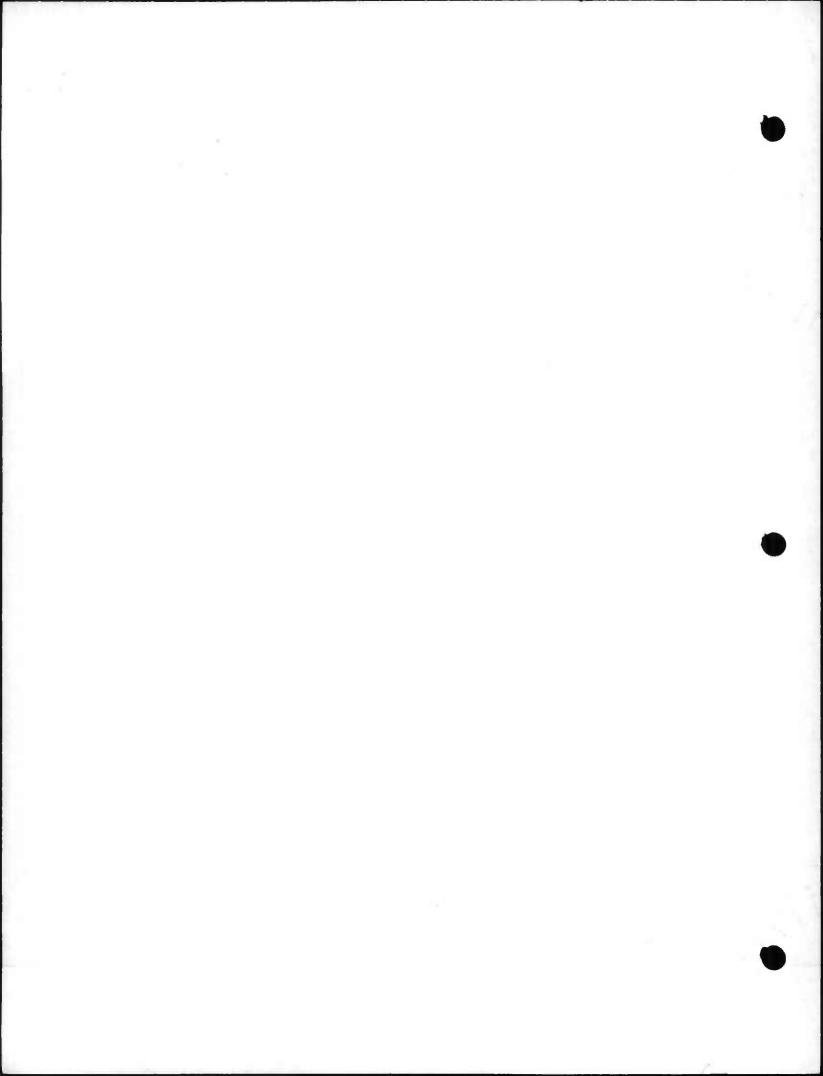
IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. lest birthday)

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OIRE	Maryland 10b. COUNT Maryland How	vard		own on Location Lumbia			10d. INSIDE CITY LIMITS? YES 2 \( \square\) NO		
RAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	CITIZEN OF WHAT COUNTRY?		
FUNE	6334 Cedar Lane			21044			ed States		
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATE:	S. ARMEO	13. WAS DECENDENT OF NISPAL If yes, specify Cuban, Mexica 1 YES 2	n, Puerto Rican, etc.)	s or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White		
ETED	15. DECEDENT'S EOU (Specify only highest grad	JCATION 16 completed)	a. DECEDENT'S US	done during most of working	16b. KIND OF BU	SINESS/INDUST	TRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n	tired.)		~			
COMPL	12 years 17. FATHER'S NAME (First, Middle, Last)	4 years	Clerk	18 MOTHER'S NA	ME (First, Middle, Malden	Govern	ment		
111 B	Luther Leedy			_	Laughlin	Surreme)			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rural		n, State, Zip Coo	ie)		
DE DE	Robert Swales		3890	Bays Ferry Tra	il Mariett	a, Geo	rgia 20062		
must o	20a. METHOD OF DISPOSITION  1 Secretaria 2 Cremetion 3 Ren	novel from State comptor	or complete or other	DISPOSITION (Name of place)		CATION — City			
	4 Donation 5 Other (Specify)	Geo	rge Wash	ington Cemeter	y 1/25/94	Adelph	i, Maryland		
gyamma	Valade	The said		Donald V. Bo		neral 1	Home, P.A.		
	TADWALLY V.	aguna.		4400 Powder M	ill Rd. Be	ltsvil	le. Md. 20705		
Any injury, or other traditions event, the meutical									
ME	_ arterio	School tery dise	die	onary	1 YES		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	α	26. PLACE OF DEATH (Ch	eck only one)				
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatie		Nursing Home 5 - Residence	6 ☐ Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCUP	FD		
IY PH	1 Natural 5 Pending	(Month, Day, Year)	INJURY		Edd. DEGGIADE HOW	SOURCE NOW INSURT OCCURED			
100	2 Accident 3 Suicide 6 Could not ba determined  28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLETED		ICIAN: To the best of my knowledg					use(a) and manner as stated,		
TO BE COM	296. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WITH	red Colod	Zul	29c. LICENSE NUI	IBER 75	29d, DATE SI	SMED (Mornty, Day, Year)		
	SOLOD RUB	ETZ 95	01 04	Il Annap	eles Rel	Elli	cott City		
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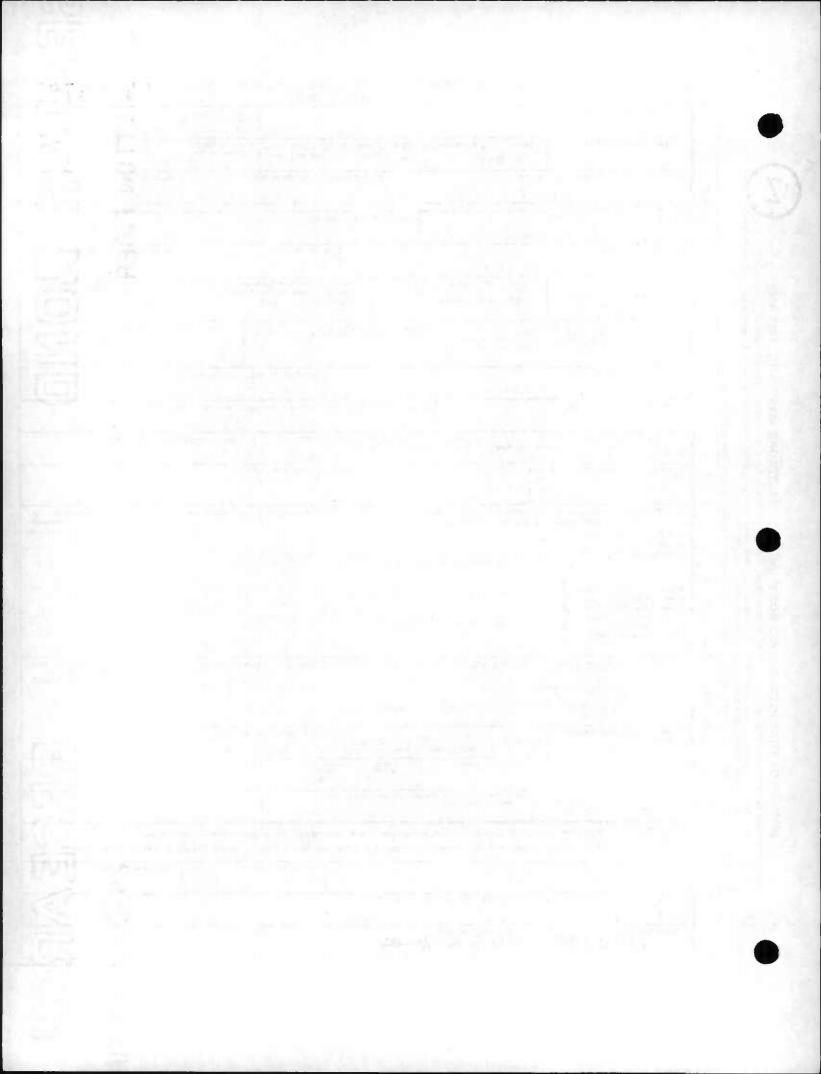
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	1. DECEDENT'S NAME (Fig.		nn Louis							2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUI	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HMS.	7. DATE OF	BIRTH ny, Ybar)	BIRTHPLACE (State or Country)		(y)			
	578-20-7405 1 M 2 St 71 YRS. NOV. 14, 1922  98. FACILITY NAME (if not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY											ryland		
OR	Shady Gro	ve Adv		spital				ville		EATH				omery
DIRECTOR	RESIDENCE OF DE	10b. COUNT	TY		10c. CITY	r, TOWN C	R LOCAT	TION						10d. INSIDE CITY
	MD.	Mon	tgomery		G	Gaith	ers	burg						LIMITS?
ERAL	100. STREET AND NUMBE	R						. ZIP CODE				10g. CITI	ZEN OF	WHAT COUNTRY?
NE	18607 Wa	lkers	Choice Ro					208	_				U.S	
BY FUN	1 Never Married 2 S	The state of the s	FORCES? 1 IF YES, GIVE W	YES 2 -	IO		f yes, sp	ecify Cubar 2 🙀 NO	n, Maxica	NIC ORIGIN? (S an, Puerte Rica ly:	ipecify Yes n, etc.)	er No	14, RACI Blac Spec	E — American Indian, k, Whita, atc. #y: White
ED	15. Di (Specify o	CEDENT'S ED	UCATION te completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON est of working		16b. KH	ND OF BUS	INESS/IND	USTRY	WIIICC
PLET	Elementary/Secondary		College (1-4 or 5 +	·) ///	Do NOT us	e retired.)		at or working			Rea	1 Es	rate	
COMP	17. FATNER'S NAME (First,	Middle, Last)		1 -	СССР	CIOII	100	18. MOTN	ER'S NA	ME (First, Midd			Lace	
BE C	Ge	orge	Goodwin							Ann	a D	ean		
10 8	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING AOORESS (Street and Number or Rural Route Number, City									City or Town	n, State, Zip	Code)		
	Michael S								r D		The second second			21770
	20a. METNOD OF DISPOSITION  1													
0	21, SIGNATURE OF FUNER	AL SERVICE L	ICENSILE	0.00		22.	NAME AI	ND ADDRES	S OF FA		eVol	Fune	ral	Home
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
	shock, or haart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a										Interval Bets Onset and E			
_	0 /. X											21000		
CERTIFICATION	Sequantially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or that initiated events resulting in death) LA	ding to immediate tar UNDERLYING    Molignant Ban Tymo  Due to (or as a consequence of):  C. Due to (or as a consequence of):										4 wee		
		ent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY								245	WERE AUTOPSY FIND			
MEDICAL								9 00000 9			PERFOR	MED?	240	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	MASDITAL.					ACE OF DE	EATN (C)	neck only one)				
YSI	1 UYES 2 NO	NO THER:  1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)												
ВУ РН	27. MANNER OF DEATN  1 Netural 5 Pending  28a. OATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY INJURY							8c. INJURY AT WORK?		28d. DEŞCRIBE NOW INJURY OCCURED				
8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factor building, stc. (Specify)								y, offica 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET			SICIAN: To the best of IER: On the basis of a:											s) and manner as stat
	296. SIGNATURE AND TITE	E OF CERTIFU	ER	11	00	7		29c. LICE	NSE NU	MBER		29d. DAT	E SIGNEC	(Month, Day, Year)
TO BE	. 100	Hus	~ /	us.	4/			1	32	683		Fe	brua	ry 2, 199
	Nathan C. Nather Filed (Month, De	loskow:		, 14812			ns I	ane,	#16	62, Ro	kvi1		100	5 C Y

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMN-16 Ray 1/89



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E	6	affe	29
D THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Its after death. Page 6 may be retained by the hospital or attending phy	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bui	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	MORTANT if item 28 is marked or item 23 shows on injury or other traumatic event the marked eventions must be nestled at account
AL	AL C	2	1 1
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	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMEN			MENTAL HYGIEN REG. NO		94 0478				
~	354-30-3461 98. FACILITY NAME (If not institution, give stree		YRS. F UNDER YRS. 9b. CIT	Y, TOWN	IF UNDER 24 HRS. HOURS MIN. OF LOCATION OF DI	2. DATE OF DEATH MONTH D. D. D. D. D. D. D. D. D. D. D. D. D.	898 9c. COUNTY	BIRTHPLACE (State or Foreign Country) SWEDEN				
FUNERAL DIRECTOR	NATIONAL LUTHI RESIDENCE OF DECEDENT  100. STATE  MD.  104. STREET AND NUMBER  4743   BRADLI	10d, INSIDE CITY LIMITS? 1 1 Yes 2 \( \text{IN NO F WHAT COUNTRY?} \)										
Β¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 TYES 2 THE IF YES, GIVE WAR OR DATES	RMED 13	WAS OED	ENDENT OF HISPAI ecity Cuben, Mexics 2X NO Specif	NIC ORIGIN? (Specify Yes in, Puerto Rican, atc.) y:		Black, White, etc. Specify: WHITE				
COMPLETED	12	mpleted) (G	ECEDENT'S USUAL ( Give kind of work done b. Do NOT use retired.) REG • NU	during mo	ON st of working	166, KIND OF BU	SING	TRY				
B	17. FATHER'S NAME (First, Middle, Lest)  JOHN T • LARSON  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
9	REV.DR.REICHARD			EIR	S DR.,	ROCKVILL	E,MD.	20850				
	1 Buriel 25 Cremation 3 Remove 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN	remetery, cre METR	oPOLITA	N C	REMATOR	Y 1/19- A	LEXAN	DRIA, VA.				
	· Wm. Ha	Som		HYS	ONG CO.	,INC"	- TAT 2	SHDC				
	23. PART I. Enter the disease, or contained, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Address care	aath. Do not anta	r tha mo	da of dylng, suc	h aa cardiac or reapi	Selly	Approximata Interval Setween Onset and Daath  Judy 6 No				
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events that initiated events out to (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):											
CERTI	that initiated events resulting in death) LAST											
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions of Diverlections of Demonting chief	contributing to death but not a contributing to death not a contributing to School of the school of	to		vest o	Part i. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
SICIAN		IOSPITAL:	OTHE OTHE	R:	ACE OF OEATH (Ch	eck only one)  8  Other (Specify)						
ву рну	27. MANNER OF DEATH V Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJ WO 1   1	URY AT RK? 'ES 2 NO	28d. OEŞCRIBE HOW INJURY OCCURED						
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)				281. LOCATION (Street e City or Town, State)		Rural Route Number,				
COMPLETED		N: To the best of my knowledge, de						euse(e) end manner ee stated.				
TO BE C	GNEO (Month, Day, Year) 7,94											

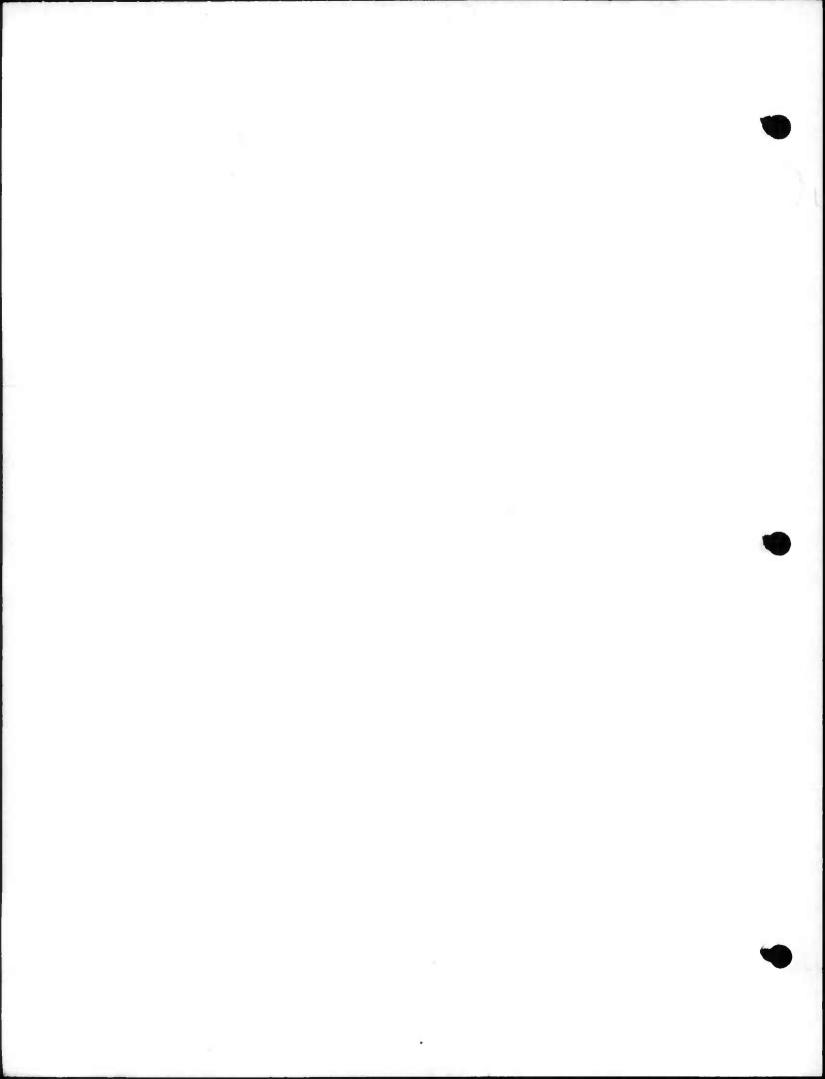
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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

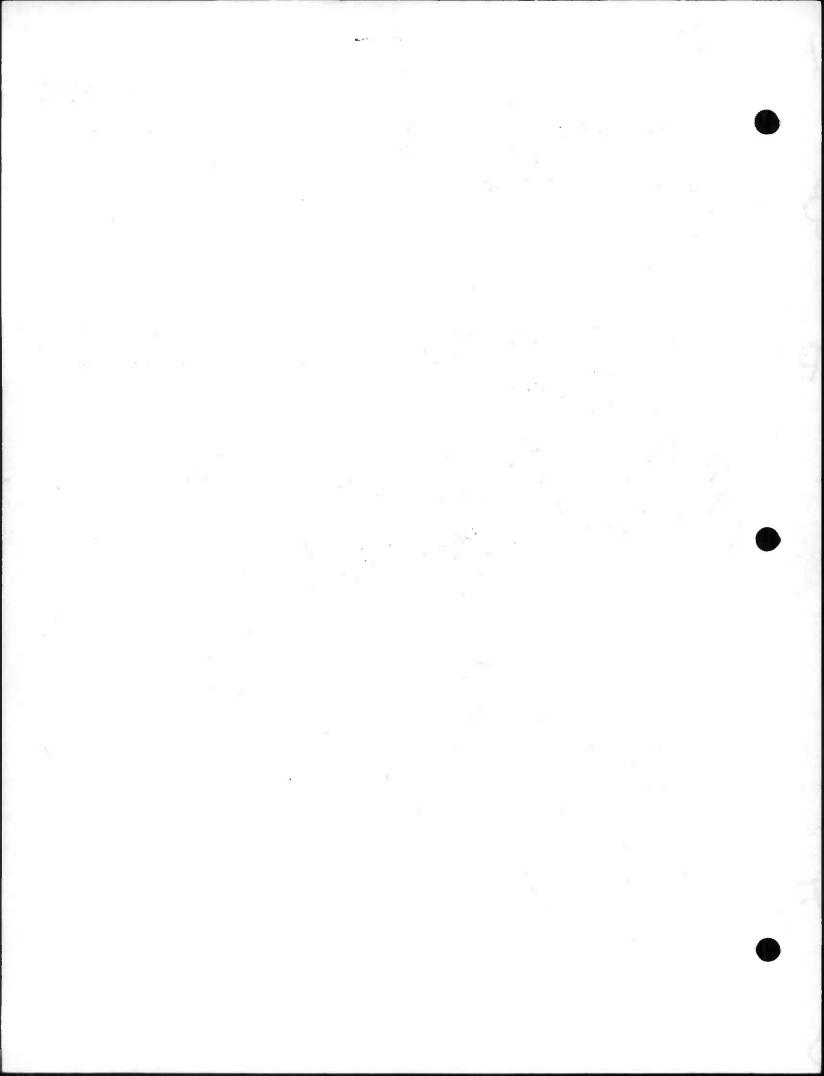
32. REGISTRAR'S SIGNATURE
Like Davidson-Randalle

FFR 0 3 1994

QUINCE ORCHARD BLV., GAITHERSBURG

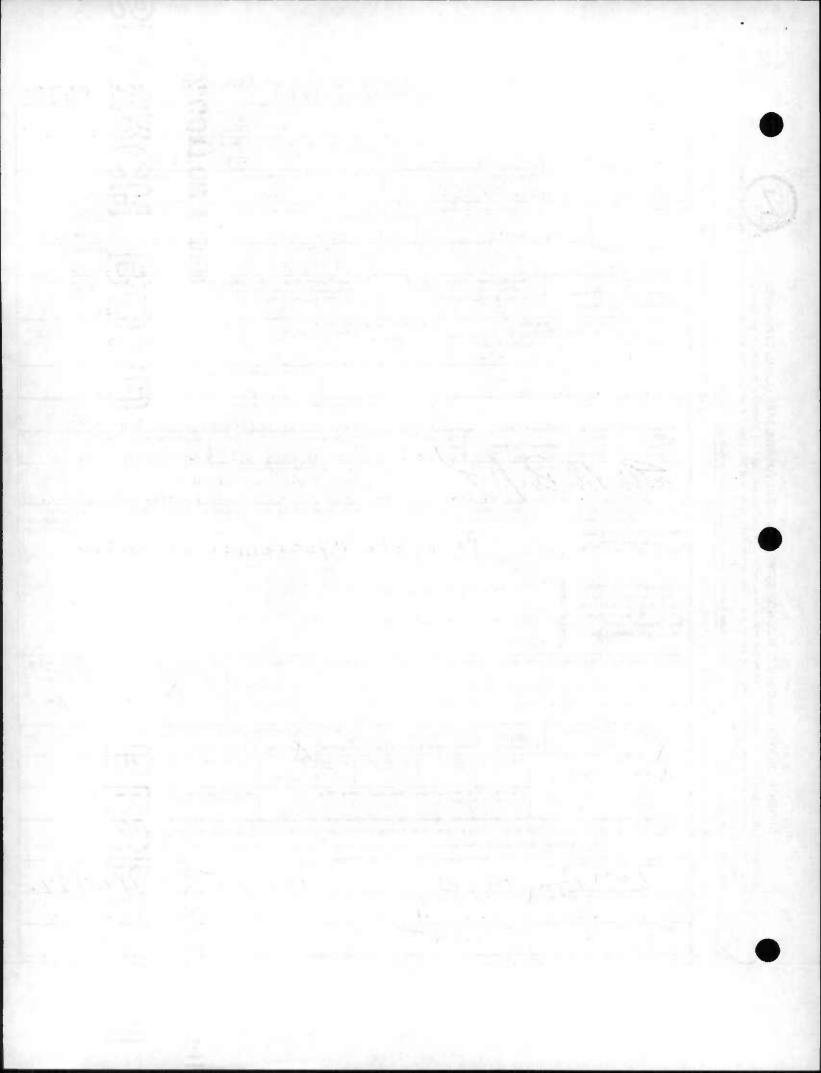


		FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C		TMENT OF			MENTAL	HYGIEN REG. NO.	E Q	Li n	14787	
		1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			TIME OF DEATH	
	11	MARK FREDERIC	K TAYL	OR					JAN	31	1994	YEAR	5:30 A M	
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DATE C	F BIRTH		BIRTHPLA	ICE (State or Foreign	
1	- 1	213-60-8283	1 M 2 🗆 F	3.8	YRS.	MONTHS DAY	HOURS	MIN.		Day, Year)	1955	Country)	0 1	
		9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, YOW	OR LOCAT	ION OF DE		M 25,		Y OF DEAT	yland	
1	HC H	MARYLAND ROUTE	464 / RO	UTE#15		Dain	+ 01	Dank			FRED	ERICE	(	
Ø	5	RESIDENCE OF DECEDENT					t 06	Kaca	<b>^</b>					
ì	DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LO	ATION					10-	I. INSIDE CITY LIMITS?	
1	- 111		erick		Fr	ederick							YES 2 X NO	
	RAL	10e. STREET AND NUMBER					10f. ZIP COD	Œ			10g. CITIZI	EN OF WHA	COUNTRY?	
	FUNER	203 Deer Valle						702				ed St		
	교	11. MARITAL STATUS  1 Never Married 2 Merried		YES 2		13. WAS D	ECENDENT - specify Cub-	OF HISPAR en, Mexice	NIC ORIGIN:	(Specify Yealcan, atc.)	or No— 1	4. RACE — Black, W	American Indian, hite, etc.	
	BY	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		1 🗆 Y	ES 2 NO	Specify	y:		ł	Specify:	White	
1	8	15, DECEDENT'S EDU	CATION	16a D	FCEDENT'S	USUAL OCCUPA	TION		165	KIND OF BUS	INESO/INDI	CTDV		
-		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of the Do NOT us	work done during	most of work	ing	100.	Table of Bot	, III COO, III CO	31111		
	릴	Committee y cooking (0-12)	2		amput.	ол Опол	atak			l = de 1				
and a	COMPL	17. FATHER'S NAME (First, Middle, Last)			mistra.	ZI VIDVI		HER'S NA		ation		agrap	nic	
at	BE C	Charles A.	Taulor					Dina	7 M	nine				
9		19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Street					n, State, Zip C	Code)		
no a	2	Charles A. Tayl	or		8403	Stanehouse Road Frederick, Maryland 21702  OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State								
ş ts		20e. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem	ount from State		AND DATE	OF DISPOSITION	Neme of		DATE	20c. LO	CATION - CI	ty or Town,	State	
E		4 Donation 5 Other (Specify)	OVER HOLL STATE	- Mou	rematory or o	ivot C	emete.	nu :	2/3/9	4 100	otthu	1880	Virginia	
e l		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME	AND ADDRE	SS OF FA	CILITY S.T	aukko	7 Fund	enal.	Homes, P.A	
examiner must be notified at once		Nann 1/4	· X	11	2	1621	Opos.	sumt	own P	ike 1	Freder	rich	MD 21702	
lica		23. PART I Enter the diseeses, or	complicatione the	t coused the d	leath. Do i	not enter the	node of dy	ing, suc	h ss cerdi	ec or respi	ratory arre	st.	Approximata	
or other traumatic event, the medical		anock, pr/heart failure. List pnly one ceuse on each line.									Interval Between Onset and Death			
the the	1	disease or condition resulting in death)  e. Multiple Cryphares												
vent		DUE TO (OR AS/A CONSEQUENCE OF):												
tle	Z	Sequentially list conditions b.												
E	RTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
ir tr	2	CAUSE (Disease or Injury	C											
흥		that initiated evente resulting in desth) LAST	DUE TO	(OR AS A CONSI	EOUENCE O	F):								
0 %	CE		d											
injury.	_	PART II. Other significent condition	ne contributing to	deeth but not	resulting	in the underly	ing ceuse	given in	Part i.	24s. WAS AN	AUTOPSY		RE AUTOPSY FINDINGS	
any	EDICA									PERFOR		CO	MPLETION OF CAUSE	
shows any	ME									A		1	DEATH? YES 2 □ NO	
3 8	1											2	1	
item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	PLACE OF I	DEATH (Ch	eck only one	)				
or 16		1 X YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing H	ome 5 🗆 R	lealdence	8X Other	(Specify)	TENIE			
	PHY	27. MANNER OF DEATH	28e. DATE OF		28b. TIM	E OF 28c.	NJURY AT			CRIBE HOW I		RED		
marked,	BY	1 Netural 5 Pending Investigation JAN 31, 1994 5:15 AM 1 YES 2 X NO							DRIV	ER IN	AUTO/	TRUC	K IMPACT	
90	0	3 Suicide 8 Could not be	28e. PLACE ( building.	of INJURY — At h	ome, ferm,	street, factory, o	fice		281, LOCA	TION (Street a	and Number of	r Rural Route	Number,	
28		4 Homicide determined		F	CADWA	Y			RIE#	464 F	REDERI	CK C	O,MD	
51	11	290. CERTIFIER , CERTIFIER AND CERTIFIED BUYSICIAN TO the head of my leaves of the land of												
t item	ш	(Check only 1 CERTIFYING PHYS	ICIAN: To the best of	(Check only one)  2x MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner ea stated.										
NT: it item	ш	(Check only						red at the	time, date	end place, en	d due to the	ceuse(e) en	d manner ee atated.	
ORTANT: It item	E COMPLET	(Check only	R: On the basis of s				, death occu	red at the		end place, en			d manner ee stated.	
IMPORTANT: it item	BE COMPLET	(Check only one) 2 MEDICAL EXAMINI	R R	xamination end/or	/ Investigation	n, in my opinior	, death occu		MBER	and place, en	29d. DATE	SIGNED (Mo	inth, Day, Year)	
IMPORTANT: it item	E COMPLET	(Check only one) 2 MEDICAL EXAMINI	R O COMPLETED CAU	xamination end/or	Investigation	n, in my opinior	29c, LIC	C.M.I	MBER		29d. DATE	SIGNED (MO	inth, Day, Year)	
IMPORTANT: it item	BE COMPLET	(Check only 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WHITE CONTROL OF CONTRO	R COMPLETED CAU	SE OF DEATH (ITI	Investigation	Print) Penn	29c, LIC	C.M.I	MBER		29d. DATE	SIGNED (MO	inth, Day, Year)	
IMPORTANT: it item	BE COMPLET	(Check only 22) MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	R COMPLETED CAU	xamination end/or	Investigation	Print) Penn	29c, LIC	C.M.I	MBER		29d. DATE	SIGNED (MO	inth, Day, Year)	



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ATE	8	28
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 72 hours after death with the State Dent of Health and Mental Hollene prior to burial, cremation, or removal	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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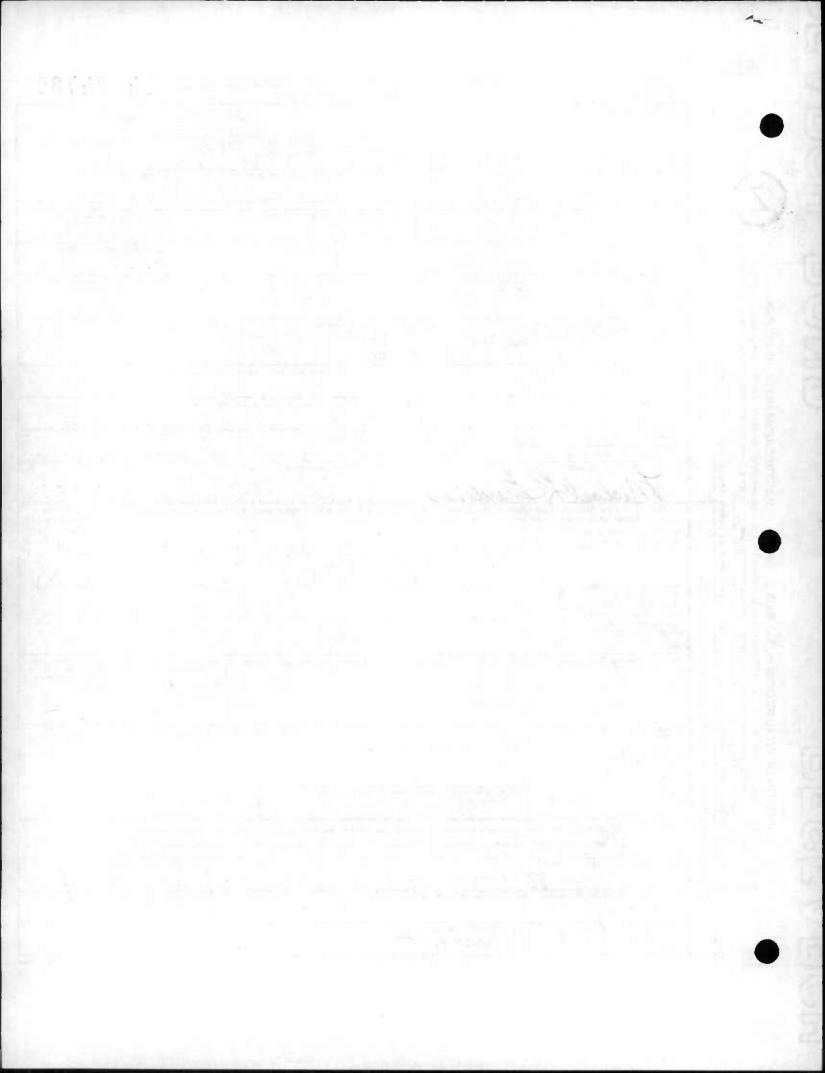
	1 - STATE REGISTRAR	STATE OF	MARYLAND C		RTMENT OF					YGIEI		94	04	788
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH	NAV.	4 YEAR	3. TIME OF DE	EATH
	Alton Rudolph Th		January	9:00	a. M									
	4. SOCIAL SECURITY NUMBER 220-42-0301	5. SEX 1 [X] M 2 [] F	6. AGE (In yrs. Is	est birthday) YRS.	F UNDER 1 YE	_	HOURS	MIN.	7. DATE OF (Month, D Octobe)	BIRTH		8. BIRT Coun	HPLACE (State of	r Foreign yland
	9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TO	WN OF	LOCATIO	N OF D				NTY OF (		,
TOR	Patuxent River N	Naval Hos	pital		Patu	xei	nt Ri	ive	r	F.	St	. Ma	ary's	
DIRECTOR	Maryland St.	Mary's		725	iliforn		ON					10d. INSIDE CITY LIMITS?  1 YES 2 NO		
	10a. STREET AND NUMBER	Mary's		] Ca	ITTIOF	-	ZIP CODE			199	10g. CIT	IZEN OF	WHAT COUNTRY	
ER	Box R Hewitt Roa	ad			7 4		2061	9			ed S	States		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A I YES 2 X WAR OR DATES	NO	If you	s, spec		, Mexica	NIC ORIOIN? (S an, Puerto Rica fy:		a or No	Spec	CE — American Indian, ock, Whita, atc.	
	15. DECEDENT'S ED	UCATION	16a. D	ECEDENT'S	S USUAL OCCU	PATION	N .		16b. Ki	ND OF BI	JSINESS/INI	Bla	ICK	
LETED	(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5	- S	Give kind of le. Do NOT u	work done during	g most	t of working	7	100.70					
COMPL	12 17. FATHER'S NAME (First, Middle, Last)						40 140714	EDIO AL	AME (First, Mide			0.00		
E C	William R. Thomp	con							ret Eni		,	OW		
0	19e. INFORMANT'S NAME (Type/Print)	JSOII	1	9b. MAILING	O ADDRESS (Str	reet an								
2	Mary Dorothy The	ompson		Box B	R Hewit	t I	Road.	Ca	alifor	nia.	Marv	land	20619	
	200_METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION / Name of OATE 20c. LOCATION — City or Town, State													
	4 Donation 5 Other (Specify) Lexington Park, Md													
	22. NAME AND ADDRESS OF FACILITY Brinsfield Funeral Home  Edward N. Brinsfield, Jr. M00052 59 North Washington Street, Leonardtown, Mo													
	23. PART I. Enter the diseases, or	complications th	at caused the d	leath. Do		mod	le of dyir	vası	h aa cardie	or real	reer,	reat,	Approx	
	ahock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Interval Between Onset and Death Consequence of the consequence													
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):													
3	PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given									PERFORMED? AMAILABLE PRIOR TO				
MEDICA	1 Tes 2									ZX NO		OF DEATH?	NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1			2	6 DI A	CE OF DE	ATH /C	heck only one)					
100	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 [] DOA	OTHER:		V	some in						
H	27. MANNER OF DEATH	28a. DATE O	F INJURY	28b. Til	ME OF 28c	. INJU	RY AT	udence	6 Other (S		INJURY OC	CURED		
ВУ Р	Natural 5 Pending		Day, Year)	IN	M 1	WOR	ES 2 _	NO						
ETED 8	2 Accident investigation 3 Suicide 8 Could not be determined  28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)								281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	BICIAN: To the best of											(a) and manner a	na stated,
ECC	296. SIGNATURE AND TITLE OF CERTIFIE	ER /		-			29c. LICE	NSE NU	MBER		29d. DAT	TE SIGNE	D (Month, Day, Ye	ear)
0	my	m to	no				XI	4	255		•	11	28/9	74
5	30. NAME AND ADDRESS OF PERSON W						tree	+	Leonar	dtor	m M	arvl	and 206	50
	William D. Boyd  31. DATE FILEO (Month, Dey, Year)		AR'S SIGNATURE		rrersor	1 3	rree	١,	Decilar	arow	ii, ric	ar yr	and 200	, 30
	FEB - 94	1 0000	I TANKS											



31. DATE FILED (ME

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	- ) 69	04789
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AV VI	3. TIME OF DEATH
	Mary	Cecelia		Taylor	January 2	29, 199	94 4:00 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs	MONTE	IDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1	BIRTHPLACE (State or Foreign Country)
	212-16-2920  9a. FACILITY NAME (# not inatitution, give a	1 □ M 2 😾 F 85	YRS.	CITY, TOWN OR LOCATION OF	Aug 12, 1	V	Maryland
DIRECTOR	Bayside Nursing	Home	I	exington Par		sc. COUNTY St.	Mary's
	Maryland St. M			n or Location Inigoes			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
FUNERAL	Mt. Zion Church	Road		10f. ZIP CODE 20684		U.S.	A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED	13. WAS DECENDENT OF HISP If yes, specify Cubert, Maxi 1 — YES 2 X NO Specify	can, Puarto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: Black
COMPLETED	18. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9th Grade	CATION 16e. completed)  College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	one during most of working ad.)	16b. KIND OF BU		TRY
	17. FATHER'S NAME (First, Middle, Last) Kabel	Millard		16. MOTHER'S P	IAME (First, Middle, Malden	Surname) Bush	1
TO BE	19a. INFORMANT'S NAME (Type/Print)  Robert T. Fenwic	ık		mess (Street and Number or Rure rmond Heights			
	20a, METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Rem	oval from State camelary	CE AND DATE OF DIS	POSITION (Name of	DATE 20c. LO	CATION — City	or Town, Stata
	4 Donation 6 Other (Specify)	CENSEE Char	cles Memo	rial Gardens	2/3/94 Le	onardt	own, Maryland
	Michaelt	Dardines		Mattingley-G	ardiner Fur	neral H	Home, P.A. aryland 20650
	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due To (OR AS A CON	death. Do not an line.	nter the mode of dying, st	Earlier or reap	Prestory arrest	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inklisted events resulting in death) LAST	b. DUE TO (OR AS A CON		thing	18.		y X
핑		d					
PHYSICIAN: MEDICAL	PART II. Other algolificant condition	e contributing to death but n	ot resulting in the	undarlying cause given i	n Part I. 24a, WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (	Check only one)		/K/ ],
SIC	EXAMINER?  1 YES NO NO	HOSPITAL: 1   Inpetient 2   ER/Outpetien		TER: Nursing Home 5 ☐ Residence			
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	29c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCUR	ED
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — A building, etc. (Specify)	t home, ferm, street,	factory, office	28t. LOCATION (Street City or Town, State)		Bural Route Number,
COMPLET		ICIAN: To the best of my knowledge					euse(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	01 //	, 0		IMBED		
2		more.	ALI	29c, LICENSE N	1649	29d. DATE SI	GNED (Month, Day

22. REGISTRAR'S SIGNATURE Pulia Davidson-Kandall



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020	oppositor of
TIMORE, MARYLAND 21215-0020	h Done & may be retained by the bosoical or others and and
2	al ac
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M	Done 6
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ild be detached for use as the burial-transit

BY FUNERAL DIRECTOR

BE COMPLETED

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	M	

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 TES 2 NO

31. DATE FILEO (Month, Day, Year)

1994

FOR STATE REGISTRAR		STATE OF I		/ DEPAR					MENTAL HYGIEN REG. NO	-	14	04790
1. DECEDENT'S NAME (First		W. Tram	mel1						2. DATE OF OEATH MONTH DATE DATE DATE DATE DATE DATE DATE DATE		YEAR 994	3. TIME OF OEATH 8:50 P
4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS,	7. DATE OF BIRTH			IPLACE (State or Foreign
579-10-566		1 🙀 M 2 🗆 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept.16, 1	918	Countr	
Sa. FACILITY NAME (If not is	nstitution, give a	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D	EATN	9c. COU	INTY OF D	EATH
Frederick		al Hospi	tal			Fre	deri	ck		Fr	eder	ick
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN (	OR LOCA	TION					tod. INSIDE CITY
Maryland	Fred	erick		E	mmit	sbur	g					LIMITS?  1 YES 2 X NO
10e. STREET AND NUMBER						10	f. ZIP COD	E		10g. CIT	IZEN OF V	VHAT COUNTRY?
10430 Four	Point	s Road					217	27		Un	ited	States
11. MARITAL STATUS  1 Never Married 2 🔀  3 Widowed 4 Dive		12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	YES 2			If yes, sp		n, Maxic	NIC ORIGIN? (Specify Yes an, Puerto Rican, stc.) ly:	or No-	14. RACE Black Speci	- American Indian, k, White, atc. hy: White
	EOENT'S EDU		16a,	OECEDENT'S	USUAL O	CCUPATI	ON		16b. KIND OF BUS	SINESS/INI	DUSTRY	
Elementary/Secondary (		College (1-4 or 5	+)	He. Do NOT us	cher	uumg m	ast or working	~	Cro	cerv		
17. FATHER'S NAME (First, N	liddle Lest)			Duc	CHEL	_	10 MOT	ucore na	AME (First, Middle, Maiden	_	_	
Walter J		ammell					16. MO11		ora Earp	Sumeme)		
19a. INFORMANT'S NAME (		anuncii.		195 MAII INC	ADDRES	R /Street	and Mumber		Route Number, City or Tow	- Cana Ti	0-4-1	
Dennis L.		11							rer Spring,			d 20906
20a. METHOD OF DISPOSIT 1 🔀 Buriel 2 🗆 Crematic 4 🗆 Donation 5 🗎 Other	on 3 🗆 Rem	oval from State	20b. PLAC	EANDDATES	OF DISPOS ther place)	BITION (N	ame of 1 /	31/9	4 DATE 20c. LO	CATION -	City or To	
21. SIGNATURE OF FUNERA	L SERVICE LIN	Farm	,	00198	22. R	name al ober	t A. West	ss of FA	ACILITY	ral	Home,	/Rockville
23. PART I. Enter the d	Seasea, or	complications the	t caused the	deeth. Do r	not enter	the mo	de of dy	ing, aud	ch as cardiac or respi	ratory ar	reat,	Approximata
IMMEDIATE CAUSE (Findisease or condition resulting in death)		a. Core	estre	Her DEOUENCE OF	W/	Fai	line					Interval Between Onset and Deati
Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry	a Dot	OR AS A CONS	whi	2 6	al	in	nu	la Daine	2		
PART II. Other algnifice	ent condition	na contributing to	deeth but no	t resulting	In the ur	derlyin	g cause (	given in	Part I. 24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

28a. DATE OF INJURY (Month, Day, Year) 27, MANNER OF OEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO Investigation 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 294. CERTIFIER 1 CERTIF

OTHER:

(Check only		the country and the time, date and place, and due to the country and interner as stated.
one)	2 MEDICAL EXAMINER: On th	basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cau
		The same and place, and due to fire the

se(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

26. PLACE OF DEATN (Check only one)

me 5 - Residence 6 - Other (Specify)

D-1819

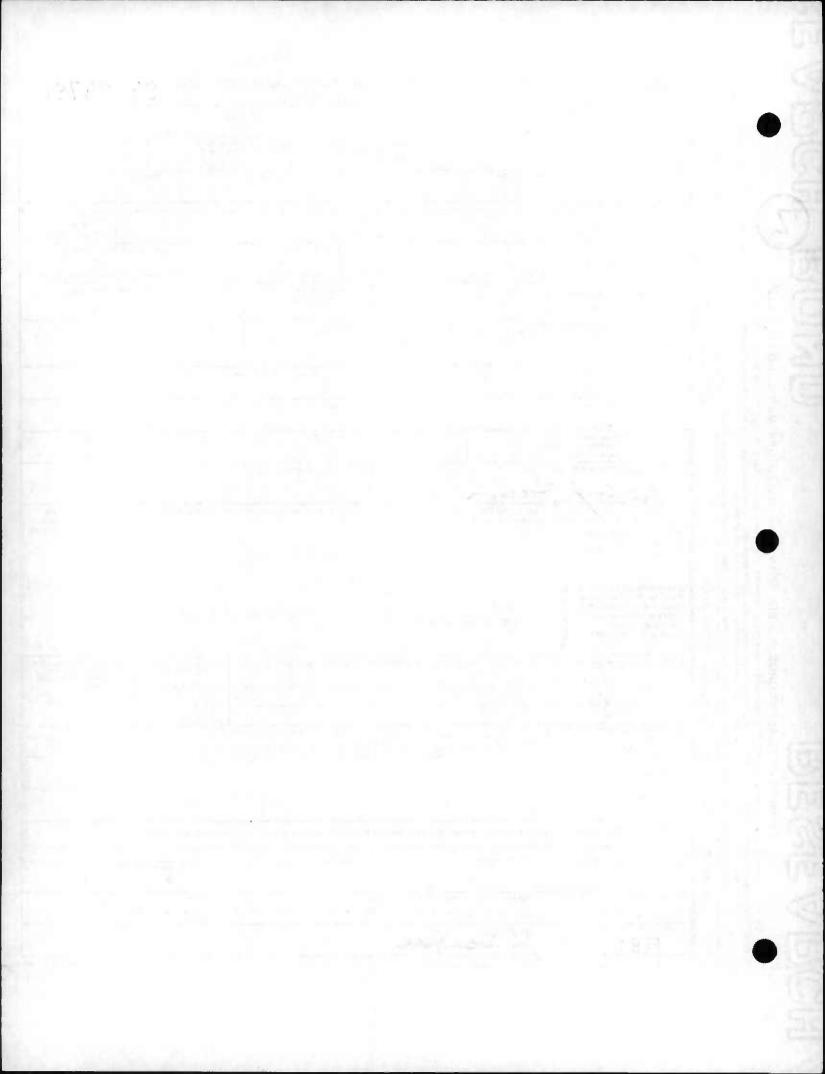
-		_		-			_									-
30.	NAME AN	IO AL	DORESS	OF	PERSON	WHO	COMP	LETEO	CAUSE	OF	<b>OEATN</b>	(ITEM	27)	(Туре,	Print)	Т
	4	24	001		1	-	-				-				An	

2. REGISTBAR'S SIGNATURE whie Devidson-Randelle

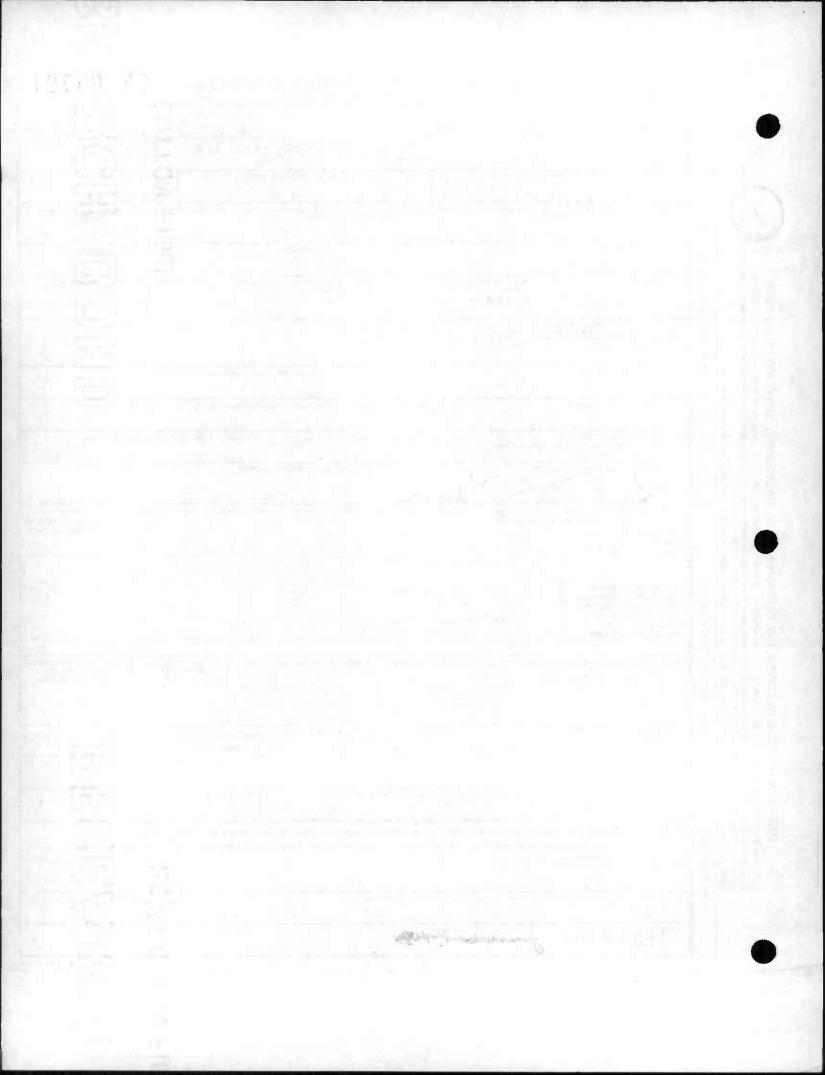
HOSPITAL:
1 Description 2 ER/Outpetient 3 DOA

ONMN-18 Rev 1/89

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

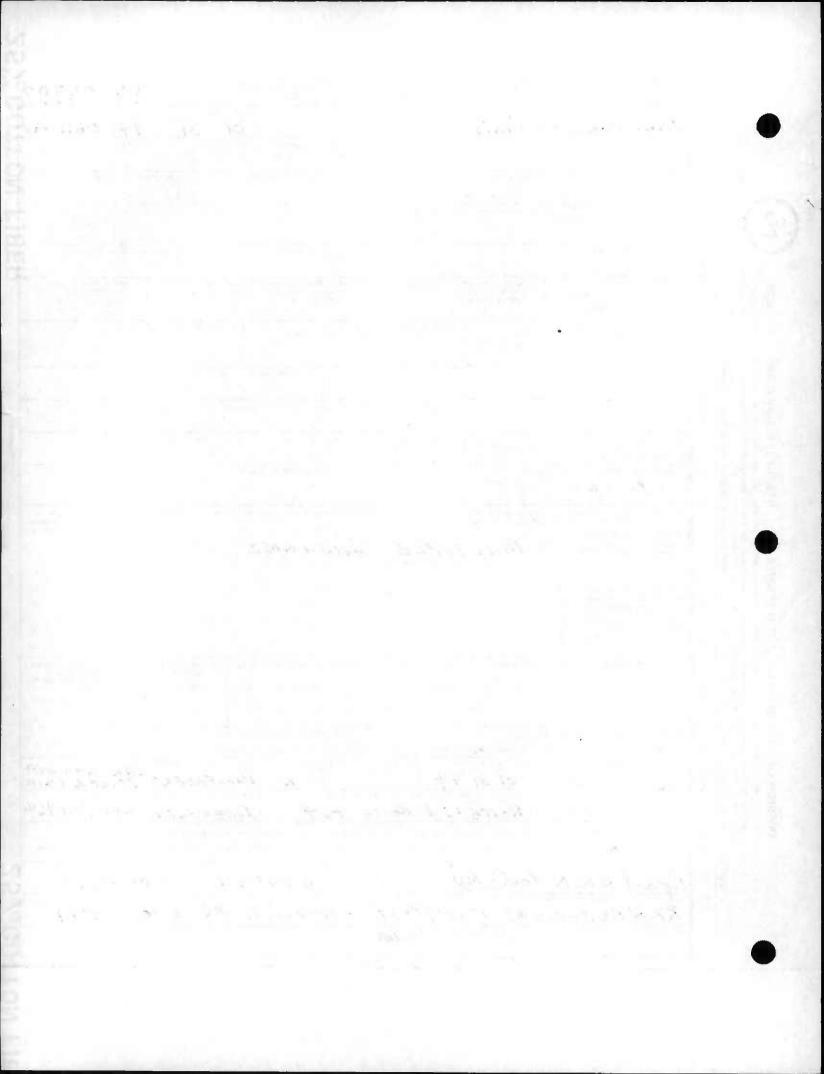


	FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH A		L HYGIENE REG. NO.	94	04791
	1. DECEDENT'S NAME (First, Middle, Last)	Edna Luci		IL OF BEAT	2. DATI	E OF DEATH		3. TIME OF DEATH
	Edna	L. Var	20		MONT	th DAY,	199	R
	4. SOCIAL SECURITY NUMBER	8. SEX 6. AGE (in yr		DER 1 YEAR IF UNDER 2	4 HOR 7 DATE	OF BIRTH	0. BI	RTHPLACE (State or Foreign
	218-80-7811	1 M 2 X F	80 VRS. MONTH	B DAYS HOURS	MIN. 05	19/13	Ne	ebraska
	9a. FACILITY NAME (If not institution, give s	treet and number)	9b. C	ITY, TOWN OR LOCATION			9c. COUNTY O	
DIRECTOR	Washington Cour			Hagerstown	1		Washi	ington
RE	10e. STATE 10b. COUNT	·	10c. CITY, TOW	N OR LOCATION				10d. INSIDE CITY LIMITS?
		ngton	Hanc	ock				1 XYES 2 NO
Z.	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN C	OF WHAT COUNTRY?
Ä	15 West High Stre			2175	50		USA	
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2		13. WAS DECENDENT OF If yes, specify Cuber,			No- 14. R	IACE — American Indian, Black, White, etc.
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATES	3		Specify:		s	pecify:
	16. DECEDENT'S EDU	CATION 16	. DECEDENT'S USUAL	OCCUPATION	1 40	VAID OF BUOM		White
	(Specify only highest grade	completed)		ne during most of working	164	b. KIND OF BUSIN	IESS/INDUSTR	Y
7	Elementary/Secondary (0-12)	College (1-4 or 8 +)	Homemak					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Hollidian		ED'S NAME /Einst	Middle, Malden Su	magal .	
Ö	William Lewis Spa	do				Bedford		
BE	19a. INFORMANT'S NAME (Type/Print)	ide	19h MAII ING ADDR	ESS (Street and Number o				,
2	Betty Roach			ligh St. Ha			21750	,
		20h BI	ACE AND DATE OF DISF		DATE OF THE PARTY		TION - City o	Town State
	2ta, METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Rem  4 Donation 8 Other (Specify)	oval from Stata cemeter	y, cremetory or other pla ar Lawn Me	oe) Dk	1	94 Hage		
	21. SIGNATORS OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS		74 Hage	LSLOWII	, FID. 21740
	(1)	- CM.						
_	tiele	J V Uhr	we !	Grove F.H. 141	W.Main	St. POBox .	368 Hand	cock, MD. 21750
	23. PART I. Enter the disesses, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final disesse or condition resulting in death)	List only one cause on asch	e Acuf	er the mode of dying	1			Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions,	b DUE TO (OR AS A CO				O.	- 28	
AT	if any, leading to immediate cause. Enter UNDERLYING							
띮	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A CO	NSEGUENCE OF):					
F	resulting in death) LAST	4						
¥	PART II. Other algnificant condition	uscontributing to death but i	not resulting in the	underlying cause give	ven in Part I.	24a. WAS AN AU PERFORME		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC	- Through	14500				1 TYES 2 7	NO	OF DEATH?
M	14							1 TYES 2 NO
ä								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: /	OTI	28. PLACE OF DEA	ATN (Check only o	ne)		
S	1 TYES 2 NO	t 🗆 Inpatient 2 🗘 ER/Outpatie	nt 3 □ DOA 4 □ I	Nursing Home 5 🗆 Resi	idence 8 🗆 Oth	er (Specify)		
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DE	SCRIBE NOW INJ	URY OCCURE	
ВУ	1 Natural 5 Pending 2 Accident Investigation		M	1 TES 2	NO			
	3 Suicide 8 Could not be	28s. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street, t	factory, office		CATION (Street and	Number or Ru	ral Floute Number,
=	4 Homicide detarmined					or rown, orang		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	CIAN: To the best of my knowledg	e, death occurred at th	e time, data and place, a	and due to the ca	use(a) and menne	or as stated.	
M	anal	R: On the beels of examination an						se(e) and menner as stated.
	290. BIGNATURE AND TITLE OF CERTIFIED	Α.			SE NUMBER			NED (Month, Day, Year)
BE	4	d G -	Tan-F-	).	14/13	7	> 7/	194
2	36. NAME AND ADDRESS OF PERSON WH	6 COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	- /	111/		1	01 1
	STEPPY LCC	person in	.D. WA	sting tot	U con	NTYK	toep.	
	31. DATE BLED (Month, Day, 1994	TIME DELIGIONALIS SIGNATURA	me de la la la la la la la la la la la la la					



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a short safer death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit as be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPAI CERTIF					REG. NO.	Ç	) 4	04792
	1. DECEDENT'S NAME (First, Middle, Last) VICKI DARLENE	VIRTS						2. DATE OF DEATH MONTH DAY	ġ	EAR 3. T	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 5	6. AG	E (In yrs. last birthday) 40 YRS.	IF UNDER 1	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year) 09/17/195		Country)	E (State or Foreign
TOR	Sa. FACILITY NAME (II not Institution, give street Frederick Memoria RESIDENCE OF DECEDENT				deri	e LOCATIO	N OF DEA	ТН	9c. COUNTY	reden	ick
FUNERAL DIRECTOR	100. STATE 100. COUNTY  Manyland Freder  100. STREET AND NUMBER		10c. CI1	ry, town oi		ON					INSIDE CITY LIMITS? YES 2 NO
ERAL	100. STREET AND NUMBER  132 Orndorff Drive				_	ZIP CODE	716		10g. CITIZE	N OF WHAT	
ВУ		2. WAS DECEDENT EVE FORCES? 1 VI IF YES, GIVE WAR OF	ES 2 NO	H	yes, spe		, Mexican,	C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No.— 14	Black, Whi	merican Indian, ta, etc. Thite
COMPLETED	15. DECEDENT'S EDUCAL (Specify only highest grade co.  Elementery/Secondary (0-12)  12.  17. FATNER'S NAME (First, Middle, Leet)		16a. DECEDENT'S (Give kind of life. Do NOT L	work done di ise retired.)	CUPATIO uring mos	t of working		National Gaithe	l Geog		ic in
BE CC	Wilmuth Robert Vi	.nts				Vic	let	E (First, Middle, Maiden S June Lanco	usten		
2	190. INFORMANT'S NAME (Type/Print) Kimmi Lee Virta	T. 193	Rt. 2	, Box	218	8, Ke	or Aural Ac Lanne	ysville, V	State, Zip Co	130	
	20s. METNOD OF DISPOSITION  1 Surial 2 Cremetion 3 Removi  4 Donation 5 Other (Specify)  21. SIGNATURE/OF FUNERAL SERVICE LICEN  Bahbara A. Will	al from State	20b. PLACE AND DATE Competery, cremetery or a Competery.	et Ce	mete	eru.	S OF FACE	13/94 Low LITY Funera	rettsv	ille.	va.
	Barbara A. Will 23. PART I. Enter the diseases, or cor				O Pe	eters	vill	e Road, Bi	runswi	ck, 1	1D 21716
	ahook, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	MULT DUE TO (OR A		I,	NJ	UK	I IE	S			Interval Between Onaat and Daath
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	S A CONSEQUENCE C	<b>ቦ</b> ና):					7 7		
ERTIF	that Initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE C	OF):							
SAL	PART II. Other aignificent conditions	ontributing to deati	n but not resulting	in the unc	derlying	ceuse g	iven in P	PERFORI  1 YES 2	AED?	COMP OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:				ACE OF DE	ATH (Chec	ik only one)			
BY PHYSICIAN: MEDI		Inpatient 2 KER/O 28a. DATE OF INJUF (Month, Day, Yes	TY 28b, TII		ing Nome 28c, INJU WOI	JRY AT		Other (Specify)  28d. DESCRIBE HOW IN  Pass Ence		AR I	RAN INTO
	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (S	JRY — Al home, ferm, specify) & Rou	street, facto	46	4		281, LOCATION (Street as City or Town, State) TWIE RSEC			/RT 464
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIA ONE) 2 MEDICAL EXAMINER:							o the cause(s) and mani			menner as stated.
TO BE C	19001	lests mj	>				NSE NUME		29d. DATE 8		
	RRR ROBERTS	MD 150	U 7 73 5	s, Print)	Ere	de	rick	( m d )	176/	-45	-99
	31. DATE FILED (Month, Dey, Year) 2-2-94	32. REGISTRAN'S SI	GNATURE Randa	92_			Į.				



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	fler death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit perm be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.	the funeral director, page 5 should be detached for use as the burial-transit permoval.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.

FEB 08 94

32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, Last) NORMA					DEATH		REG. NO.		7 00	1111111
INCHINA	DONNA	-1	WATT	TERS		2. DATE	of DEATH	994	YEAR 3	4.60°EH
4. SOCIAL SECURITY NUMBER 215-30-6104	1 □ M 2 💢 F	. AGE (In yrs. last b	YRS.		IF UNDER 24 HRS. HOURS MIN.	10/	OF BIRTH 1.00 YOUR 1.00 YO	934	West	
Saint Joseph Hospi							9c. COUNTY OF DEATH Baltimore			SUG TH
Maryland 106. COUNTY			10c. CITY, TOWN OR LOCATION  Jarrettsvi							Od. INSIDE CITY LIMITS?  YES 2 NO
			101. ZIP CODE 109. CIT 21084							
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAR	EVER IN U.S. ARME YES 2 X NO R OR DATES	1 TES 2 1 NO Specify:						Specify:	- American Indien, White, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (t-4 or 5+)	(Give	kind of wo n NOT use	rk done during mo retired.)	st of working	16b.			JSTRY	
17. FATHER'S NAME (First, Middle, Last) Hartsel	2	Sayr	е					Ph	illips	
19a. INFORMANT'S NAME (Type/Print)  James Watter	19b. I	t9b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  Same as #10								
4 Donation 6 Other (Specify)			tory or other	em. Ga	ardens tz Fun	2/8 era]	Be Hom	l Ai	r, M	
interval Between Onset and Death Onset and Dea										
DUE TO (OR AS A CONSEQUENCE OF):  CARDIOMYOPATHY  DUE TO (OR AS A CONSEQUENCE OF):  UNK  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):										UNK
BREAST CANCER			ulting in	the underlying	g cause given in	Part I.	PERFOR	MED?	Al Ci	ERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:				ACE OF DEATH (Ch	eck only on	9)			
27. MANNER OF DEATH  1 Neturel 5 Pending	1 Inpetient 2 DE	JURY 2	DOA 4	OF 28c. thJ	URY AT			NJURY OCCI	URED	
2 Accident Investigation 3 Sutcide 6 Could not be determined	NJURY — At home	, form, str			28f. LOC	ATION (Street a or Town, State)	and Number o	or Rural Rou	te Number,	
										nd manner as stated.
		Creu	. M	7>						
	9e. FACILITY NAME (If not institution, give s Saint Joseph Hospi  RESIDENCE OF DECEDENT  10e. STATE  10e. STATE  10e. STATE  10e. STREET AND NUMBER  2734  11. MARITAL STATUS  1 Never Married  2 Married  3 Widowed 4 Divorced  15. DECEDENT'S EDUCESPECTY only highest grade  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  Hartsel  19e. INFORMANT'S NAME (Type/Print)  James Watter  20e. METHOD OF DISPOSITION  1 Burtal 2 Cremetion 3 Rem  4 Donation 6 Other (Specify)  1. SIGNATURE OF PUBLICAL SETYLES (Finel disease or condition resulting in deeth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST  PART II. Other significent condition  BREAST CANCER  HEPATIC INSUFFIC  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Netural 5 Pending Investigation  3 Sutcide 6 Could not be datarmined  29e. 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Enter the diseases, or complications that of shock, or heart fellure. List only one cause of the cause. Enter UNDERLYING CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  DART II. Other significent conditions contributing to death of the cause of the condition of the cause of the conditions of the cause of the conditions of the cause of	9a. FACILITY NAME (If not institution, give street and number)  Saint Joseph Hospital  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  11. MARITAL STATUS  11   Nover Married   2   Married   12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1   YES 2   NO   IF YES, GIVE WAR OR DATES  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1   YES 2   NO   IF YES, GIVE WAR OR DATES  12. WAS DECEDENT ON THE PORCES? 1   YES 2   NO   IF YES, GIVE WAR OR DATES  12. WAS DECEDENT ON THE PORCES? 1   YES 2   NO   IF YES, GIVE WAR OR DATES  12. WAS DECEDENT SEDUCATION (Specify)   If YES, GIVE WAR OR DATES  13. DECEDENT'S EDUCATION (Specify)   If YES, GIVE WAR OR DATES  14. Decedent of Secondary (0-12)   College (1-4 or 5 -)   If YES, GIVE WAR OR DATES  15. DECEDENT'S EDUCATION (Specify)   If YES, GIVE WAR OR DATES  16. DECEDENT'S EDUCATION (Specify)   If YES, GIVE WAR OR DATES  17. FATHER'S NAME (First, Middle, Last)   Hart's ellowed to the porcess of the	99. FACILITY NAME (if not institution, give street and number)  Saint Joseph Hospital  RESIDENCE OF DECEDENT  109. STATE  109. STATE  109. COUNTY  109. STATE  109. STATE  109. COUNTY  109. STATE  109. STATE  109. COUNTY  109. STREET AND NUMBER  2734 ROCKS ROAD  11. MARITAL STATUS  12. WAS DECEDENT EVEN IN U.S. ARMED FORCES?  1   Yes, GIVE WAR OR DATES  13. DECEDENT'S EDUCATION  (Specify only highest grade completed)  14. Decedent of the county only highest grade completed)  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  17. FATHER'S NAME (First, Middle, Last)  18. DECEDENT'S EDUCATION  (Specify only highest grade completed)  192. INFORMANT'S NAME (Type-Print)  193. INFORMANT'S NAME (Type-Print)  194. INFORMANT'S NAME (Type-Print)  195. MAILING A  196. PACE AND DATE OF complete or complete only one cause only each line.  196. MAILING A  197. PATHER'S NAME (First diseases, or complications that caused the deeth. Do no shock, or heart failure. List only one cause only each line.  198. INFORMANT'S NAME (First diseases or condition resulting in deeth)  20. PART I. Enter the diseases, or complications that caused the deeth. Do no shock, or heart failure. List only one cause only each line.  198. INFORMANT'S NAME (First diseases or condition resulting in deeth)  20. 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1	- STATE REGISTRAR	STATE OF MARY		CATE OF		MENIAL	REG. NO.	94	04794
	1. DECEDENT'S NAME (First, Middle, Last)			1 10 . 1 .	-0	2. DATE O	OF DEATH DAY	, vi	3. TIME OF DEATH
	GLENN	CLIFTON	1 W	ALKE	ER	2	13	/ 199	
	4. SOCIAL SECURITY NUMBER	5, SEX' 8, AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH		BIRTHPLACE (State or Foreign
	219-12-5222	1 M 2   F	71 YRS.	MONTHS DAYS	HOURS MIN.	11/	5/192		Country) Iaryland
	Se. FACILITY NAME (If not institution, give a	treet end number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	1	9c, COUNTY	
	Church Home	Hospital			Baltim	ore			
F	RESIDENCE OF DECEDENT  100. STATE 100. COUNTY		Las am						T
			10e. C111	, TOWN OR LOCA					10d. INSIDE CITY LIMITS?
	Maryland			1	Baltim	or.e			1 X YES 2 NO
	the result of the season of th			10	of, ZIP CODE	77			OF WHAT COUNTRY?
	109 Colling	12. WAS DECEDENT EYER		40 1110 00	212				J.S.A.
- 19	1 Never Married 2 Merried	FORCES? 1 YE	S 2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	an, Puerto Ri	can, etc.)	or No —   14.	RACE — American Indian, Black, White, etc.
	3 Wildowed 4 Divorced	World War		1 U YE	S 2 NO Speci	ly:			Specify: Caucasian
- 61	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S			16b.	KIND OF BUSI	NESS/INDUST	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kindaot w life. Do NOT use	ork done during m retired.)	ost of working				
	7		M	e <b>c</b> hani	C	1	uto	נירוף יא	ck Repair
-	17. FATHER'S NAME (First, Middle, Last)		**	1200144	16. MOTHER'S NA				on Hepari
	Melvin	Wal	Lker		Anna	3.		Trace	277
	19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Street	and Number or Rural				
	Mary J. Walke	er		ame as	112.0				
	299 METHOD OF DISPOSITION	2	Ob. PLACE AND DATE O	FDISPOSITION //		DATE	20c. LOC	ATION — City	or Town, State
	1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ovel from State	emetery, crematory or other liddle to	her plecej	neterv	2/7		dleto	
	21. SIGNATURE OF FUNERAL SERVICE LIC		12	22. NAME A	ND ADDRESS OF F				will Harvi
	·m W/	1 1/1	-011		irtz Fui				
-	/// ALLOCAL	er / wy		Ja	rretts	ville	Ma.	rylar	nd
	23. PART I. Enter the diseases, or o ehock, or heart failure.	complications that caus List only one cause on	ed the death. Do n each line.	ot anter the m	ode of dying, suc	ch ae cardi	ac or reepin	etory erreat	, Approximate interval Between
	IMMEDIATE CAUSE (Final		4.4	0.0		1.			Onset end De
	disease or condition resulting in death)	o	Myocar	dial -	injanc	lion			
			A CONSEQUENCE OF	):					
	Sequentially list conditions,	b	cronary	Ack	ery t	2000	use		
	if any, leading to immediate ceuse. Enter UNDERLYING	1-	A CONSEQUENCE OF	-	10.11	0	0		
	CAUSE (Disease or Injury		A CONSEQUENCE OF		du Vance	exai	Du	case	
	that initiated events resulting in death) LAST	DOE TO (OR AS	A CONSEQUENCE OF	,.					
CENTIFICATION		d							1
	PART II. Other algnificant condition	e contributing to deeth	but not resulting i	n the underlylr	ng cause given in	Part I.	24a. WAS AN A PERFORM		24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO
	COPD						1 YES 2		COMPLETION DF CAUS
MEDICAL									OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. F	PLACE OF DEATH (C	heck only one	)		
	1 VES 2 NO	HOSPITAL: 1 ☑ Inpetient 2 ☐ ER/O	utpatient 3 DOA	OTHER:	me 5 🗆 Residence	6 Other	(Specify)		
	27. MANNER OF DEATH	28e. DATE OF INJUR	Y 25b. TIME	OF 28c, IN	JURY AT		CRIBE HOW IN	JURY OCCUR	ED
,	1 Netural 5 Pending	(Month, Day, Year	) INJI		ORK? YES 2 NO				
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU	RY — At home, farm, s	Ireet, factory, offi	ce	28f. LOCA	TION (Street or	nd Number or I	Rural Route Number,
	4 Homicide determined	building, atc. (S)	o <del>o</del> cay)			City o	Town, State)		
	29s. CERTIFIER 1 D CERTIFYING PHYSI	CIAN: To the best of my kno	owledge death nowing	d at the time state	a and place, and 4:	to the early	refe) and man	nes en minimal	
T T	1								suse(s) end manner es stated
11. 4	296. SIGNATURE AND TITLE OF CERTIFIE	,		y opinoon					
H (	IN GONATURE AND THE OF CERTIFIE	Boshare	m S		29c. LICENSE NU	659		29d. DATE SI	GNED (Month, Day, Year)
		- WILLEL	.1/2		0 - 2	001	1	2	13/94

32. REGISTRAR'S SIGNATURE

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the steel and be 17 T\_ C. C. C. 7'

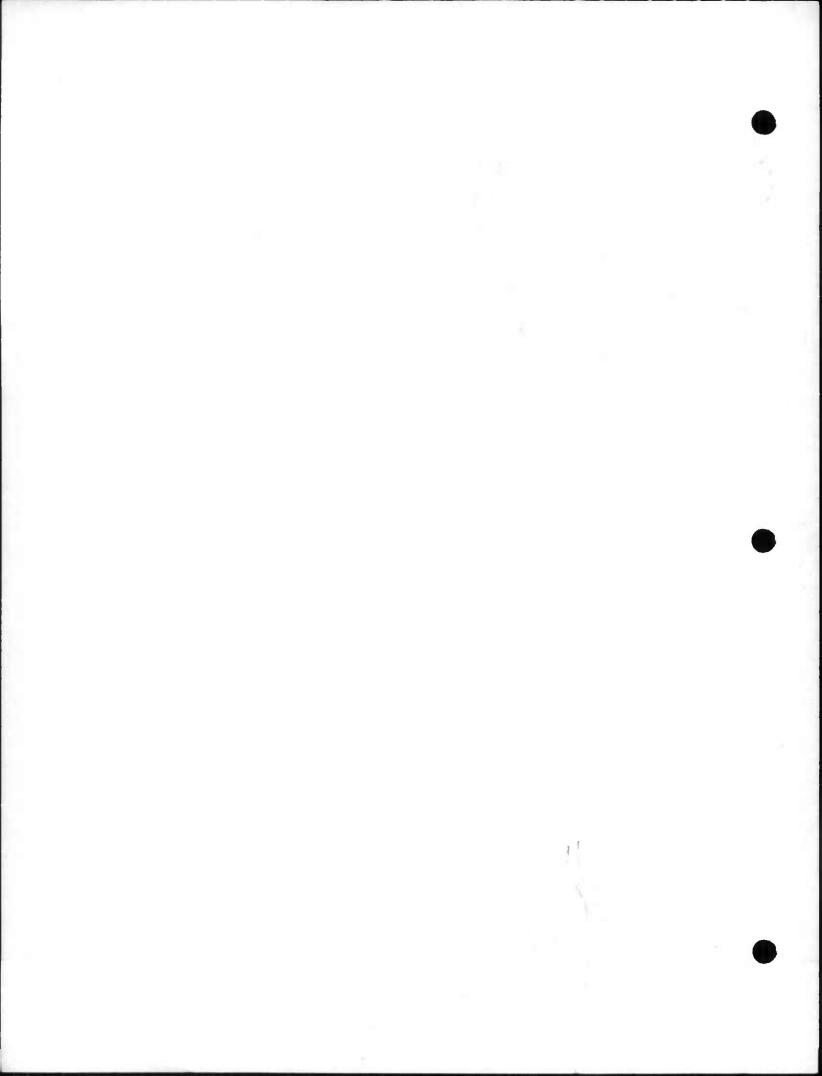
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a solar steer death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 with	mplet	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Nen
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND /	DEPAR	TMEN'	T OF H	EALTH AND	MENTAL HYGIEN		4 04795	
		AND		W	ITI	HE	E	2. DATE OF DEATH I	-27-94 2 G 3	YEAR 3. TIME OF DEATH 3.36 AM	
-	013-22-5938	1 X M 2 - F	(In yrs. les	YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 30		BIRTHPLACE (State or Foreign Country)  Maine	
TOR	9e. FACILITY NAME (If not institution, give stre	HOSPITK	71		96. CITY	r, town o	PRO TO	EATH W	St. MARYS		
DIRECTOR	Maryland Calve	ert			olom		ION			10d, INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	P.O. BOX 985						20688		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1X YES IF YES, GIVE WAR OR DA	2 N	IRMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify:						A. RACE — American Indian, Bleck, White, etc. Specify; White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gi	Do NOT us	work done se retired.)	during mo	st of working	16b. KIND OF BU			
MP.	12th Grade  17. FATHER'S NAME (First, Middle, Last)		Su	ibbTA	Sur	veil	lance		Air Fo	orce	
BE CC	Roland Virgi	il. W:	ithe		_		Alma		anda	Libby	
6	Jacqueline A. With							Route Number, City or Tow		ode)	
	20a. METHOD OF DISPOSITION							s, Marylar		688	
	1 Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State cem	etery, cre	metory or or	ther plece)			28/94 Cl		y or Town, State Marryl and	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	1		22. Ma	NAME AN	D ADDRESS OF FAI	diner Fune			
	22 DADT I Finter the discours Draw	- Jana	ln	n	P.(	о. в	ox 270,	Leonardtov	m, Mai	ryland 20650	
	23. PART I Enter the diseases, or con ahock, or heert fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	st brily brie cause brief	-cl	· ·	- 4		e of dying, auc	h es cerdiec or reep	iratory arres	t, Approximete Interval Between Onset and Death	
LION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEC	OUENCE OF	F):  F):	He	art	Diseas	0		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A	CONSEC	DUENCE OF	j:						
CE	d										
PHYSICIAN: MEDICAL	PART II. Other significant conditions							PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
×	( GO NIC	Obstrach		10 V/	401	~~~	Dist a	(2)		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	Getters ion	ハ			80 BI					
Sici	EXAMINER?	HOSPITAL:	etiont 3	□ po4	OTHER	₹:	ACE OF DEATH (Chi				
¥	27. MANNER OF DEATH	28a. DATE OF INJURY	1	28b. TIMI	E OF	28c, INJL	IRY AT	6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCUP	RED	
BY	1 Pending 2 Accident Investigation	(Month, Day, Year)			URY M		ES 2 NO				
	3 Suicide 6 Could not be detarmined	28s. PLACE OF INJURY building, etc. (Speci	— Af hor	me, farm, s	treet, facto	ory, offica		281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIA EXAMINER:									ause(e) and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUM			IGNED (Month, Day, Year)	
10 B	(CDr	nell,	WI	)			D36.	206	> 1/2	8194	
-	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	TH (ITEM	27) (1/100,	Print)	7	my				
	31. DATE FILED (Month, Day, Year) 194	32. REGISTRATS SIGNA	Thur	Monog			1 3 '		<del></del> -		

10e 6 m	firector,	
eath. Pa	uneral	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA				) ME	NTAL HYGIEN REG. NO.	7 6	<b>i</b>	14796	
			AYMOND	WILHEI				2. F	DATE OF DEATH MONTH EBRUARY		54	2:00 A.	м
		4. SOCIAL SECURITY NUMBER  577-01-3336	5. SEX 8. AGE	(In yrs. last birthday) 7 YRS.			IF UNDER 24 HR		DATE OF BIRTH (Month, Day, Year) IG. 7, 18		Country) MARYI	ACE (State or Foreign	1
A		9e. FACILITY NAME (If not institution, give s			9b. CITY,	RO MWOT	LOCATION OF			9c. COUNT			
1	CTOR	CARRIAGE HILL N	URSING HOME		BE	THES	DA			M	ONTGO	OMERY	
	REC	10a. STATE 10b. COUNTY	r	10c. Cf	TY, TOWN OR	LOCATIO	N				10	M. INSIDE CITY	
	۵		TGOMERY	RC	CKVIL							YES 2 NO	
	ERAL	10a. STREET AND NUMBER	I COURT			10f. Z	IP CODE	152	4422	14.00	N OF WHA	AT COUNTRY?	
	E E	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED			DENT OF HIS	PANIC C	HIGIN? (Specify Yea	or No — 1	I. RACE —	American Indian,	_
	BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	ATES NO			fy Cuben, Me: NO Sp		ierto Rican, atc.)		Specify:	/hite, etc.	
	9	15. DECEDENT'S EQU		16a. DECEDENT'S	S USUAL OCC	UPATION			16b. KINO OF BUS	SINESS/INDUS		HITE	
		(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT i	work done du use retired.)	ring most (	of working		BDT 55110				
9	COMPL	17. FATHER'S NAME (First, Middle, Last)	3	ENGINE	EER	- 1			TELEPHO		MPAN	X	_
at on	S I	JOHN JACOB	WILHELM			- 1	SARAH		First, Middle, Meiden	Sumame) CUDD	Y		
tiffed	[ ]	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS				Number, City or Town				
must be notified at once.	-	JOHN R. WILHEL						RT,	ROCKVILL				
unst		200 METHOD OF DISPOSITION 1 Grant 2 Cremetion 3 Grant 4 Grantion 5 Grant (Specify)	TION (Name of 2/1 ALEXANDRIA, VA										
		21. SIGNATURE OF FUNERAL SERVICE LIC		211101 023	22. N	AME AND	ADDRESS OF	FACILIT	γ				
examiner		* ( KNONOH)	CH ALO		500	NCIS UNI	J. CO VERSI	CY E	NS FUNER	AL HO	ME, I	INC. ., MD 20	901
event, the medical		23. PART I. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	ach line.				1	VEUN			Approximate Interval Betwo Onset and De	
traumatic event,	NOIT	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
or other	CERTIFICATION	CAUSE (Disease or Injury that initiated events reaulting in death) LAST  C. DUE TO (OR AS A CONSEQUENCE OF):											
	AL C	PART II. Other significant condition	s contributing to death t	out not resulting	in the und	arlying o	ause given	in Pari	1. 24s. WAS AN			ERE AUTOPSY FINDIN	4GS
any	EDIC								PERFOR		CC	AILABLE PRIOR TO OMPLETION OF CAUS F DEATH?	Æ
shows	Σ∥										1	YES 2 NO	
23	Ä.	25. WAS CASE REFERRED TO MEDICAL				26. PLAC	E OF DEATH	(Check d	inhy one)				
or Item	SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	petient 3 🗆 DOA	OTHER:				Other (Specify)				
- 1	PHX	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 2	8c. INJUR WORK	?	280	I. DESCRIBE HOW I	NJURY OCCU	RED		
	B	2 Accident Investigation	28e. PLACE OF INJURY	Y — At home, farm.	street factor		3 2 NO	286	LOCATION (Street e	and Number or	Quest Bour	ha Mumhar	
21	ETED	4 Homicide 8 Could not be determined	building, atc. (Spe	cify)		,,		1.0	City or Town, State)	THE HEITHER OF	riurai riout	e remon,	
H He	COMPLE	one)	CIAN: To the best of my know	/								nd manner as stated	d.
PORT	W	29b. SIGNATURE AND TITLE OF CENTER	Z	BACH	DUE	1012	9c. LICENSE	NUMBER SS	10	29d. DATE S	SIGNED (M	onth, Day, Year)	4
	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEDICALISE OF DE	XE E	re, Print)	8	Ko	Cle	win	E,	M	10	
		FEB 0 2 1994	JUNE HAVIDS	ATTENDAME						7			

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physicia	in by the funeral director, page 5 should be detached for use as the burial-tr
	P	Filled
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr
	2	2

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN REG. NO.		4 04797	
	1. DECEDENT'S NAME (First, Middle, Fe ICIO	P. Willi	iams			2. DATE OF DEATH DA	" ď	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 084-03-2369	1 🗆 M 2 🔀 F	78 YRS. MC	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	5	BIRTNPLACE (State or Foreign Country) Florida	
TOR	9a. FACILITY NAME (If not institution, Suburban Hos	spital	9		n Location of Di hesda	EATN	9c. county Mont	of DEATH  Egomery	
. DIRECTOR		Montgomert	10c. CITY, 1	ROCKVI.				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL		rille Pike			20852		U.	S.A.	
à	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yee, spe-	NDENT OF HISPAI city Cuben, Mexica 2 X NO Specif	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	or No— 14.	RACE — American indian, Black, White, etc. Specify: White	
LETED	15. DECEDENT'S (Specify only highest Elementery/Secondary (0-12)	B EDUCATION grade completed) College (1-4 or 5+)	life. Do NOT use re	done during mos etired.)	N t of working	16b. KIND OF BUS	SINESS/INDUST		
complet	10 17. FATNER'S NAME (First, Middle, Las	LiCalsi	Homema	aker		ME (First, Middle, Maiden			
TO BE COM	190. INFORMANT'S NAME (Type/Print) John A. Nard			DORESS (Street and		Route Number, City or Town			
must be	20e. METNOD OF DISPOSITION 1 □ Burlel 2 並 Cremation 3 □ 4 □ Donetion 5 □ Other (Specify)	Removal from State 20b cen	PLACE AND DATE OF Chelety, cremetory or other Chambers	DISPOSITION (Nan	ne of	DATE 20c. LO		or Town, State	
medical examiner must	21. SIGNATURE OF FUNERAL SERVI	Si Randa		22. NAME AND	ADDRESS OF FA	W.W.Cha	mbers	Co. Inc.	
or other traumatic event, the ERTIFICATION	5801 Cleveland Ave. Riverdale, Md. 20737  23: PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or raspiratory arrest, shock, or heert feliure. Liet pnly pne cause pn each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due To (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):								
shows any in	PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSOFF OF COMPLETION OF CAUSOFF OF COMPLETION OF CAUSOFF OF CAU								
or item 23 YSICIAN	25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	S Residence	eck only one)  6  Other (Specify)			
28 is marked, or TED BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigs		28b. TIME O	WOR		26d. DESCRIBE NOW II	NJURY OCCUR	EO	
m 28 is	3 Suicide 8 Could not 4 Homicide determin		' — At home, ferm, stre	el, fectory, office		28f. LOCATION (Street a City or Town, Stele)	and Number or F	tural Route Number,	
PORTANT: It its BE COMPL	onel	PNYSICIAN: To the best of my know AMINER: On the beels of exemination						ruse(s) end menner es stated,	
IMPORTANT: IT TO BE COMI	29b. SIGNATURE AND TITLE ON CER 30. NAME AND ADDRESS OF PERSO	aumo	ATH STEM OF STATE OF		D 40	353	≥ 2/	GNED (Month. Day, Year)	
	5530 Wis	CONSIN Ave	Chevy	Ch ase	mea Ya	20814			
	FEB 0 2 1994	Julia Davidson	Managac						

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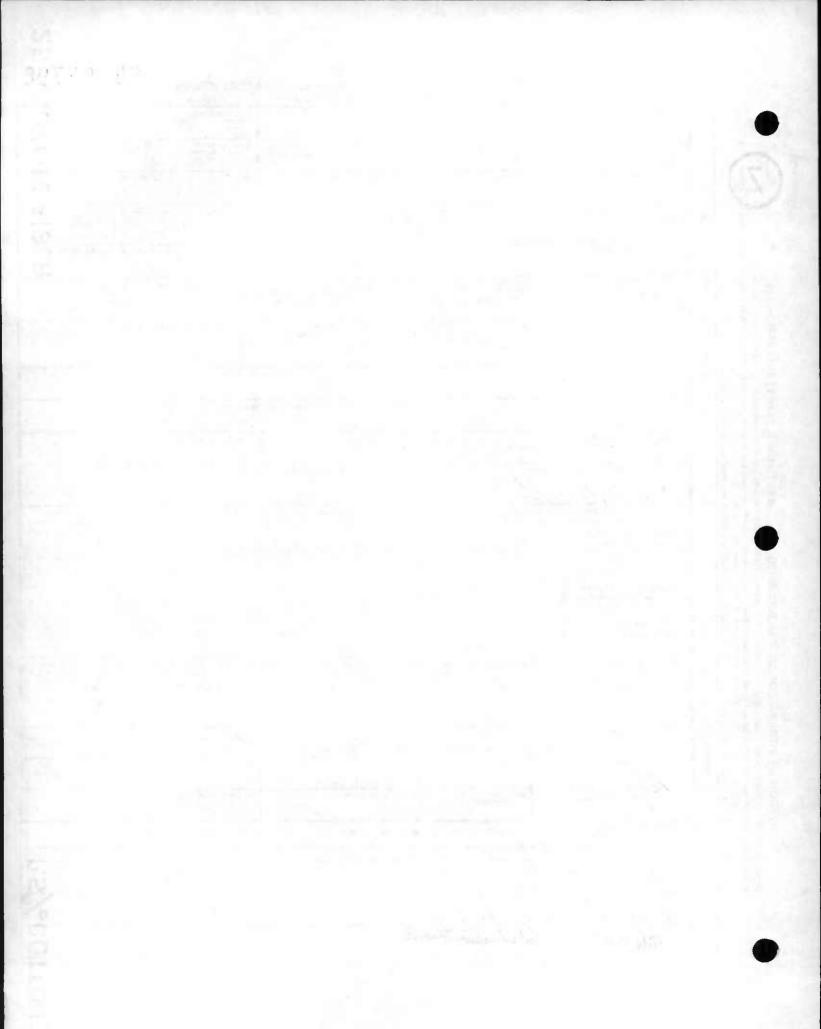
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the safer death. Page 6 may be retained by the hospital or attending physical continuous after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filled within 72 hours after death with the State Debt, of Health and Mental Hodiene prior to burlat, cremation, or removal.	of the madical avaminar must be notified at once
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it he fled within 22 hours after cleath with the State Detit. of Health and Mental Hydiene prior to burial, cremation, or removal.	INDOCEMENT Here 29 is marked or item 23 shows any injury or other fraumatic event the medical examiner must be noted as noted by

1 - STATE REGISTRAR		CER	TIFICA	TE OF	DEATH		REG. NO	. = 1			
1. DECEDENT'S NAME (First, Middle, Last	)					2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH	3
JAMES WALCH	Total Transfer					JA		199		2 2 2 2	A
4. SOCIAL SECURITY NUMBER 213-90-5947	1 🖾 M 2 🗍 F	i. AGE (In yrs. lest bin		DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mon	of BIRTH h, Day, Year) h 25,	1963M:	Country		gn
	ostreet and number)		SILVER SE					MONT			
RESIDENCE OF DECEDENT  10a. STATE  10b. COUN			10c. CITY, TOWN OR LOCATION					10			
	gomery	(	German							1 X YES 2 N	0
100. STREET AND NUMBER 18105 Kitchen Hot	ise Court		10f. ZIP CODE 20874						USA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT I FORCES? 1 12 IF YES, GIVE WAS	YES 2 NO	2 NO If yes, specify Cuban, Mexican, Pr				Puerto Ricen, etc.) Bi			- American Indian White, stc. White	
15. DECEDENT'S ED (Specify only highest grad	UCATION to complete di	18a. DECED	ENT'S USUA	L OCCUPATION	ON .	164	. KIND OF BU	SINESS/INDU			
Elementary/Secondary (0-12)	Coilege (1-4 or 5+)		not use retire Polic				Police	Force	e		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,	Middle, Malden	Sumame)			
Stanley Walch					Doroth	у Ко	sciels	ski			
19e. INFORMANT'S NAME (Type/Print)		196. M	AILING ADDR	ESS (Street a	nd Number or Rural	Route Num	ber, City or Tow	n, State, Zip C	ode)		
Carol J. White		181	05 Ki	tchen	House Co	t. G	ermant	own, M	ID .	20874	
20s. METHOD OF DISPOSITION 1 🖾 Burial 2 🗆 Cremation 3 🗆 Re	movel from State	20b. PLACE AND cemetery, cremetor			me of	DAT	E 20c. LO	CATION — CI	ty or Tov	rn, State	
4 Donation 5 Other (Specify)	1	Gate of	Heav	en Ce	metery	1/	28 Sil	ver Sp	rin	g, MD neral Ho	
21. SIGNATURE OF PINERAL SERVICE	all!			11800	New Har	npsh	ire AV	enue		neral Ho	me
resulting in death)  Sequentielty list conditions, if eny, leeding to immediate	DUE TO (O	R AS A CONSEQUE	NCE OF):	71110	7110011	7100					
cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUE	NCE OF):								
PART II. Other algnificant condition	one contributing to de	eath but not reau	ilting in the	underlying	cause given in	Part I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINE	DINGS
							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?	JSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	200 decelled 2 0 1	ОТІ	150-	ACE OF DEATH (Ch						_
27. MANNER OF DEATH  1 Natural 5 Pending	28a, DATE OF IN	IJURY 28 Year)	8b. TIME OF INJURY	28c. INJ WO	RK?	28d. DE	SCRIBE HOW I	NJURY OCCU		TMDAGE	T
2 Accident Investigation 3 Suicide 6 Could not be	28e, PLACE OF I	INJURY — At home, c. (Specify)			/ES 2 NO	281. LOC	CATION (Street a	and Number or		IMPACT	P
	SICIAN: To the best of m		Occurred at the	he time, data	and place, and dua		BLK	RAND		PH RD/P	. 0
anal —	VER: On the basia of axer	mination and/or inves	stigation, in n	ny opinion, d	eath occured at the		and place, an			and manner as stat	ed.
30. NAME AND ADDRESS OF PERSON W	Alle	+4	D (T 2.		O.C.M.					25, 1994	Ü
MARIK TE GO	LLE, JR	MD.	111	Penn	Street	, В	altim	ore,	Ma	ryland2	0
31. OATE FILED (Month, dev., Mer)  JAN 2 8 1994	ghie Deort	S SIGNATURE	de .								



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BALTIMORE, MARYLAND 21215-0020

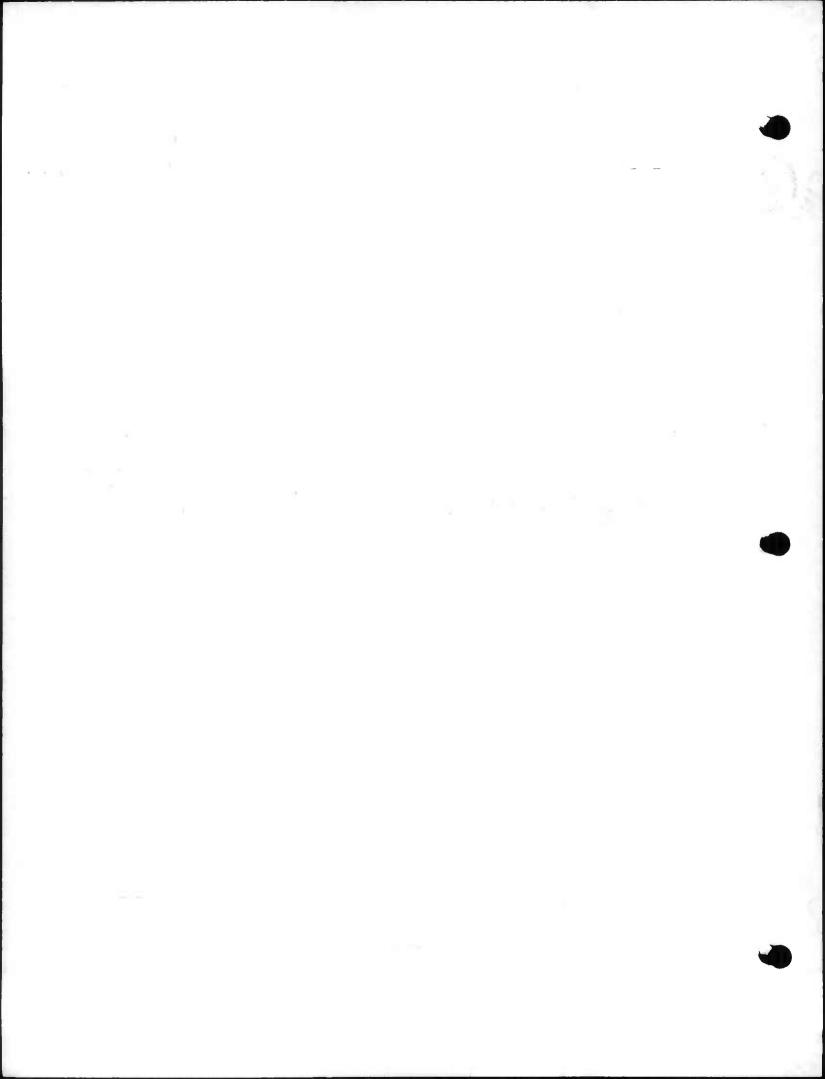
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fluor death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If filem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	CATE OF	DEATH	R	EG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)	nothic				2. DATE OF I		,1994 <sup>YEAF</sup>	3. TIME OF DEATH 9:20 P M
	4. SOCIAL SECURITY NUMBER 578-26-1001	1 ☐ M 2 🂢 F	(In yrs. lest birthdey) 69 vns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De NOVEM)	K Mean 1	O, WA	THPLACE (State or Foreign Intry) SHINGTON, D.C.
DIRECTOR	88. FACILITY NAME (# not institution, give stream MONTGOMERY GENER) RESIDENCE OF DECEMENT			9b. CITY, TOWN O	EY				DMERY
ည္က	10a. STATE 10b. COUNTY		100 0173	TOWN OR LOCAT					T
		GOMERY	100. (311	SILVER	SPRING			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	14507 GILPIN	ROAD		101.	ZIP CODE 2090	6		_	STATES
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. ARMED 2 NO ATES	If yes, spe	ENDENT OF NISPA licity Guban, Mexico 2 X NO Specia		Bi	ACE — American Indian, ack, White, etc.		
8	15. DECEDENT'S EDUC		16a. DECEDENT'S	JSUAL OCCUPATIO	N	16b. KIN	D OF BUSIN	IESS/INDUSTRY	
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use			ork done during mos retired.)  EMAKER	st of working		HOME		
8	17. FATHER'S NAME (First, Middle, Lest)				18. MOTNER'S NA	AME (First, Middle	, Meiden Su	mame)	
BE (		RRIS			JAN	ET	SIM	MON	
2	190. INFORMANT'S NAME (Type/Print)  E. GILPIN WILLSON	T T	1	ADDRESS (Street ar		Route Number, C	ity or Town,	Stete, Zip Code)	
-		0.200		NORWOOD		SANDY			
	20e. METHOD OF DISPOSITION 1	val from State	PLACE AND DATEO POLIT			2/3		TION — City of XANDRIA	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		MUR IE	L H. BA	RBER FU			
	23. PART I. Enter the diseases, or co	mplications that cause	the death Do n	POBOX	5038 LA	YTONSVI	LLE,	MARYL	
	IMMEDIATE CAUSE (Finei disease or condition	lat only one cause on e	ach line.	or enter the mor	se or dying, aud	en aa carqiac	or reapiral	tory arreat,	Approximate Interval Between Onset and Death
	resulting In death)  DUE TO (OR AS A CONSEQUENCE OF):								
NOI	Sequentially list conditions, if any, leading to Immediate	DUE TO (OR AS A	OR AS A CONSEQUENCE OF):						`
ICA	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF						
CERTIFICATION	that initiated events resulting in death) LAST	DOE TO (OH AS A	CONSEQUENCE OF	:					
	PART II. Other aignificent conditions	contributing to death b	ut not resulting in	the underlying	cause given in	Part I. 24s.	. WAS AN AU	TOPSY 2	4b. WERE AUTOPSY FINDINGS
2			30 120 3				PERFORME	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL						_   '	123 2 3	, and	OF DEATH?
Z									
PHYSICIAN:		HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
H	27. MANNER OF DEATH	25a. DATE OF INJURY	28b. TIME	4 Nursing Nome OF 28c, INJU				URY OCCURED	
ву Р	1 Aletural 5 Pending Investigation	(Month, Day, Year)	INJU	M 1 Y	RK? ES 2 NO				
ETED	3 Suicide 8 Could not be determined	25e, PLACE OF INJURY building, atc. (Spec	— Al nome, farm, st	reet, factory, office		28f. LOCATION City or Tox	N (Street end vn, State)	Number or Rure	I Route Number,
COMPLETED		IAN: To the best of my know							e(s) and menner as stated.
BE C	29b. SIGNATURE AND THE OF CERTIFIER	7/10/	1		29c. LICENSE NUI				EO (Month, Day, Year)
5	38. NAME AND ADDRESS OF PERSON/WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type	Print)	V 5.	2086	>	2-2	-94
	31. DATE FILED (Mornth, Day, Year)	NMO	1811 81	nu P	oilip (	J. 0)	m	M	2080
	FEB 0 3 1994	32. AEGISTRAR'S SIGN.	on-Randell	•			J		,



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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the transfer death. Page 6 may be retained by the hospital or attending physician.

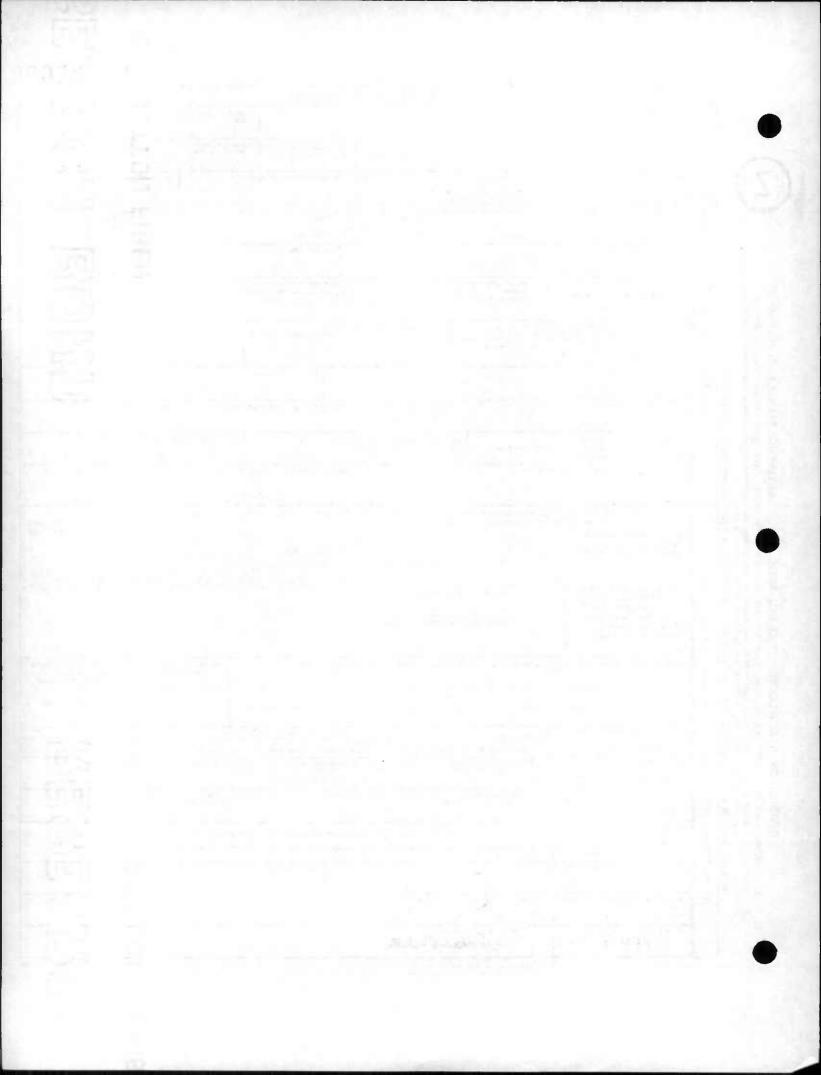
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netfilled at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

-	1. DECEDENT'S NAME (First									2. DATE OF				3. TIME OF DEATH	
	Marie	e Th	enesa (	. Wo	urre	en				MONTH	2	×	94	2133	М
1	4. SOCIAL SECURITY NUM	0ER	5. SEX	6. AGE (In yrs. las	t birthday)		1 YEAR	IF UNDER	24 HRS.	7. DATE OF		-		HPLACE (State or Foreig	gn
	577-01-24	124	1 M 2 KF	88	YRS.	MONTHS	DAYS	HOURS	MIN.	June	1 2 .	1905	Was	h. D.C.	
	9a. FACILITY NAME (If not in	institution, give s	treet and number)		-	9b. CITY,	TOWN	OR LOCATI	ON OF D		12,		NTY OF E		_
5	Shady Gro	vo Adv	entiet Ho	nenital		D	o lex	ille				Mo	ntao	mery	
DINECTOR	Shady Gro	CEDENT	CHCISC IN	ээргсаг		I NO	JCKV	1116				HO	nego	шегу	-
1	10a. STATE	10b. COUNT	r		10c. CIT	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY LIMITS?	
	MD.	Мо	ntgomery			Gaitl	ners	burg						1 YES 2 X NO	
	10e. STREET AND NUMBER						10	f. ZIP COD	E			10g. CITI	ZEN OF	WHAT COUNTRY?	
	17210 Bir	dsong	Lane					208	378			1 9	U.S.	Δ	
LONERAL	11. MARITAL STATUS		12. WAS DECEDEN							NIC ORIGIN? (S		or No-	14. RAC	E — American Indian,	
	1 Never Married 2 3 Widowed 4 Dive		IF YES, GIVE W	YES 2 X	10			2 NO		in, Puarlo Rica y:	n, atc.)		Spec	k, White, atc.	
	3 KV Wildowed 4   DIVI	orced												White	
2	15. OEC (Specify on	CEDENT'S EDU ily highest grade	CATION completed)	(G	ve kind of	Work done	CCUPATION TO THE	ON ost of working	ng	16b. KIA	ND OF BUS	SINESS/IND	DUSTRY		
	Elementary/Secondary (	0-12)	College (1-4 or 5	- Ma	Do NOT u	se retired.)									
	12				Man	ager				C&F	Tel	epho:	ne C	0.	
COMPL	17. FATHER'S NAME (First, A							18. MOT	HER'S NA	ME (First, Midd	lle, Maiden	Surname)		50007	
u l		chard	Smith									Fra			
	19a. INFORMANT'S NAME (	Type/Print)		190	. MAILING	AOORESS	(Street	and Number	or Rural	Route Number, (	City or Town	n, State, Zip	Code)		
	Roberta C.	Whee1	er	1	8553	Tar	rago	n Wa	y, (	Germant	own,	Mar	ylan	d 20874	
	20a. METHOO OF OISPOSIT		oval from State	20b. PLACE						DATE		CATION —			
ď	4 Donation 5 Other	r (Specify)		Gate (	of He	eaven	Ce	mete	ry	2/1	Sil	ver S	Spri	ng, MD.	
9	21-BIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE	1.01	7	22.1	NAME A	ND ADDRE	SS OF FA	CILITY	eVol	Fune	rol	Home	
	>/Ww	clean	4/1	( relat	par	2 10	177	D = = ==	D	_					077
	23. PART I. Enter the d	diseases, or o	complications the	t caused the de	ath. Do									g, MD. 208	
NO	IMMEDIATE CAUSE (Figure 1) in death)  Sequentially list conditions	nal  tiona,	b. Aa	OR AS A CONSEC	DUENCE O	10C	lo	de	3- 7.	Try	lar	tu	n	Interval Betwo	
CENTIFICATION	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ring ury	с	(OR AS A CONSEC											
MEDICAL	PART II. Other algnifica	ant condition	a contributing to	death but not a	esulting	in the un	deriyin	g cause	given in		e. WAS AN PERFOR	IMED?	248	AWAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?	SE
	25. WAS CASE REFERRED 1	TO MEDICAL					94 (00	ACE OF T	EATH M	reck only one)					
LU LOICIAIN.	EXAMINER?	mearton	HOSPITAL:	/mm		OTHER	<b>1</b> :								
2	27. MANNER OF DEATH		1 Inpatient 2 1 28s. DATE OF		28b. TIN		-	OURY AT	asidence	6 Other (Sp					
	_/	Pending Investigation	(Month, D	ay, Year)		JURY	WC	YES 2	] NO	28d. DEŞCRI	BE HOW II	NJUHY OC	CORED	The s	
- 1	3 Suicide 6 Homicide	Could not be determined	28a. PLACE O building,	F INJURY — At ho atc. (Specify)	me, farm,	street, fact	ory, offic	0		281. LOCATIO	ON (Street s own, State)	and Number	or Rural	Route Number,	
COMPLEIED	onel		CIAN: To the best of a											s) and manner as state	ıd.
O DE C	29b. SIGNATURE AND TITLE	11	120	ld on				2	ENSE NU	300		1	-7	(Month, Day, Year)	
	30. NAME AND ADDRESS O	. Got	D, M.D.	,1522	( S	ASO	46	root.	- Ad	, for	ku	ut.	w	20852	5
	FEB 0	3 1994	Fichia D	e's signature widoon-Ad										50	

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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	Walte	Joel G.				DAY YI	4 0 4 8 3. TIME OF DEAT 4: 25		
	4. SOCIAL SECURITY NUMBER 219-24-7776		rs. lest birthday) III	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JUNE 17.	7.007	BIRTHPLACE (State or Fo Country) Jamaica		
NOR I	9a. FACILITY NAME (If not institution, give a Greater Laurel-Be RESIDENCE OF DECEDENT			Laure	OR LOCATION OF D	,	9c. COUNTY			
DIRECTOR	10s. STATE 10b. COUNT	e George's		own on Loca	TION			10d, INSIDE CITY LIMITS? 1 YES 2		
FUNERAL	100. STREET AND NUMBER 4507 Rena Road			10	r. ZIP CODE	746		ed States		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 XNO	If yes, sp		NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) by:		RACE — American India Black, White, etc. Specify:		
ED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Give kind of work life. Do NOT use n	done during mo etired.)		16b. KIND OF BU	usiness/indus	Black		
E COMPLET	17. FATHER'S NAME (First, Middle, Last)  Josiah Walters	order	ТУ	16. MOTHER'S NA	AME (First, Middle, Maide					
TO B	19a. INFORMANT'S NAME (Type/Print) Rose Walters Jac		same a		and Number or Rural	Route Number, City or To	wn, State, Zip Co	de)		
	20a. METHOD OF DISPOSITION  1	Su	ACE AND DATE OF DV. Cromatory or other DUTDAN			1	ocation – city ver Spr	or Town, Stata ring, Mary]		
CYCLING	21. SIGNATURE OF FUNERAL SERVICE LIN	L. Rapp		Rapp	ND ADDRESS OF FA Funeral Gist Aver	Services, nue, Silve	P. A. r Sprin	ng, MD 2091		
and mental	23. PART I. Enter the diseases, or shock, pr heert fallure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Dnly one cause Dn each	ONSEQUENCE OF):	1.'a				Approximation of the control of the		
ERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that instructions of the cause)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
F ()	that initiated events resulting in death) LAST	d								
MEDICAL	PART II. Other significant condition	s contributing to death but  UUSCU	on dis	the underlying	g ceuse given in	Part I. 24a, WAS A PERFO	PAMED?	24b. WERE AUTOPSY FI MAILABLE PRIOR COMPLETION OF C OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. P	LACE OF DEATH (C)	neck only one)				
K	27. MANNER OF DEATH  1/ANetural 5 Pending	(Month Day Year)			JURY AT ORK? YES 2 NO	28d. DE\$CRIBE HOW INJURY OCCURED		EO		
<u> </u>	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stre	et, factory, offic	ce .	281. LOCATION (Street City or Town, State	t and Number or I	Rural Route Number,		
LET	4 Homicide determined determined City or Town, State)  29a. CERTIFIER (Check only one)  Check only one)  City or Town, State)									

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Chris Manh, Mo S317 Chris

31. DATE FILED (Month, Day, Veer)

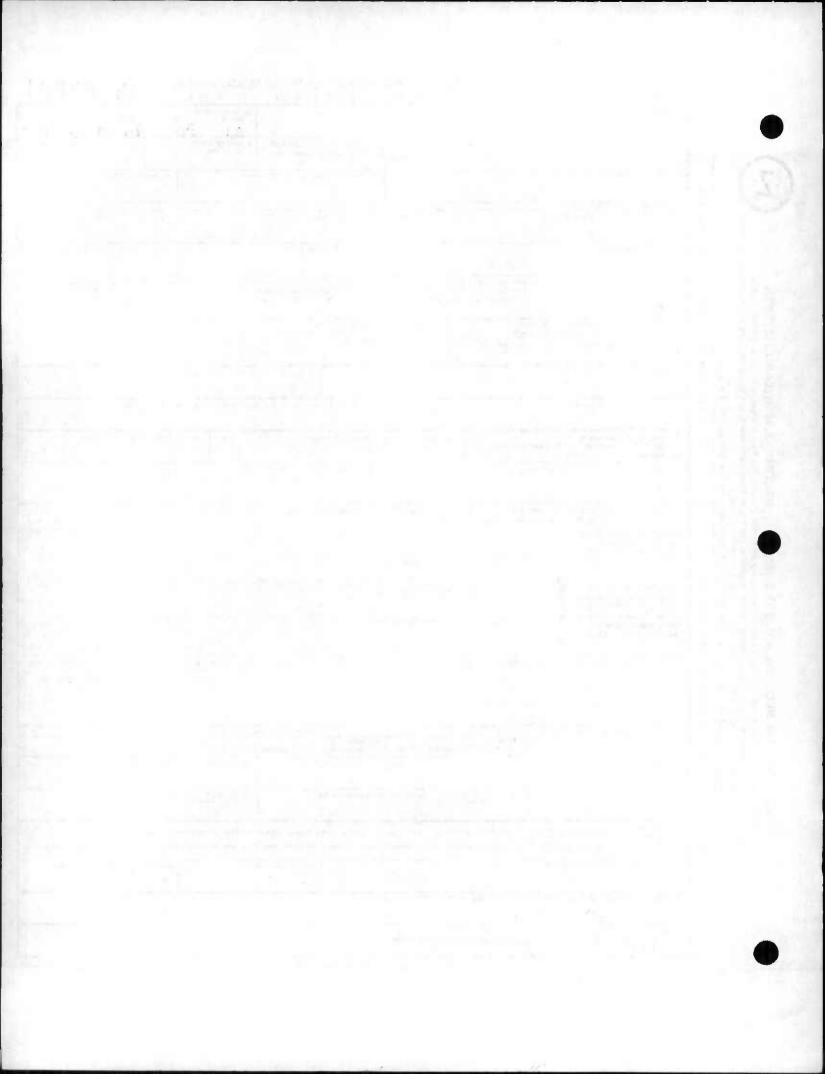
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Aburs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-tr
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	1 - FOR STATE REGISTRAR	TE OF MARYLAND /	DEPARTMEN ERTIFICAT			MENTAL HYGIE	-	4 04802
	1. DECEDENT'S NAME (First, Middle, Last)	meman				2. DATE OF DEATH MONTH	DAY SU	YEAR 2120 M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les	YRS. IF UNDI	DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	Α	BIRTHPLACE (State or Foreign Country) ARYLAND
TOR	9a. FACILITY NAME (If not institution, give street and Shady Grove RESIDENCE OF DECEDENT	Adventist	96, on	R (SC)	LOCATION OF E	PEATN	9c. COUNTY	of DEATH
DIRECTOR	10e. STATE 10b. COUNTY	OMERY	10c. CITY, TOWN		on SPRING			10d. INSIDE CITY LIMITS?  1 X YES 2 NO
RAL	100. STREET AND NUMBER  322- FRANKL IN A	AMENITO		101.	ZIP CODE			N OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 X Yever Married 2 Married FO	S DECEDENT EVER IN U.S. AR RCES? 1 YES 2 X X YES, GIVE WAR OR DATES		If yes, spe-	20901 ENDENT OF HISPA City Cuben, Mexic NO Spec	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)		S.A.  Black, White, etc.  Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colleg	(Gi	CEDENT'S USUAL ive kind of work done Do NOT use retired.	e during mos .)	t of working	16b. KIND OF B	SEWIN	
BE COM	17. FATNER'S NAME (First, Middle, Last) FRANKLIN G.	ZIMMERMAN				AME (First, Middle, Melde S.C. KO		
TO B	190. INFORMANT'S NAME (Type/Print) REV.DR.REICHARD					ROCKVI		
	20a. METNOD OF DISPOSITION  1 N Burlal 2 Cremation 3 Removal from 4 Donation 6 Other (Specify)	m State 20b. PLACE A cometery, cre-	MND DATE OF DISPO matory or other place ELICAL	SITION (Nen	H.CEM.	DATE 20c. L	OCATION — CR	y or Town, State WN , MD .
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22	HYS	ONG CO	TREET, N.		
TION	23. PART I. Enter the disease and complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, about, or heart talting that only one ceuse on each line.  Approximate interval Batweer Onset and Death of the Conset and Death							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  C. Cormany Artery Disease or Injury  DUE TO (OR AS A CONSEQUENCY OF):  DUE TO (OR AS A CONSEQUENCY OF):  DUE TO (OR AS A CONSEQUENCY OF):							
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pneumonus Vival, Claucom.					Part I. 24a. WAS A PERFC	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA		PITAL: patient 2 ER/Outpatient 3	OTHE	R:	ACE OF DEATH (C			
PHYS		Ba. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR	IRY AT	6 ☐ Other (Specify)  28d. DESCRIBE NOW	INJURY OCCU	AED
TED BY	2 Accident Investigation	Be. PLACE OF INJURY — At ho building, etc. (Specify)	M 1 YES 2 NO At home, term, street, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the	the best of my knowledge, de e basis of examination and/or i						
BE	296. SIGNATURE AND THILE OF CERTIFIER	om			29c. LICENSE NU D36	618	29d. DATE S	HONED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (ITER	9701	Ch	unch 8	+ Danies	cen l	40
	FEB 0 3 1994	ha Davidson-Rand	Lesson	VIDEO S			Bellion - Also	

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ZIRHEHWAR IDA 127423 C6/28/02 CHESS, CHPISTOPHER. 179-150002 01/21/94



CRYSTAL MICHELE BARKER 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 H HOURS 1 - M 2 XF 66 6888 use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION O DIRECTOR 4638 PIMLICO ROAD BALTIMOR RESIDENCE OF DECED 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 4638 PIMLICO ROAD 21 nours after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HI BALTIMORE, MARYLAND 21215-0020 If yes, specify Cubi 1 Never Merried 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Give kind of work done life. Do NOT use retired.) page 5 should be detached for College (1-4 or 5 +) N/A WAITRESS & COSMOTO 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER notified at HAROLD MAYS **GWEN** BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or F 2 MRS. GWENAVEE CLARK-DE'VAN 1928 CHARITON pe 20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of must director, 1 METROTOCREMATORY 2/ 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS O LEWIS **GWYNN** completely filled in by the funeral LEWIS T. ewil 4517 PARK or other traumatic event, the medical 23. PART I. Enter the diseases, or complications hat caused the death. Do not enter the mode of dying, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition\_ resulting in death) executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, een signed by the attending physician and con of Health and Mental Hygiene prior to burlal, CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, o PART ii. Other significent conditions contributing to death but not resulting in the underlying cause give MEDICAL Item 23 shows any certificate has been in the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA IMPORTANT: If Item 28 Is marked, or 27, MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? After this ce death with t 1 X Natural 1 YES BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be DIRECTOR: / COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and TO THE HOSPITAL O TO THE FUNERAL D be filed within 72 ho 2 MEDICAL EXAMINER: On the basis of ex and/or investigation, in my opinion, death occured a 29c. LICENSI BE

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27/70)

REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

2

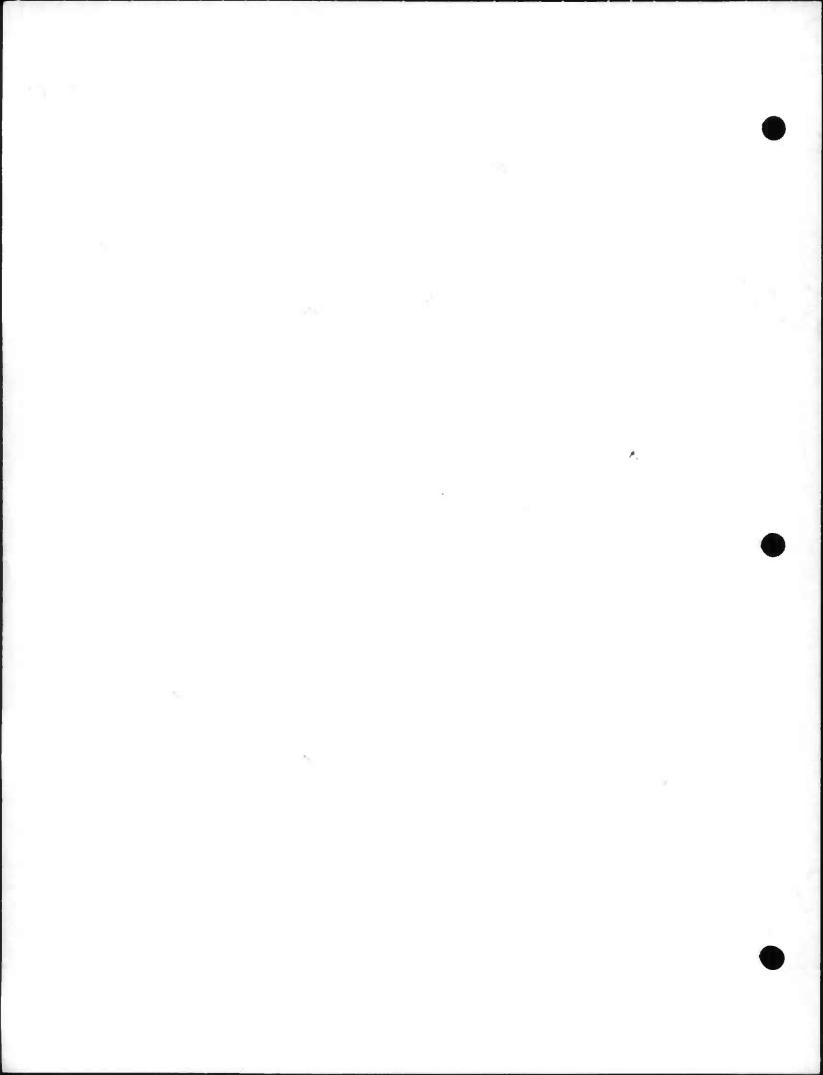
31. DATE FILED (MONTH).

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1. DECEDENT'S NAME (First, Middle, Last)

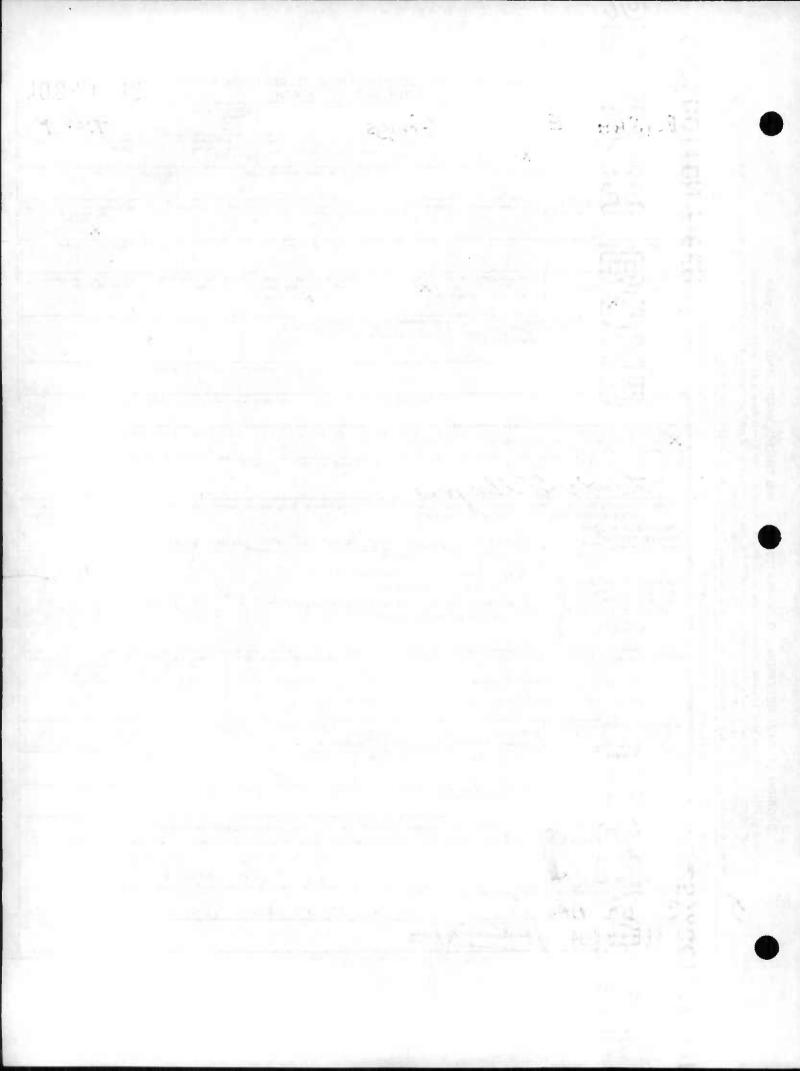
	2. DATE	OF DEATH			3. TIME OF DEATH
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RS.	7. DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
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					10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO
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n in	Part i.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
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	281. LOC	CATION (Street &	nd Numbe	r or Rural i	Route Number,
	City	or Town, State)			
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		use(s) and man			) and manner is stated
		and place, an			i) and manner as stated.
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permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
. The law requires that the death certificate be executed wi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 23 shows any injury, or other traumatic even	l
TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certifical be filed within 72 hours after death with the St.	IMPORTANT: If item 28 is marked, or item 23 shows any injury,	

1 - STATE REGISTRAR	SIAIE UF MARTLA		ATE OF DEATH	MENTAL HYGIENE REG. NO.	91	+ 04804
1. DECEOENT'S NAME (First, Middle, Laet)  ELJAH  4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1)	Griggs		2. DATE OF DEATH DAY FEB. 16,	1994	7:03
220 30 3469  9a. FACILITY NAME (If not institution, give a	1 X M 2 - F	JO YRS.	THE DAYS HOURS MIN.		Co	RTHPLACE (State or Foreign unity)  MARYLAND F DEATN
ST AGNES HOSE			BALTIMORE			
MARYLAND 106, COUNTY			LTIMORE			10d. INSIDE CITY LIMITS?  1 XYES 2 NO
10. STREET AND NUMBER			10f. ZIP CODE			F WHAT COUNTRY?
3713 EDMONDSON	N AVENUE	IIIS. ARMED	2122			OF A.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 00	If yes, specify Cuben, Mexic  1 YES 2 NO Speci	an, Puerto Rican, etc.)	B	BLACK
15. DECEDENT'S EDU (Specify only highest grade	o completed)	16a. DECEDENT'S USU (Give kind of work of life. Do NOT use reti	done during most of working	16b. KIND OF BUSI	INESS/INDUSTRY	Y
Elementary/Secondary (0-12) N/A	College (1-4 or 5 +)	CHAUFF		PHARM	ACY	
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden S	Surname)	
ELIJAH PERRY  19a. INFORMANT'S NAME (Type/Print)	I GRIGGS	Table MAN INC. ADD		E GAINES	T. 0.44	
MRS. RENEE G.		3615 B	BLACKSTONE R	OAD RAND	ALLST(	OWN, MD 211:
20a METHOD OF DISPOSITION  Burlal 2 Cremation 3 Ram  4 Donation 8 Other (Specify)	oval from State 20b.	PLACE AND DATE OF DIS etery, cremetory or other of	ISPOSITION (Name of 2/22 Diaga) ISUS CEMETER	79 GATE 200 LOC	NITE,	
21. SIGNATURE OF FUNERAL SERVICE LIC		T. GWYNN	22. NAME AND ADDRESS OF FULL EWIS T. GW 4517 PARK H	YNN FUNER	AL HOI	ME 21215
that initiated events	B. ACULU K DUE TO (OR AS A DUE TO (OR AS A C. CALLELL DUE TO (OR AS A	CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:	culosi's	deug ree	T.B	1/94-D
resulting in death) LAST						2 mrs
PART II. Other algorificant condition	a contributing to death b	ut not resulting in th	na underlying cause given in	1 Part I. 24e. WAS AN A PERFORM 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	От	26. PLACE OF DEATN (CI	PERFORM 1 YES 2 (	MED?	COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF OEATH  1  Notural 5  Pending		От	26. PLACE OF DEATN (CI THER: Nursing Home 5 Residence 28c. INJURY AT WORK?	PERFORM 1 YES 2 (	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 1 MO  27. MANNER OF GEATH	HOSPITAL: Inputient 2 ER/Output 28s. DATE OF INJURY	etient 3 DOA 4 DOA 29b. TIME OF INJURY	26. PLACE OF DEATN (C) THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 VES 2 NO	PERFORM  1 YES 2 (  heck only one)  8 Other (Specify)	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Notural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL:    Inpatient 2   ER/Output   28a. DATE OF INJURY   (Month, Day, Year)    28a. PLACE OF INJURY   building, etc. (Special Control of the best of my knowledge)	etient 3 DOA 4 DOA 28b. TIME OF INJURY  — At home, ferm, street	26. PLACE OF DEATN (C) THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 VES 2 NO	PERFORM  1 YES 2 (  heck only one)  8 Other (Specify)  28d. DE\$CRIBE HOW IN  28l. LOCATION (Street an City or Town, State)  e to the cause(s) and manner	JURY OCCURED  No Number or Run  ner as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:   Inpatient 2   ER/Output   28a. DATE OF INJURY (Month, Day, Year)   28a. PLACE OF INJURY building, etc. (Special CIAN: To the best of my knowledge)	28b. TIME OF INJURY  — At home, ferm, street ify)  dedge, desth occurred at and/or investigation, in	28. PLACE OF DEATN (CITY PRODUCTION OF THE RESTRICT OF THE RES	PERFORM  1 YES 2    heck only one)  8 Other (Specify)  28d. DESCRIBE HOW IN  28l. LOCATION (Street an City or Town, Street)  e to the cause(e) and manner illine, date and place, end  IMBER  MACHINE HUMP.	JURY OCCURED  And Number or Run  There as stated,  If due to the ceus  29d. DATE SIGN  29d. DATE SIGN	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  rel Route Number,  see(e) and manner as stated.  NEO (Month, Day, Year)



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical e
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH MELVIN CHARLES RIDGE FEBRUARY 994 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 10/14/28 COXM 2 DF 65 DAY8 HOURS MARYLAND YRS. 218226369 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4326 GREENHILL AVE BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY M) BALTIMORE NOT YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4326 GREENHILL AVENUE 21206 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 15 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY Specify: 3 Widowed 4 Divorced WW II WHITE COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) WHITING-TURNER === TRUCK DRIVER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM A. RIDGE notified at ETHEL LINDEBORNE BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROSE M. RIDGE 4326 GREENHILL AVE BALTIMORE, MD Pe 20e. METHOD OF DISPOSITION
1 □ Burlet 2 ※ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 02/18 BALTIMORE, MD 4 Donellon 5 Other (Specify) METRO CREMATORY 21. SIGNATURE OF FUNERAL SERVICE examiner 22. NAME AND ADDRESS OF FACILITY CVACH/ROSEDALE FUNERAL HOME 1211 CHESACO AVE 21237 medical 23. PARY1 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert fellure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel the cardiopulmonary arrest resulting in death) traumatic event, stage obstructive lung disease CERTIFICATION Sequentially list conditione. DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr Injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated evente reaulting in deeth) LAST injury, PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? 23 shows any 1 YES 2 NO 1 YES 2 NO PHYSICIAN: NIA 25, WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL: OTHER: 1 YES 2 WHO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b, TIME OF INJURY 26d. DESCRIBE HDW INJURY OCCURED marked, 1 Natural 5 Pending 1 YEE 2 NO BY investigation 2 Accident DIRECTOR: At hours after de item 28 is r 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

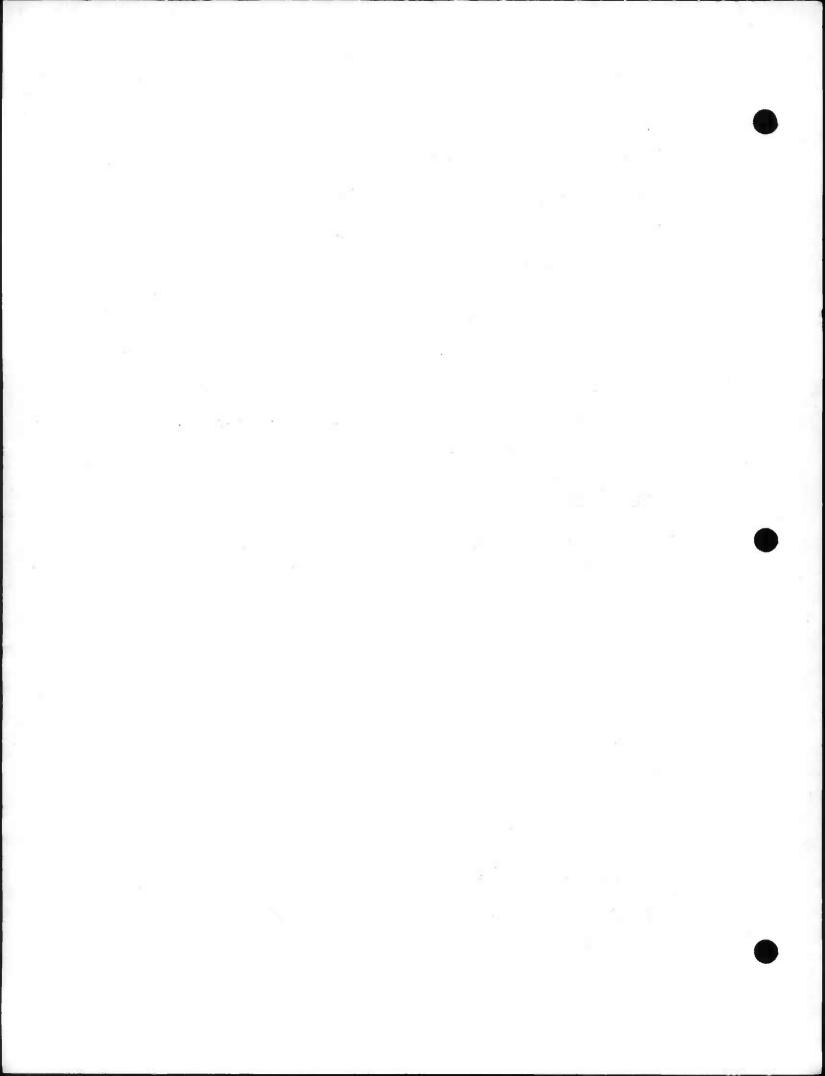
(Check ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated. (Check only one) nation end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end menner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, Year) BE adden an Ma MU 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WALDEN, MD 611 PARK ALE 21201 A 32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

9 1994

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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The	eat	
2	8	9 10	
E	8	=	
R.	IRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

	1. DECEDENT'S NAME (First, Middle, La		0					DAY	YEAR	3. TIME OF DEATH
	VIRGINIA  4. SOCIAL SECURITY NUMBER	M. SC	B. AGE (In vrs. In				2 1		4	6:00 A
TO BE COMPLETED BY FUNERAL DIRECTOR	216-46-8798	1 M 2 TF	6. AGE (IN YES, IN	YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		Counti	
		Se. FACILITY NAME (If not institution, give street and number)				N OR LOCATION OF D	10/22/12		Maryland	
	2908 New York Avenue					ore Highl				
	RESIDENCE OF DECEDENT				Darcin	ore migni	aras	Daic	LIIIO	_e
	10e. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?
	MD Baltimore			Baltimore Highlands						1 TES 2 X NO
	100. STREET AND NUMBER					10f. ZIP CODE	The second secon		EN OF WHAT COUNTRY?	
	2908 New York Avenue					21227	U.S.A		Α	
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 IF YES GIVE WAR OR DATES			MED  13. WAS DECENDENT OF HISPANIC ORI If yes, specify, Cuban, Mexican, Puer  1  YES 2 NO Specify:			fee or No- 14. RACE — American Indian, Black, White, atc. Specify: White		
	15. DECEDENT'S EDUCATION			16e. DECEDENT'S USUAL OCCUPATION			16b. KIND OF BUSINESS/INDUSTRY			WIIICE
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)		+)	(Give kind of work done during most of working life. Do NOT use retired.)						
	7		НС	omemak	ker	S. H.Y. L.	Self			
	17. FATHER'S NAME (First, Middle, Last)					The second secon	AME (First, Middle, Meider	Surname)	N.	
	John Fries					Veronic				
	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tox			
	Earl E. Scriven 2908 New York Avenue, Baltimore Highlands, MD 2122									
	20s. METHOD OF DISPOSITION  20s. PLACE AND DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DAT									
	4 Donation 6 Other (Specify) MOST HOTY Redeemer Cemetery2/21 Baltimore, Maryland									
	21. SIONATURE OF FUNERAL SERVICE US HELD  22. NAME AND ADDRESS OF FACILITY AMDROSE FUNERAL HOME  1328 Sulphur Spring Rd., Arbutus, MD									
		-	7							•
10.	100	( =	50							
	23 PART I. Enter the diseases,	or complications the	at caused the d	eath. Do r	1328	Sulphur	Spring Rd.	, Arb	utus	s, MD 212
	ahock, or heart failu	or complications the	at caused the duse on each lin	leath. Do r	1328	Sulphur	Spring Rd.	, Arb	utus	Approximata interval Betw
	ahock, or haert fallu IMMEDIATE CAUSE (Final disease or condition	ire. List only one ceu	use on each lin	ıa.	1328	Sulphur	Spring Rd.	, Arb	utus	Approximata interval Betw
	ahock, or haart failu IMMEDIATE CAUSE (Final	ire. List only one ceu	use on each lin	ıa.	1328	Sulphur	Spring Rd.	, Arb	utus	Approximata interval Betw
2	immediate cause (Final disease or condition resulting in death)	or complications the pre- List only one ceu	use on each lin	ıa.	1328	Sulphur	Spring Rd.	, Arb	utus	Approximata interval Betw
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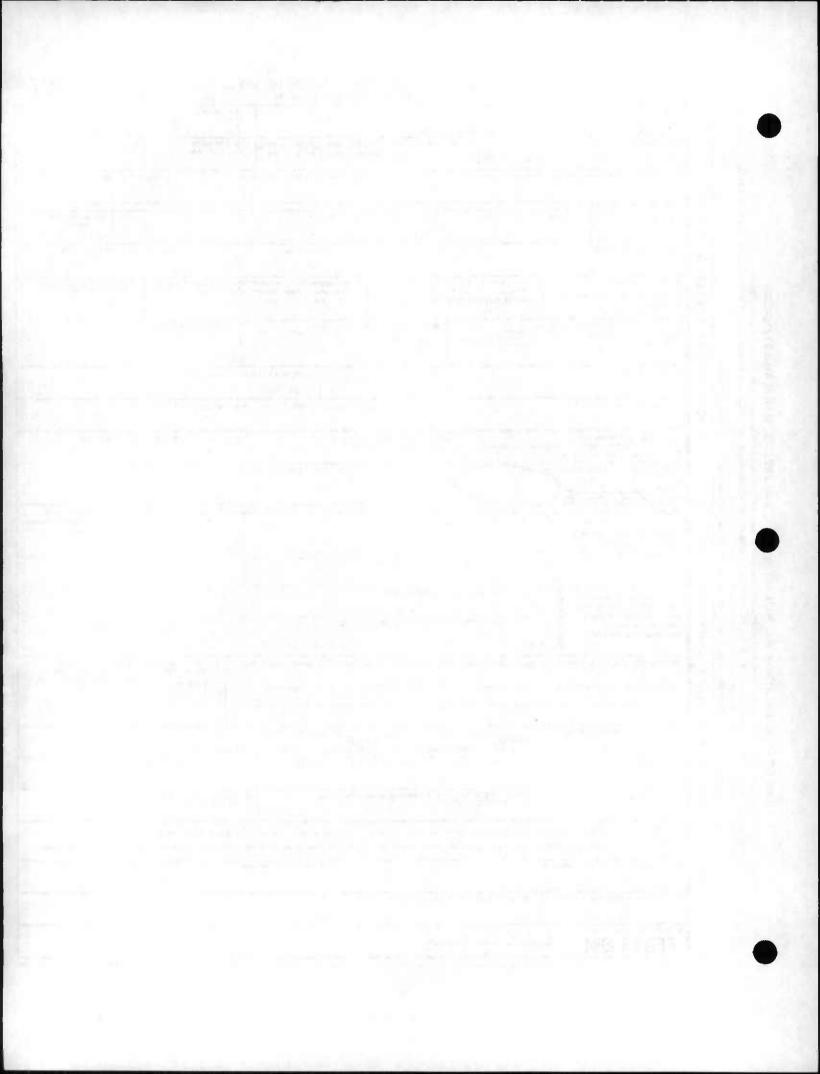
HOSP 1794

ST

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FEB 1 9 1994

BATTOWERE



1 - FOR STATE REGISTRAR

t. DECEDENT'S NAME (First, Middle, Last)

BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760

DIVISION OF

FEB BORDMAN 2:30 GRACE AITKEN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leat birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign March 4, 1912 217-05-1595 1 M 2 X DAYS HOURS Maryland YRS leath. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 96. CITY TOWN OR LOCATION OF BEATH 9c. COUNTY OF DEATH DIRECTOR 903 LITCHFIELD ROAD STONELIEGH BALTIMORE COUNTY RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? **Baltimore** 1 YES 2X NO Maryland Stoneliegh FUNERAL 10a, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 903 Litchfield Road 21239 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 24 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married BY SpecMy white 3 📉 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 12 years College (1-4 or 5 +) Homemaker once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Wilson Schroder notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles H. Lipscomb 2139 Coralthorn Road Baltimore, Maryland 21210 pe 20e. METHOD OF DISPOSITION
1 X Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must St. James Episcopal Church Cem. Donation 5 - Other (Specify) \_ 2-24 Monkton, Maryland examiner 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home 21. SIGNATURE OF FUNERAL SERVICE/CIGENSEE , 1-erra nours after death. euse George J. Ferrarse Baltimore, Maryland 21212 6500 York Road the medical filled in by t 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory screet, shock, or heart failure. List only one cause on each line. intarval Between or IMMEDIATE CAUSE (Final Onset and Death cramation. the disesse or condition DUNTO (OR AS A CONSEQUENCE OF): completery resulting in death) event. burial. relio traumatic CERTIFICATION and Sequantisly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Entar UNDERLYING certificate be prior CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa attending resulting in death) LAST 6 Mental 2 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS A P AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? equires that H Health a YES 2 NO shows YES 2 NO 10 PHYSICIAN: Per pe 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Rem th the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA EXAMINER? OTHER: 1 X YES 2 NO 4 ☐ Nursing Home 5 N Residence 6 ☐ Other (Specify) Ē ò 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) Natural Natural 28b. TIME OF 28c. INJURY AT WORK7 28d, DESCRIBE HOW INJURY OCCURED marked. 調整 5 Pending Investigation м 1 YES 2 NO BY death Affect Accident OR ATTENDING 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .00 COMPLETED 6 Could not be DIRECTOR ĕ 4 Homicide 28 determined hours 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner es stated. HCSPITAL C FUNERAL D I within 72 h TO THE HOSPITA
TO THE FUNERA
TO THE WITHIN 73
IMPORTANT. II 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SUCHATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE FEB 20,1994 O.C.M.E. 2 COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month. 32. DEGISTRAR'S SIGNATURE 2 1994 FEB 2 andell DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

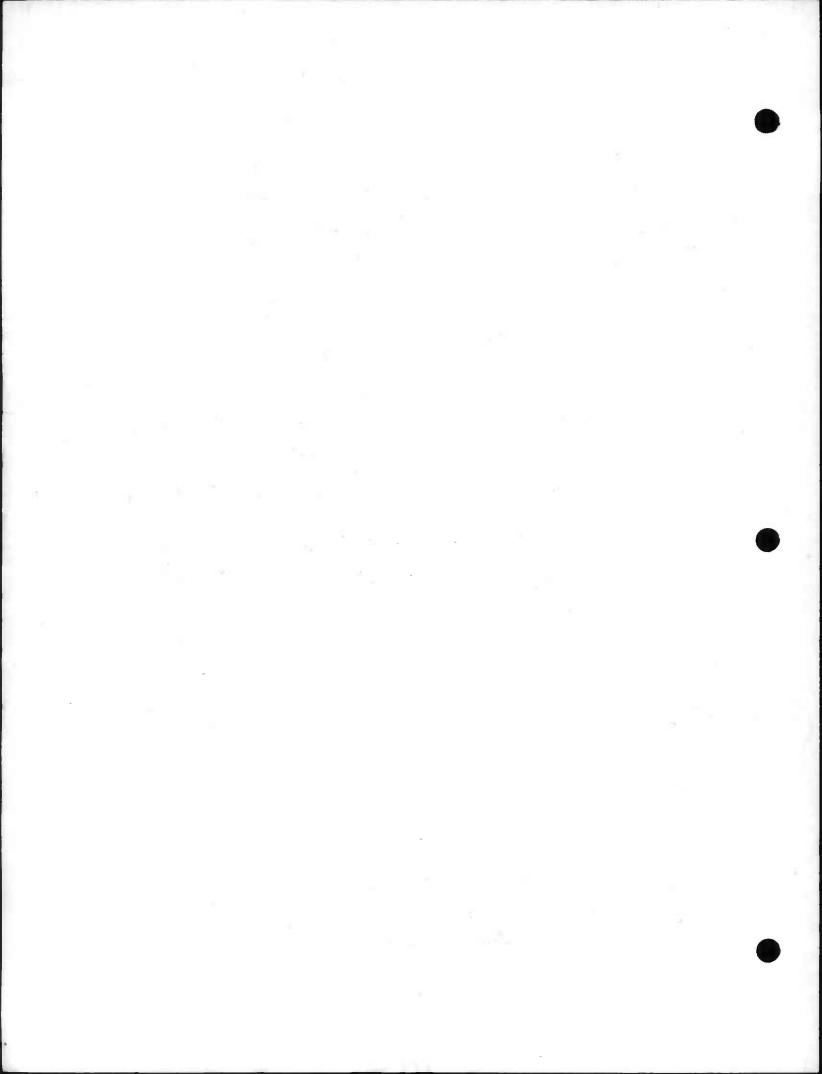
CERTIFICATE OF DEATH

04807

3. TIME OF DEATH

REG. NO

2. DATE OF DEATH



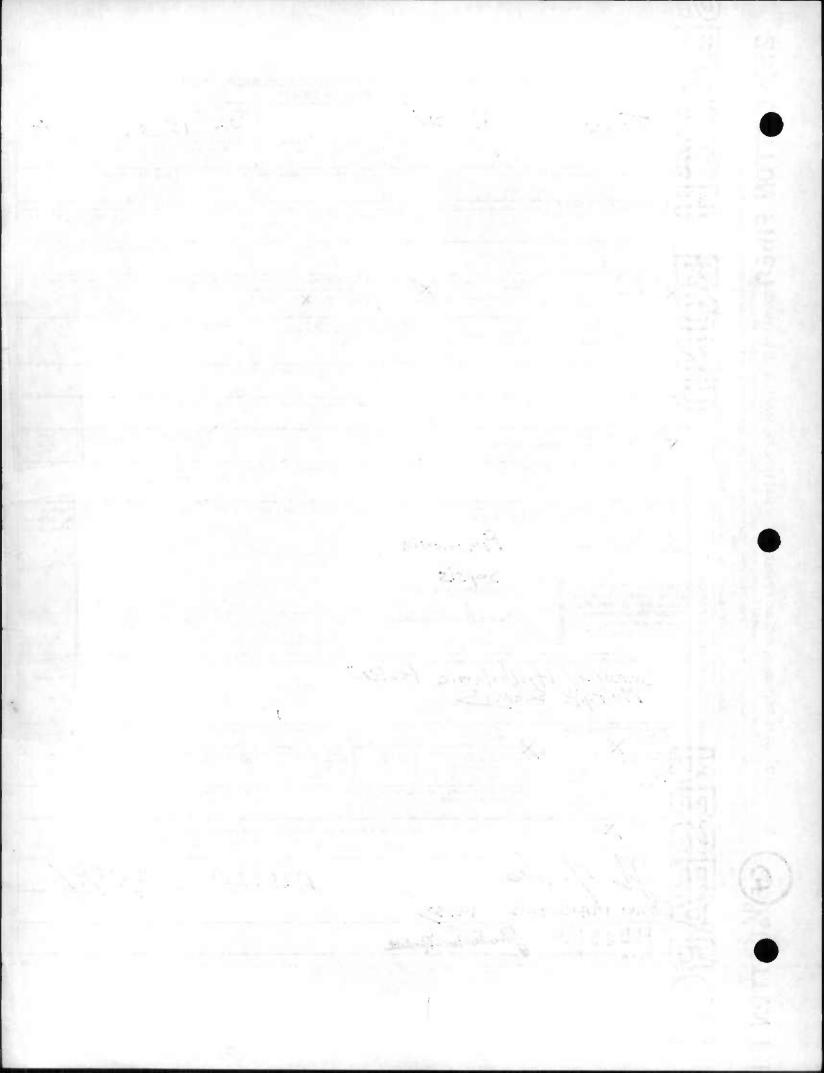
BALTIMORE, MARYLAND 21215-0020

ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO FILM G-709 3/4/94 t.t.

		1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF H	IEALTH AND I		GIENE a. No. 9	4 04808
)		1. DECEOENT'S NAME (First, Middle, Last) ALEX	DANIEL			ADAMS	2. DATE OF DEA	DAY	3. TIME OF DEATH
P		4. SOCIAL SECURITY NUMBER 218-58-3961			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y 6-14-	bar)	BIRTHPLACE (State or Foreign Country) VIRGINIA
2, 3 should	O.B.	90. FACILITY NAME (If not institution, give s 2012 N.MONROE STR	,			RE CITY		9c. COUNT	V OF DEATH
Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			TOWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?
permit.	AL	MD N/A		BALT	CIMORE 101	. ZIP CODE		10g. CITIZE	1 √ YES 2 □ NO N OF WHAT COUNTRY?
physician. bunal-transit	FUNER	1734 N. PULASKI S  11. MARITAL STATUS  1. Never Married 2 Merried	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 NO	If yes, sp	21217 ENDENT OF NISPAN ecity Cuban, Mexica	n, Puerto Rican, a	Ify Yes or No- 14	. S.A.  Black, White, etc.
r attending puse as the t	ED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDU	IF YES, GIVE WAR OR DATE	80. DECEDENT'S U		ON		OF BUSINESS/INDUS	Specify: BLACK
for u		(Specify only highest grade Elementary/Secondary (0-12) 10th	College (1-4 or 5+) N/A	ide. Do NOT use	rk done during mo retired.)	st of working	N/A		
by the	E COMPL	17. FATHER'S NAME (First, Middle, Last) ALEXANDER ADAMS				1,111	ME (First, Middle, A		
be retained ge 5 should e notified	TO B	190. INFORMANT'S NAME (Type/Print) MAGGIE ADAMS						or Town, State, Zip Co	
e 6 may rector, pa must b	3	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State cemete	ACE AND DATE OF ry, cremetory or othe STERN ST	DISPOSITION (Na er place)	me of	DATE 2	OC. LOCATION — CIT	y or Town, State
r death. Pe funeral al.		21. SIGNATURE OF FUNERAL SERVICE LIN	Hollas		22. NAME AN	ID ADDRESS OF FA	CILITY	E. NORTH	
ted within 24 hours after of completely filled in by the fal, cremation, or removal. event, the medical e		IMMEDIATE CAUSE (Finel disease or condition	complications that caused the List only one cause on each a. NARCOTIC AND ALDUE TO (OR AS A CC	LCOHOL IN	•		h aa cerdiec or	respiratory arres	t, Approximate Intervel Between Onset and Death
th certificate be execuending physician and I Hyglene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CC DUE TO (OR AS A CC						
w requires that the death been signed by the atter or, of Health and Mental shows any injury, or	MEDICAL	PART ii. Other algoliticent condition	a contributing to death but	not resulting in	the underlying	g ceuse given in	P	AS AN AUTOPSY ERFORMED? (ES 2   NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF 0EATH?  1 YES 2 NO
The law ate has late Dept ate Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
PHYSICIA this certifi with the riked, or	РНҮ	1 XYES 2 NO  27. MANNER OF DEATN 1 Netural 5 Pending	1 Inpatient 2 ER/Outpatie 28e. DATE OF INJURY (Month, Day, Year)	285 TIME FOUNDU	OF 28c. INJ	e 5 X Residence URY AT RK? /ES 2 \[ \sum NO \]	28d. DESCRIBE	NOW INJURY OCCU	RED
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	TED BY	2 Accident Investigation 3 Suicide & Could not be 4 Nomicide determined	FOUND: 2-16-94  28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, str	eat, fectory, office		City or Town,	Street end Number or State)	Rural Route Number, BALTIMORE CITY
AL DIRECT POURS	COMPLET		CIAN: To the best of my knowledge.  R: On the basis of examination er	ge, death occurred	at the time, date		to the cause(s) er	nd menner es stated.	
PORTA	BE	295. SIGNATURE AND TITLE OF CERTIFIES		aM)	The state of the s	29c. LICENSE NUN	ABER	29d. DATE S	IGNED (Month, Day, Year)
	5	30. NAME AND ADDRESS OF PERSON WIN	exe, MI)					Marylan	
U	-	31. DATE FILE EB 22 1994	REGISTRAR'S SIGNATU						

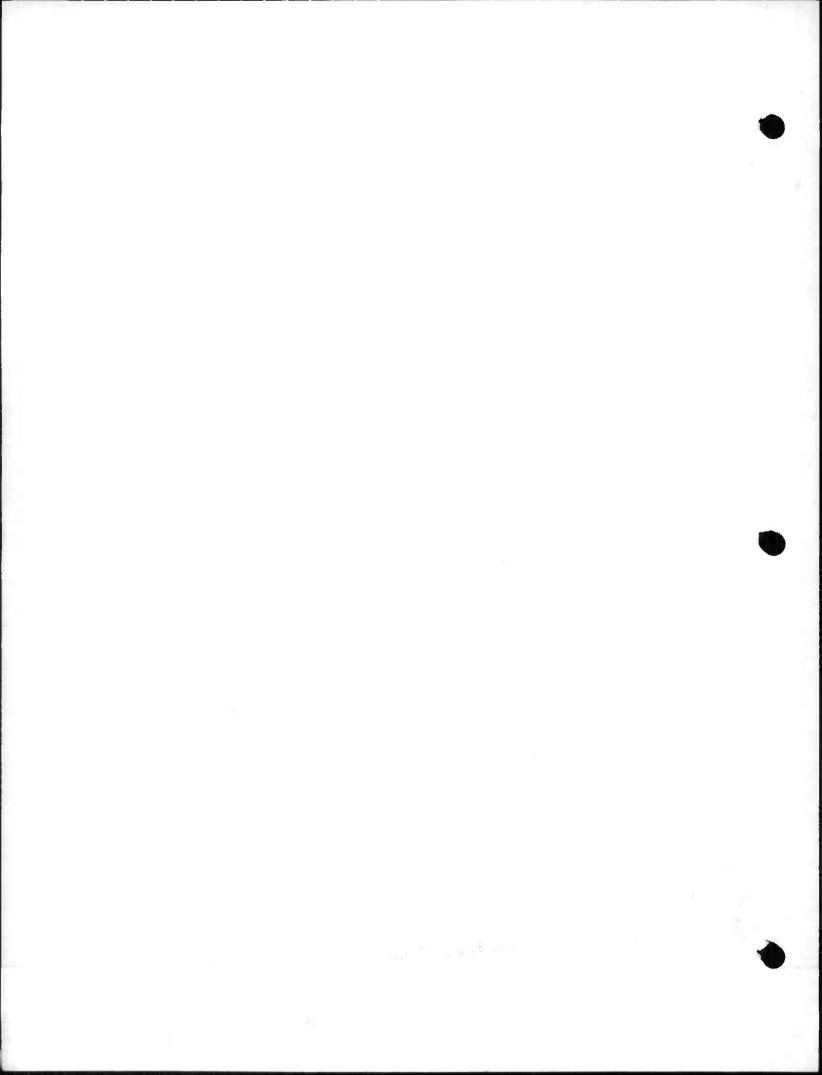
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	ENT OF I	DEATH AND	MENTAL HYGIE REG. N		4	0480
T	1. DECEDENT'S NAME (First, Middle, Last)		ton			2. DATE OF DEATH	DAY 9	15 3. 1	TIME OF DEATH
7	4. SOCIAL SECURITY NUMBER  577-50-5994  9a. FACILITY NAME (If not institution, give a	1 □ M 2 X F 5	7 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTYN (Month, Day, Year) 3/12/36	W	Country)	ngton
TOR	Greater Laurel				OR EOCATION OF B	EAIN	Lau		
DIRECTOR	10e. STATE 10b. COUNT	urel	10c. CITY, TO	OWN OR LOCA	TIDN			- 1	LIMITS?
FUNERAL	100. STREET AND NUMBER 9001 Cherry Lai	ne Laurel		10	20708			N OF WHAT	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes, sp	ENDENT OF NISPA	NIC ORIGIN? (Specify an, Puarto Rican, etc.)	fee or No- 14		
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during me	ON ost of working		USINESS/INDUS	STRY	
COMPL	12th 17. FATNER'S NAME (First, Middle, Lest)		clerk		18. MOTNER'S N	AME (First, Middle, Maid	overnm	ent	
TO BE	UNKNOWN  19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	ret Hick Route Number, City or T	own, State, Zip Co	ode)	
	Arthur Drager  200 METHOD OF DISPOSITION 1A Burlel 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	oval from State 20	b. PLACE AND DATE OF D ometery, cremetory or other Mt. Zior	ISPOSITION (Na			LOCATION — CR	y or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	MC. ZIOI	22. NAME A	ND ADDRESS OF FA	ACILITY	nsdow	Wyli	e F/H
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	MONIA A CONSEQUENCE OF):						Interval Ba
MEDICAL	PART II. Other algorificant condition Serzures /- Multiple	Scients 1	but not resulting in t	he underlyin	g ceuse given in	Part I. 24a. WAS / PERF 1 YES	AN AUTOPSY ORMED?	AMA CON OF	RE AUTOPSY FII ILABLE PRIOR ' IPLETION OF C DEATH?  YES 2   A
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. P	LACE OF DEATH (C	heck only one)			
PHY	1 VES 2 ND  27. MANNER OF DEATN  1 Netural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 26c. IN.	JURY AT DRK? YES 2 NO	6 Other (Specify)  28d. DESCRIBE NOV	Y INJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJUR building, stc. (Sp	RY — At home, farm, stree	et, factory, offic	ca .	28f. LOCATION (Stree City or Town, Sta		Rural Route	Number,
COMPLET	and the second s	ICIAN: To the best of my kno							d manner as a
BE	296. SIGNATURE AND TITLE OF CENTIFIE	des			29c. LICENSE NU	MBER 430	29d. DATE S	SIGNEO (Ma	10. Oky, Youry
5	30. NAME AND ADDRESS OF PERSON WHO	D COMPLETED CAUSE DF D	PEATH (ITEM 27) (Type, Pril	nt)			/		
	31. DATE FEB 2 2 1994	32 MEGISTRAP'S SIG	MATURE And M						

DHMN-16 Rev 1/89



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or	ached for		.60
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death	e fune	-	ехап
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The la	e has	te Dec	ш 23
AN:	tificat	e Sta	or Ite
HYSIC	nis cer	vith th	ed, (
NG PI	ther th	eath v	mark
TEND	DR: A	fter d	80
JA AT	IRECT	DUIS a	еш 2
TAL	RAL	7	HH
HOSP	FUNE	within	TANT
표	THE	filed	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
F	ч	z	3
-		V.	1

	FOR STATE REGISTRAR		STATE OF I	MARYLA	AND / [	DEPAR RTIF	TMENT	OF H	EALTH DEA	AND	MEN		GIEN		4	04810	
- 5	1. DECEDENT'S NAME (First,							-				ATE OF DE				3. TIME OF DEATH	_
	PHI	LIP	BECH	CEL							Fe	ebruar	y 9	, 199	YEAR	12:08 A.	, M
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (I	in yrs. last t	birthday)	IF UNDER		IF UNDER	T	7. DA	ATE OF BII	RTH		8. BIRTI	IPLACE (State or Foreign	,
	219-18-0550	)	1 🔀 M 2 🗆 F		74	YRS.	MONTHS	DAYS	HOURS	MIN.	Sep	t. 18	. 19	19		vland	
	9e. FACILITY NAME (If not ins	titution, give s	treet and number)			5.50. 10, 1919									INTY OF D		
DIRECTOR	Sinai Hosp	oital						Ва	ltin	ore	Cit	ty					
Ü	10a. STATE	10b. COUNTY	Y	-		10c. CIT	Y, TOWN C	PR LOCAT	ION							10d. INSIDE CITY	-
18	Maryland	Ra1	timore				To	wson								LIMITS?	
	10e. STREET AND NUMBER	2012	CIMOLC				10		. ZIP COD	Æ			-	10g. CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL	15 Treew	av Co	urt Apt.	3-C					21	.286					11	S.A.	
3	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN			13.	WAS DEC	ENDENT (	OF HISPA	NIC OR	IGIN? (Spe	ecify Yes	or No	14. RAC	E — American Indian.	
ВУ Е	1 Never Married 2 📉 I		FORCES? 1	AR OR DA	ATES	)			2 X NO			rto Rican,	etc.)		Spec	k, white, etc.	
	3 Widowed 4 Divor	ced		WW ]	II				21							WILLCE	
日日		DENT'S EDU			(Give	kind of v	USUAL OF			ing		16b. KIND	OF BUS	HESS/IN	DUSTRY		
١٣١	Elementary/Secondary (0-		College (1-4 or 5	+)			e retired.)				- 1						
COMPLET	17. FATHER'S NAME (First, Mic		4 years		F	JCC0.	unta	nt							tern		
			1									at, Middle,					
H	James G. E		1		405	MAN INC	400000	. (2)				EI12			<u>'inck</u>		
임	Mrs. Doris	me was	<u>.</u> 1		- 1											1 1 0100	
				205	. PLACE AN					. Apt					Mary City or To	land 21286	b
	30a. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 4 □ Donation 5 □ Other (	3 Rem	oval from State	ceme	etery, cremi	atory or o	ther place)	om o t	me or		1						
	21. SIGNATURE OF FUNERAL		ENSER/4	10	oudor.	I ra	22.	NAME AN	D ADORE	SS OF FA	ACILITY	-12	baı	LIIIO	ore,	Maryland	$\dashv$
1	▶ George	I Fo	rrargo	y to	en	un						fe1d					
																yland 2121	12
	23. PART I. Enter the dis shock, or he	seases, or c art feilure.	complications the List only one ceu	it caused use on ea	the deat sch line.	th. Do r	ot enter	the mo	de of dy	ing, suc	ch as c	erdiac o	r respi	ratory ar	reat,	Approximata interval Between	en
	iMMEDIATE CAUSE (Fine disease or condition	ni	4.4 =1	- 1	1.			A	- 1		-0					Onset and Dec	
	resulting in death)	<b>→</b>	. Met	abi	011	<u> </u>		401	de	51	5_						
			DUETO	(DR AS A	CONSEQU	JENCE O	F):										
CERTIFICATION	Sequentially list condition		b	(OR AS A	CONSEQU	JENCE OF	n:										_
Y.	if sny, lasding to immed cause. Enter UNDERLYIN	VG		(			,									j	
띮	CAUSE (Disease or injur that initiated events	y 1	DUE TO	(OR AS A	CONSEQU	JENCE OF	j:										-
F	resulting in death) LAST		d													!	
2	D107 # 04 - 14			West or													
4	PART II. Other significan	condition	s contributing to				§			1	1		WAS AN	MED?	24b	. WERE AUTOPSY FINDING MAILABLE PRIOR TO	
EDIC	coronary	dr.k	ery al	_	35C		16C						YES 2	NO	- 1	COMPLETION OF CAUSE OF DEATH?	E
M	Lett ve	ntri	CHIDR	Hu	NO	tio	n, C	hr	mic	C A	tri	3				1   YES 2   NO	- 1
ÿ	Horilla	tion	Thron	1000	cyte	Spe	ија	1	Ane	Mi	a						
호	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHER		ACE OF D	EATH (CA	heck only	y one)					=
PHYSICIAN:	1 TYES 2 NO		1 Sinpatient 2				4 🗆 Nun	ing Hom		esidence	6 🗆 0	Other (Spec	cffy)				
	27. MANNER OF DEATH  1 Netural 5 P	ending.	28s. DATE OF (Month, D			286. TIM INJ	E OF URY		RK?		28d.	DESCRIBE	HOW IF	JURY OC	CURED		
BY	2 Accident	rvestigation	00 - PH 400 0						ES 2	NO	_						ᆜ
8		could not be	28e. PLACE C building,	etc. (Speci	— Al home	e, term, s	treet, fact	ory, office			261. 1	City or Town	(Street a	nd Numbe	r or Runal I	Route Number,	
<u> </u>	29e. CERTIFIER														_	<del></del>	_
MP	(Check only		CIAN: To the best of														.
COMPLETED				xemination	and/or inv	restigatio	n, in my o	pinion, d	eth occu	red at the	time, c	date and p	lace, and	d due to ti	he cause(e	e) and manner as stated.	
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE							29c. LIC	ENSE NU	MBER			29d. DAT	E SIGNED	(Month, Day, Year)	
,e		1	Nall	W	W	4	100	V	AS Z	403	1 501	1 49	627	P 2	108	94	
	30 NAME AND ADDRESS OF	A I -	O COMPLETED CAU	SE DF DEA	ATH (ITEM	an (Na)	Arine) 2	401	W	Be	el ve	de	re	Ave	2	LERE, MY	7
	THE PARTY CA	11/6	VAR	C 3	2	10	AI	K	251)	1779	rc_	0	- 13	ML	IIIV	LOICE) IVII	-
- 1	31. DATE FIRE TIME THE BOY	*1QQA	32. DEGISTRA	R'S SIGNA	ATURE												

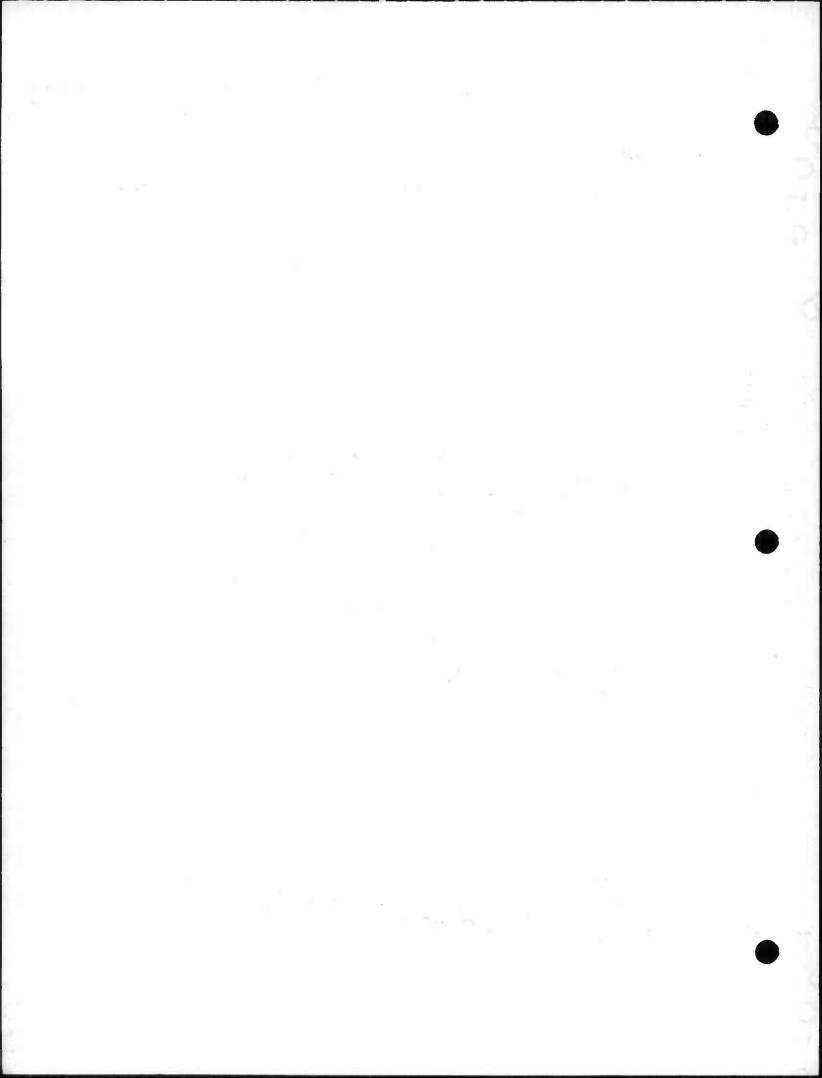


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	1 - STATE REGISTRAR			ERTIF					WENTA	REG. NO.		94	048	
	1. DECEDENT'S NAME (First, Middle, Last  CARRIE	E DNA		BE	LL				2. DATE	DF DEATH	W (	YEAR	4:05 A	ATH M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.			R 1 YEAR	IF UNDER	24 1400		OF BIRTH		a Bunti		M
	217-16-5247	1 M 2 X F	AND THE RESERVE OF THE PARTY OF						(Mon	th, Day, Year)		Counti		Foreign
	9a. FACILITY NAME (If not institution, giv	71								11-22	LAND			
DIRECTOR	NORTH ARUNDEL HO	OSPITAL AS	SOCIAT	ION		LEN E					COUNTY			
EC	10a. STATE 10b. COUR			10c. CITY	r, TOWN	OR LDCAT	ION						10d. INSIDE C	ITY
5	MD ANN	E ARUNDEL		SEVE	ERN								LIMITS?	X NO
AL	100. STREET AND NUMBER					101.	ZIP CODE				10g. CIT	IZEN DF V	WHAT COUNTRY	?
E	1430 MARYLAND	AVENUE					213	144			U	.S.A		
FUNERAL	11. MARITAL STATUS  1 Naver Married 2 Married		YES 2	ARMED ND	13.	If yes, spe	city Cubar	n, Maxica	n, Puarto	N? (Specify Yea Rican, etc.)	or No-	Binci	E — American Ir k, White, etc.	ndlan,
ED BY	3 Widowed 4 Divorced		MAR OR DATES			1 TYES		Specify				Spec	WHITE	7
	15. DECEDENT'S E (Specify only highest gra	ide completed)	-	DECEDENT'S (Give kind of will) ite. Do NOT us	USUAL C	during mos	N it of working	g	16	. KIND OF BUS	INESS/IN	DUSTRY		
COMPLET	Elamentary/Secondary (0-12)	College (1-4 or 5	+)	OMEMAR						OWN HO	ME			
ő	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First,	Middle, Maiden	Sumame)			
BE (	JOHN		SU.	BOCK			MOI	LIE					DOXZEN	
10	19a. INFORMANT'S NAME (Type/Print)									ber, City or Town				
-	JOHN E. BELL JOIN CLARK STATION RD., SEVERN, MD 21144									4				
	20a. METHOD OF DISPOSITION  1													
	21. SIGNATURE OF FUNERAL SERVICE  ALL  ALL  ALL  ALL  ALL  ALL  ALL  A	on Zun	nbru	~	S 1	NAME AN INGLI SEC	D ADDRES ETON OND A	FUN FUN	ERAL S.W	HOME	N BU	RNIE	, MD 21	1061
	23. PART i Enter the diseases, of shock, or heart failur immediate CAUSE (Final	er complications the	et ceused the cuse on aach lie	death. Do n	ot ente	the mod	de of dyli	ng, auci	h ee cer	disc or raspi	ratory ar	rest,		Between and Death
	disease or condition resulting in death)	a	Kest	Russes	مرو	T	Whi	~	<b>-</b>					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	a Example to	OR AS A CONS	EDUENCE DE	20	Chi	mi	<u></u>	Dro	nehot	>			
PHYSICIAN: MEDICAL	PART II. Other significant condition	one contributing to	n death but not	resulting i	n the u			10-21402		24s. WAS AND PERFORM 1 TYPE 2	MED?	245	WERE AUTOPSY MAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2	OR TO F CAUSE
2	25. WAS CASE REFERRED TO MEDICAL EXAMINERY	HOSPITAL:			OTHE		ACE OF DE	EATH /Chi	nok anily a	ne)				
	1 YES 2 140 27 MANNER OF DEATH 1 Fanding	28s. DATE OF (Month, C	INJURY	28b, TIME	-	26c. INJL WOI	JRY AT RK7		-	r (lipscify) SCRIBE HOW IN	LURY OC	CURED		
TED BY	3 Accident Investigation 3 Suicitie 6 Could not b 4 Homicide determined	28e. PLACE C	OF INJURY — At I etc. (Specify)	home, farm, s	treet, fac		es 2	NO	281, LOC City	CATION (Street a or Reset, State)	nd Numbe	r or Plums/ F	Route Mumber	
сомрівтер		SICIAN: To the best of a											i) and manner as	n stated.

ORISS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
PEREZ-ALARD, M.D/3708 MOUNTAIN ROAD/PASADENA, 4192 JORGE P 21122 MARYLAND

FEB 22 1994 9-62 REGISTRAR'S SIGNATURE



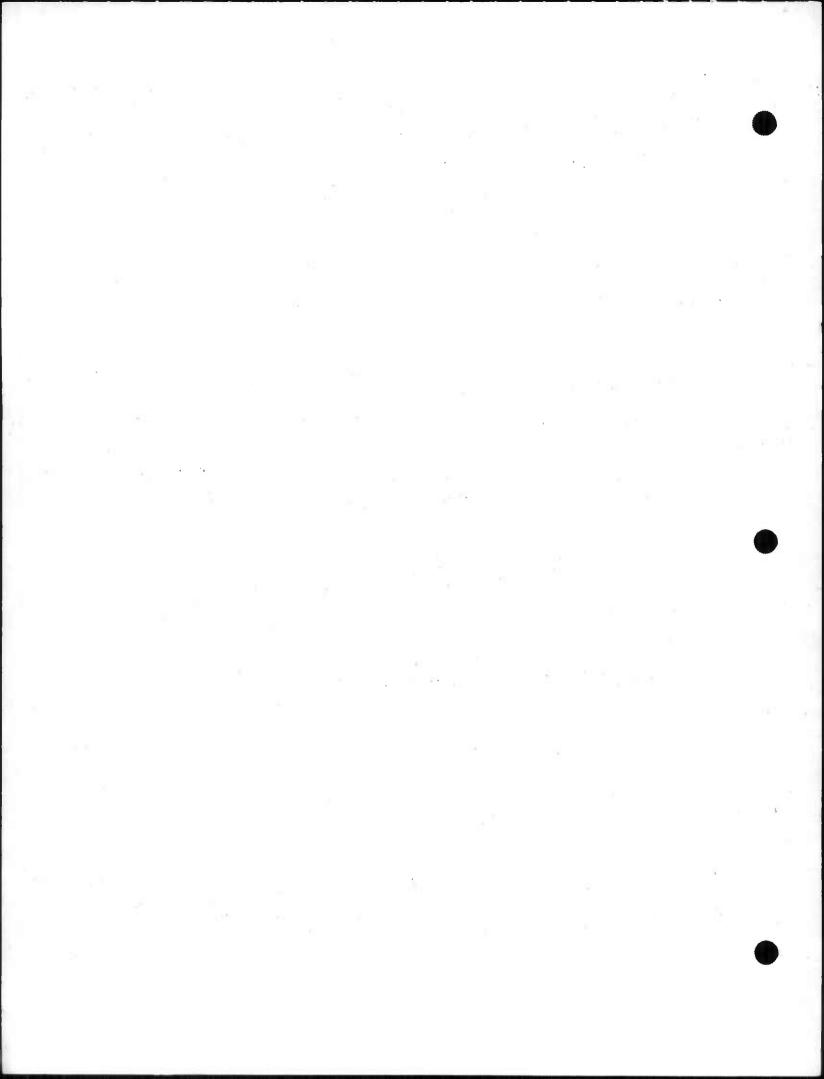
BALTIMORE, MARYLAND 21215-0020	re hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	re medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
DECEDENT'S NAME (First,	Middle, Last)		2. DATE O	
RUTH	E.	BRADLEY	HONTH	1 Q

	1 - STATE REGISTRAR	STATE OF I		CERTIF					MENIA	REG. NO.	E C	بار	04812	2
	1. DECEDENT'S NAME (First, Middle, La.	st)								OF DEATH			3. TIME OF DEATH	
	RUTH E.	BRADLE	Y						FEE		199	YEAR	1:25 P	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTHE	PLACE (State or Foreign	7
	215-18-5916	1 M 2 🔀 F	7.	3 YRS.	alow the	Jan 1	Houns	wire.	04-	1. 8° 7 -2 (		MAR	YLAND	
O.K.	99. FACILITY NAME (If not institution, given 1314 E. COI	LDSPRING	LANE				IORE		ITY			NONE		
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COU													
DIRECTOR	MARYLAND 106. COU	NONE		10c. CIT		LTIN	IOR E	CI	ТY				10d. INSIDE CITY LIMITS?  1X YES 2 NO	
3	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CITIZ	EN OF W	HAT COUNTRY?	
į	1314 E. COLDS	PRING LA	NE				21	239			UN:	ITED	STATES	
DI LONEUAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED		If yes, sp	ENOENT Cobe	n, Mexica	n, Puerto	N? (Specify Yee Rican, etc.)	or No-	Black, Specifi	AMERICA	Al Al
3	15. DECEDENT'S E (Specify only highest gri		16a,	DECEDENT'S	USUAL O	CCUPATIO	N		168	. KIND OF BUS	INESS/INDI	USTRY		
COMP LEIED	Elementary/Secondary (0-12)	College (1-4 or 5	·)	life. Do NOT us	se retired.)	aunng mo	St or worki	ng						
ا	8TH	NONE	I	OOMES	TIC					F	PRIV	ATE	HOME	
3	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)			
4	CHARLES RUFF								MZ	ARY BE	NWO			
	19e. INFORMANT'S NAME (Type/Print)									ber, City or Town				
	RUFUS H. BRAD	LEY									.027	BAL	TO, MD. 21	12
1	20e. METHOD OF DISPOSITION    The control   2   Cremetion   3   Received   4   Donellon   5   Other (Specify)	emoval from State	20b. PLAC cemetery, G Δ R I	CEAND DATE Crematory or o RISON	ther place)	SITION (Na DECT	me of	2/2	4/8/2	20c. LO	NCC		LS, MD.	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	TOLIKI	77	22.	NAME AN	D AOORE	SS OF FA	CILITY	TOWI				_
	VIII F	2 Xxx		X	,	CAL	TIM	в. :	SCRU	JGGS E				_
	23. PART i. Enter the diseasea, o	- Cruc	34	~	1.	412	E.	PRE	STO	STRE	ET.	BAL	TO, MD. 2	12
	shock, or heart feiture immediate CAUSE (Finel disease or condition resulting in deeth)	· AR	TERIOS OR AS A CONS	SCLER		C VA	SCU J CS	LAR	DIC	EASE)	ase		Interval Batwe Onset end Dat	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events reaulting in death) LAST	C	(OR AS A CONS											
	PART II. Other significent conditi	lons contributing to	death but no	t resulting	in the u	nderiying	ceuse	given in	Pert i.	24a. WAS AN		246.	WERE AUTOPSY FINDING	IGS
										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	E
										1 123 2	A. Ito		OF DEATH?	
									_					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF D	EATH (Che	eck only of	ne)		1		_
1	1X YES 2 NO	HOSPITAL; 1 ☐ Inpatient 2 ☐	ER/Outpstient	3 🗆 DOA	OTHE		• 5 <u>/</u> □ Re	sidence	6 🗆 Othe	er (Specify)				
1	27. MANNER OF DEATH	26e. DATE OF (Month, D		28b. TIM	E OF JURY	28c. INJ	URY AT		28d. OE	SCRIBE HOW IN	JURY OCC	URED		
	1 Natural 5 Pending 2 Accident Investigatio				M	1 🗆 1		] NO						
	3 Suicide 6 Could not 8	building.	F INJURY — At atc. (Specify)	home, ferm,	streel, fac	tory, office			281. LOC City	CATION (Street e or Town, State)	nd Number	or Rural Ro	ute Number,	
	290. CERTIFIER													
	(Check only   CERTIFYING PH	YSICIAN: To the best of												
	A	INER: On the basis of e	ABININSTION WIG	or investigatio	on, in my	opinion, a	eath occur	red at the	time, date	end place, end	due to the	cense(s)	end menner ee stated.	1.
	29b. SIGNATURE AND TITLE OF CENTRAL	NO -						C . M .			PE FE		Month, Day, Year) 19,1994	
?	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF GEATH (I	111	Print) Penr	ı St	ree	t, E	Balt	imore	, Ma		and 2120	0 1

DHMH-16 Rev 1/89

	1 - STATE OF MARYL REGISTRAR	AND / DEPARTM CERTIFIC	IENT OF HEALTH AND MATE OF DEATH	MENTAL HYGIENE REG. NO.	94 04813
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
- 8	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(fn yrs. last birthday) F	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	94 11 p m
	215-30-2138 1×1 20 = 5	9 YRS. MOI	THS DAYS HOURS MIN.	(Month, Day, Year) 8-23-34	8. BIRTHPLACE (State or Foreign Country)
DIRECTOR	9e. FACILITY NAME (If not institution, give street and number)  FAILS LAN GENERAL HOSP  RESIDENCE OF DECEDENT	) 96	EALLSTON OF LOCATION OF DE	ATH O	9c. COUNTY OF DEATH
REC	10e. STATE 10b. COUNTY		OWN OR LOCATION		10d, INSIDE CITY LIMITS?
	Maryland Harford	Bela	ir, Md.		1 TYES 2 X NO
RA	106 Glenwood Rd.		10f, ZIP CODE 21014		10g. CITIZEN OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexicer 1 YES 2 NO Specify.	, Puarto Rican, etc.)	or No.— 14. RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDUCATION	18e, DECEDENT'S USU	IAL OCCUPATION	18b. KIND OF BUSH	White
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use rel	done during most of working		
MP	12	salesman		Carr Inc	
	17. FATHER'S NAME (First, Middle, Last) Edmund Bergmann		18. MOTHER'S NAM	ME (First, Middle, Maiden Sc	urname)
BE (	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	ORESS (Street and Number or Rural R		State, Zip Code)
5	Mrs. Betty Bergmann			elair, Md.	
	20e, METHOD OF DISPOSITION  1 Burlal 2 Cremetion 3 Removal from State	PLACE AND DATE OF DI netary, crematory or other TOENS OF F	-le-s-l		ATION — City or Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE (SCENE)	ruens of F			co.Md. assahn Funeral Home
	-E-+-TOMOR	m)	11750 Belair	Rd.	assanii runciai rione
	23. PART I. Enter the diseases, or complications that cause	d the deeth. Do not o	Kingsville, Monter the mode of dying, such	as cardiac or respira	atory arrest, Approximate
	shock, or heert feilure, List only one ceuse on e  IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)		nary arres	t	Interval Between Onset and Death
NO	Sequentially list conditions,	rhonary	, edema	Λ	
CERTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	te mix	scardial	March	an
HIF	that initiated events resulting in deeth) LAST	CONSEQUENCE OF)		1	
CER	_ d_				
SAL	PART II. Other significent conditions contributing to death to	out not resulting in the	ne underlying cause given in I	Part I. 24a. WAS AN AI PERFORM	IED? AVAILABLE PRIDE TO
PHYSICIAN: MEDIC	Interne carraine		,	1 D YES 2	NO COMPLETION OF CAUSE DF DEATH?
2					1 TYES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Che	ck only one)	
IYSI	1 UPS 2 100 1 Inpetter 2 TENOUT	patient 3 DOA 4 D	Nursing Home 5 Residence		
	1 Natural 5 Pending (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 TYES 2 NO	28d. DEŞCRIBE HOW INJ	URY OCCURED
TED BY	- Pasiseili	— At home, term, stree	t, factory, office	28f. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	ledge, death occurred at	the time, data and place, and due	to the cause(s) end manne	or as stated.
OM	2 MEDICAL EXAMINER: On the beale of examination				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	W	D3/	704	DATE SIGNED (Month Day Hur)
OF	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	D FGH	ER	7.7
	FEB 2 2 1994 File Survey FEB 2 2 1994	ATURE			



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Earnest

	4. SOCIAL SECURITY NUMBER  237 12 2391	5. SEX 6. AGE (II	-	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	Pay, Year)	8. BIRTHP Country)	
стов	86. FACILITY NAME (II not institution, give	^ -	Center "		HIMDIC			Bullio	
DIRE	10a. STATE 10b. COUN MARYILAND	HOWARD	10c. CITY, T	COLUI					10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 6336 CEDAR LANE	HARMONY HALI	L #384	10	r. ZIP CODE	144	10g.	CITIZEN OF WI	
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 11/2 YES IF YES, OIVE WAR OR DA	U.S. ARMED 2 NO	If yes, sp	CENDENT OF NISPAN pecify Cuban, Maxica 3 2 NO Specify	IIC ORIGIN? (I		U.S. 14. RACE Black, Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grade) Elementary/Secondary (0-12)	UCATION	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re CARPEN.	done during mo tired.)	ON ost of working	CON	STRUCTI GOVER	ON	WILLI
BE CON	17. FATHER'S NAME (First, Middle, Last) HRNRY BA	LDWIN			18. MOTHER'S NA	ME (First, Mide	die, Malden Surnan		
TO B	190. INFORMANT'S NAME (Type/Print) VERNA LEE WILLS (	GRAND DAUGHTE			and Number or Rural (		City or Town, State		21044
	20a. METHOD OF DISPOSITION    Souriel 2	moval from State come	PLACE AND DATE OF D stery, cremetory or other ORIAL PARI	CEME 22. NAME A LEROY		SELL C	ST. PE	E FUNE	RG FLORII
CATION	23. PART I. Enter the disease, or shock, or heart fellure immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	s. DUE TO (OR AS A	the death. Do not sich line.  CONSEQUENCE OF:	enter the mo	ade of dying, suci	h as cardiac	c or reapiratory	y arreat,	Approximate interval Bet Onset and E
MEDICAL CERTIFICATION	that initiated events resulting in death) LAST	d	CONSEQUENCE OF): ut not resulting in t	he underlyln	g cause given in		DE. WAS AN AUTOF PERFORMED?		WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 WO  27. MANNER OF OLDERN	HOSPITAL: 1 Mipellent 2 ER/Outpe		THER:  Nursing Hon	LACE OF DEATN (Ch	6 Other (S			
BY	Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	(Month, Day, Year)	— At home, farm, stree	M 1 🗆	JURY AT ORK? YES 2 NO	28f. LOCATIO	ON (Street and Nui fown, State)		ute Number,
ш									
COMPLETED	296. CERTIFIER (Check only	SICIAN: To the best of my knowled							and manner as state

		ICATE O	F DEATH		REG, NO.	94	04814
Baldw	in			2. DATE O	DAY DAY	18 94	5:59 AM
5. SEX 6. AC	GE (In yrs. lest birthday)	F UNDER 1 YEAR		7. DATE O			HPLACE (State or Foreign try)
M 2 D F	98 YRS.		N OR LOCATION OF D	07-	30-189	95 NORT	TH CAROLINA
Medical	Center	Ba	Himore	DEATH	30	Bulh	imore.
	10c. CIT	TY, TOWN OR LOC					10d. INSIDE CITY LIMITS?
OWARD			UMBIA				1 TYES 2 NO
TO THE PARTY LITT	420A	1	101. ZIP CODE		10		WHAT COUNTRY?
HARMONY HA		12 WAS 0	21 DECENDENT OF NISPA	044	- Marrie Ven or	U.S	
FORCES? 1V Y	ES 2 NO	If yes, s	apecify Cuban, Maxic ES 2 NO Spec	can, Puerto Ri		No — 14. RACI Blaci Spec	CE — American Indian, ck, White, etc. city:
FION mpleted)		S USUAL OCCUPAT		16b.	KIND OF BUSINES	S\$/INDUSTRY	MITTI
College (1-4 or 5 +)	CARPE		nost or working	COI U.S	NSTRUCT: S. GOVE	ION RNMENT	
WIN			LIZZI	E		TESELL	
AND DAUGHT		o address (Street 5 BUSHWC	et and Number or Rural		er, City or Town, St.		21044
al from State	20b. PLACE AND DATE of cometery, cremetory or of PMORTAL PA	other place!		DATE /22/94		ON — City of To ETERSBU	Own, State URG FLORIDA
Ditte		LEROY	AND ADDRESS OF R	SELL (	C. WITZ	KE FUNE	ERAL HOMES
nplications that cau	seed the death. Do	11630	EDMONDSO	N AVE	NUE CAT	ONSVIL	LE MARYLAND Approximate
at only one cause or	n each line.	lot erner	loca or wymy, v.	CH SE CE. L.	ac or teapners	ry briest,	interval Between Onset and Death
	AS A CONSEQUENCE OF	F):					Jacys
DUE TO (OR A	AS A CONSEQUENCE OF	IF):					
DUE TO (OR A	AS A CONSEQUENCE OF	F):					
the standard facilities	t t and an existing	The state of the s		2		1	
contributing to deet	) but not resulting	In the underly	ng cause given in		PERFORMED  1 YES 2 1		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
							0
IOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one	1)		
TOOL STREET	and the state of the state of			A   Other	(Specify)		
Impatient 2 - ER/C			ome 5 - Residence	_			
28a. DATE OF INJUI (Month, Day, Yea	RY 28b, T/M	ME OF 28c. II	INJURY AT WORK?  YES 2 NO	_	CRIBE NOW INJUR	RY OCCUREO	

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60  THE HIGHTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Anours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial manning. Thours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physi	by the funeral director, page 5 should be detached for use as the buria	moval.	
	DIVISION OF VITAL RECORDS, P.O. BOX 68/60.	MCSFITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours	THE HUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in I	and within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re	the state of the s

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	1	CI	ERTIFIC	ATE OF	DEAT	Н	REG. NO		4	14815
		/ Wal	ter Le	wis B	reed		1	2-19-1	994	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 155-01-9241	5. SEX 1\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	6. AGE (in yrs. les		FUNDER I YEAR	# UNDER	24 HRS.	Month, Day, Year) 6-19-1		Country)	CE (State or Foreign
OR	9e. FACILITY NAME (If not institution, give s Home, 3615		nue	91	Bal	timo				Y OF DEATI	
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  Maryland			10c. CITY, T	OWN OR LOCAT		timo	re		1	I. INSIDE CITY
	10e. STREET AND NUMBER 3615 Elm Ave			1	101	. ZIP CODE		211	10g. CITIZI		COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 T	MED NO	If yes, sp	ecify Cuban	F HISPANIC I, Mexican, Specify	ORIGIN? (Specify Yearto Ricen, atc.)	a or No— 1	Black, Wi	American Indian, hite, atc. white
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+	(G life.	ive kind of work Do NOT use n	ual occupation do done during mo effired.)	st of working		Red Ci	rcle	Fre	ight Co
COM	17. FATHER'S NAME (First, Middle, Lest)	ami ala D		ergne	Truc		ER'S NAME	(First, Middle, Maiden	Surname)		ing co
TO BE	Lewis Fred  10m. INFORMANT'S NAME (Type/Print)  Margery Estell			b. MAILING AD	DRESS (Street a	nd Number Venu		llian C no Number, City or Tow Baltimor	_		211
	20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE / cometery, cre Met	AND DATE OF I	place) emato	ry	2		cation - ci		
	21. SIGNATURE FUNERAL SERVICE U	I. Co	u Den	tu	Burg	ee-H	enss	Funera Road Bal			2121
	23. PART I. Enter the diseases, or shock, or heert eliure.  IMMEDIATE CAUSE (Fine disease or condition resulting in death)	List only one cau	Couped the deserver each line	- 11		de of dyle	ng, auch				Approximate interval Betwo
RTIFICATION	Sequentielly list conditions, if any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с	OR AS A CONSEC								
CERI	resulting in deeth) LAST	d									
MEDICAL	PART II. Other eignificent condition	s contributing to	death but not r	esulting in t	he underlying	ceuee g	iven in Pa	PERFOI	RMED?	AVA CDI	RE AUTOPSY FINDIP ILABLE PRIOR TO MPLETION OF CAUS DEATH?
N. W								-		1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetient 3		THER:		ATH (Check	only one)  Other (Specify)			
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF (Month, Da		28b. TIME O	y Wo	URY AT RK? (ES 2		ed. DESCRIBE HOW (	NJURY OCCU	RED	
TED B	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY — At ho	me, farm, stre	et, lactory, office		2	8t. LOCATION (Street City or Town, State)		Rural Route	Number,

29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Betsy Fay 3730 Falls Road

31. DATE FILED (Month, Day, Year)

FEB 2 2 1994

32 AEGISTRATS SIGNATURE

FEB 2 2 1994 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 033220 Baltimore, MD 21211

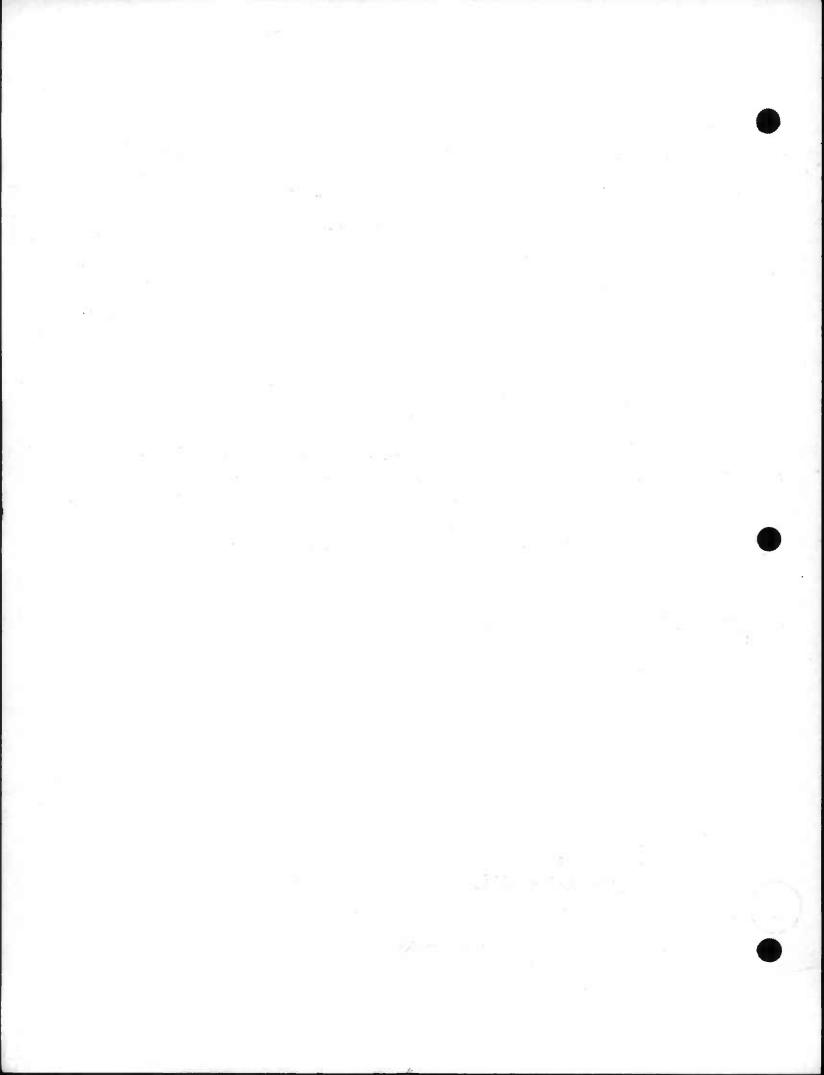
DHMH-16 Rev 1/89

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	of THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an nours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal
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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN	) heb	04816
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF CEATH		3. TIME OF OEATN
	NATHANIEL BON	D			FEB 1	7 94	
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIF	ITNPLACE (State or Foreign
ĺ	220-18-7851	iX□ M 2 □ F 67	7 YRS.	IONTHE DAYS HOURS MIN,	(Month, Day, Year) 3/1/192	770 78 1	LTO., MD
	9e. FACILITY NAME (If not institution, give str.	eet and number)	9	b. CITY, TOWN OR LOCATION OF		9c. COUNTY OF	OEATN
CTOR	JOHNS HOPKINS	HOSPITAL		BALTIMOR	E CITY		
	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c CITY	TOWN OR LOCATION			10d. INSIDE CITY
DIRE	MARYLAND		100	BALTIMORE			LIMITS?
	10e. STREET AND NUMBER			10f, ZIP CODE		10a, CITIZEN O	1 X YES 2 NO
ER/	3613 LUCILLE A	VENUE		2121	5		SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT EVER IN		13. WAS DECENDENT OF NISP			ACE — American Indian,
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES		If yes, specify Cuben, Mexic 1 ☐ YES 2 ☑ NO Spec			eck, White, etc.
0 8		12/15/45	11/3046	51	= 7		Black
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	(Give kind of wor	rk done during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
1 5	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	(etired.)			
once.	17. FATHER'S NAME (First, Middle, Lest)			AN MOTUETION			
at once.	JOHN BOND			EVE	NAME (First, Middle, Maiden T. VINT	Sumame)	
2 0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Rura		State Zin Code)	-
	ANN BOND			LUCILLE AVE		IMORE,	MD 21215
De pe	20e. METNOD OF DISPOSITION		PLACE AND DATE OF	DISPOSITION (Name of		CATION — City or	
examiner must	M Buriel 2/ Cremetion 3 ☐ Remove 4 ☐ Donetice 5 ☐ Other (Specify)	rai from State come	ARRISON	FOREST VET.	CEM. OWT	VGS MT	I.I.S. MD
in er	21. SIGNATURE OF FUNERAL SERVICE LICE	INSIDE A	1	22. NAME AND ADDRESS OF F	FACILITY		
ехан	10/10/1	1. 14 10	1	LEROY O. D			
medical	23. PART I. Enter the diseases, or co	omplications that caused	the death. Do not	4600 LIBER'	TY HEIGHT:	S AVENI	UE 21207
	inhock, or heart fallura. L	ist only one cause on an	ch lina.	Server means of the server			Interval Between Onset and Death
# # F	disease or condition	Arterios	clerotio	c Cardiovasc	ular Dise	ase	Oliset and Double
event,	resulting in death) a.		CONSEQUENCE OF):		THE PLOC	450	1
	Conventially list conditions 6.						
CATION	Sequantially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				
	CAUSE (Disease or Injury		CONSEQUENCE OF):				
or other	that initiated events	DOE TO (OR AS A C	CONSEQUENCE OF):				
- 111							
5 0	d.						
를 A	PART II. Other significant conditions	contributing to death bu	t not resulting in	the undariying causa givan i	n Part I. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS
amy inju	PART II. Other significant conditions	contributing to death bu	it not resulting in	the undariying causa givan I	in Part I. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
any inju	PART II. Other significant conditions	contributing to death bu	it not resulting in	the undarlying causa given i	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL		contributing to death bu	it not resulting in	the undarlying causa givan I	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to death bu		28. PLACE OF OEATN (C	PERFOR  1   YES 2  INQUI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
item 23 shows any inju SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XIXVES 2 \( \text{NO} \)	HOSPITAL: 1   Inpetient 2X XR/Outpe	tlent 3 DOA 6	26. PLACE OF CEATN (COTHER:	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
or item 23 shows any inju	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XXYES 2 \( \text{\subset}\) NO  27. MANNER OF CEATN	HOSPITAL:		28. PLACE OF OEATN (COTHER: Nursing Nome 5 Residence OF 28c. INJURY AT WORK?	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
marked, or item 23 shows any inju BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XIXVES 2 NO  27. MANNER OF CEATN  1 Natural 5 Pending 2 Accident Investigation	HOSPITAL:  1 Inpetient 2X XR/Outpet  28e. OATE OF INJURY (Month, Day, Year)	flent 3 DOA 4	28. PLACE OF OEATN (COTTHER: Nursing Nome 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO	INQUI  Check only one)  6 G Other (Specify)  28d. DESCRIBE HOW II	MED?  XINO  RY  IJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
is is marked, or item 23 shows any inju ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XXYES 2 NO  27. MANNER OF CEATN  1 Netural 5 Pending	HOSPITAL: 1   Inpetient 2X FR/Outpet 256. OATE OF INJURY	flent 3 DOA 4  28b. TIME ( INJUR  At home, term, stre	28. PLACE OF OEATN (COTTHER: Nursing Nome 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO	PERFOR  1   YES 2  INQUI  Check only one)  6   Other (Specify)	MED?  XINO  RY  IJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
m 28 is marked, or item 23 shows any inju ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  X YES 2 NO  27. MANNER OF OEATN  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined	HOSPITAL:    Inpartent 2X FR/Outper	28b. TIME (INJUR	26. PLACE OF OEATN (CONTHER: Nursing Nome 5 Residence Nursing Nome 5 Residence Nursing Nome 5 Residence Nursing Nome 5 Residence Nursing Nome 5 Residence Nursing Nurs	PERFOR  1 YES 2  INQUI  Check only one)  6 Other (Specify)  26d. DESCRIBE HOW II  26t. LOCATION (Street a City or Yown, State)	MED?  X DRO  RY  NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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item 28 is marked, or item 23 shows any inju PLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?    XXVES 2	HOSPITAL:    Inpatient 2X FR/Outper	28b. TIME (INJUR	28. PLACE OF OEATN (COTTHER: Nursing Nome 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO seet, tectory, office at the time, date end place, end de in my opinion, death occured at the	PERFOR  1 YES 2  INQUI  Check only one)  8 Other (Specify)  26d. DESCRIBE HOW II  26t. LOCATION (Street a City or Yown, State)  use to the cause(s) end manner time, date end place, and	MED?  X DRO  RY  NJURY OCCURED  and Number or Rural  mer se stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
item 28 is marked, or item 23 shows any inju PLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  X YES 2 NO  27. MANNER OF OEATN  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER  1 CERTIFYING PHYSIC	HOSPITAL:    Inpatient 2X FR/Outper	28b. TIME (INJUR	26. PLACE OF CEATN (COTTHER: OF Nursing Nome 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO set, tectory, office at the time, date end place, end do in my opinion, death occured at the	PERFOR  1 YES 2  INQUI  Check only one)  8 6 Other (Specify)  28d. DESCRIBE HOW II  28t. LOCATION (Street a City or Town, Stele)  ue to the cause(a) end mare time, date end place, an	MED?  XDRO  RY  NJURY OCCURED  and Number or Rura  there se stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
RTANT: If Item 28 is marked, or Item 23 shows any Inju E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?    X	HOSPITAL:  1 Inpetient 2X XR/Outpet 26e. OATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, etc. (Specifiant)  IAN: To the best of my knowle : On the basis of examination	28b. TIME (INJUR  At home, term, streety)  At home, term, streety)	28. PLACE OF OEATN (COTTHER:  Nursing Nome 5 Residence OF 28c. INJURY AT WORK?  M 1 YES 2 NO seet, tectory, office  at the time, date end place, end de in my opinion, death occured at the course of	PERFOR  1 YES 2  INQUI  Check only one)  8 6 Other (Specify)  28d. DESCRIBE HOW II  28t. LOCATION (Street a City or Town, Stele)  ue to the cause(a) end mare time, date end place, an	MED?  XDRO  RY  NJURY OCCURED  and Number or Rura  there se stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  NO  Al Route Number,  e(s) end menner as stated.
PORTANT: If Item 28 is marked, or Item 23 shows any inju BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?    XXVES 2	HOSPITAL:  1 Inpetient 2X XR/Outpet  26e. OATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, etc. (Specification)  IAN: To the best of my knowled: On the basis of examination	28b. TIME (INJUR  At home, term, streety)  At home, term, streety)  At home, term, streety)  At home, term, streety)  At home, term, streety)  At home, term, streety)	28. PLACE OF OEATN (COTTHER:  Nursing Nome 5 Residence OF 28c. INJURY AT WORK?  WORK?  YES 2 NO seet, tectory, office  at the time, date end place, end do in my opinion, death occured at the country of	PERFOR  1 YES 2  INQUI  Check only one)  8 Other (Specify)  26d. DESCRIBE HOW II  26t. LOCATION (Street a City or Yown, State)  26t. Location (street a city or Yown, State)  When the cause(s) end manner time, date end place, and UMBER  M • E •	MED?  XDRO  RY  NJURY OCCURED  and Number or Rura  there se stated.  d due to the ceuse  29d. DATE SIGNI  F.E.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO NO NO NO NO NO NO NO NO NO NO NO
PORTANT: If Item 28 is marked, or Item 23 shows any inju BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  X/YES 2 NO  27. MANNER OF OEATN  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  296. CERTIFIER 1 CERTIFYING PHYSICS  2 MEDICAL EXAMINER  296. SEGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	HOSPITAL:  1 Inpetient 2X XR/Outpet  26e. OATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, etc. (Specification)  IAN: To the best of my knowled: On the basis of examination	atlent 3 DOA 4  28b. TIME 6 INJUR  — At home, term, streety  addge, death occurred end/or investigation,  TH (ITEM 27) (Type, Pr. 111 Penn.	28. PLACE OF OEATN (COTTHER:  Nursing Nome 5 Residence OF 28c. INJURY AT WORK?  M 1 YES 2 NO seet, tectory, office  at the time, date end place, end de in my opinion, death occured at the course of	PERFOR  1 YES 2  INQUI  Check only one)  8 Other (Specify)  26d. DESCRIBE HOW II  26t. LOCATION (Street a City or Yown, State)  26t. Location (street a city or Yown, State)  When the cause(s) end manner time, date end place, and UMBER  M • E •	MED?  XDRO  RY  NJURY OCCURED  and Number or Rura  there se stated.  d due to the ceuse  29d. DATE SIGNI  F.E.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO NO NO NO NO NO NO NO NO NO NO NO

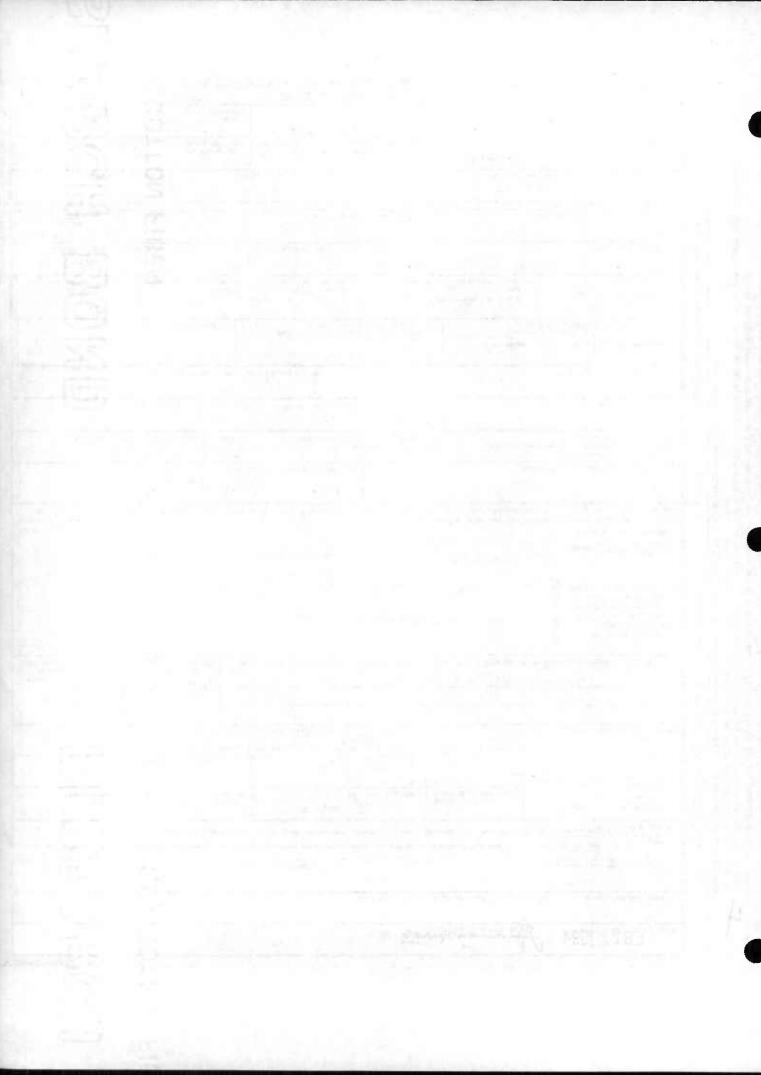
mean

OHMH-16 Rev 1/89



i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
or death. Page 6 may be retained by the host	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the host
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR		STATE OF MARY		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	94	0481
1. DECEDENT'S NAME (FA  A RGA  4. SOCIAL SECURITY NU	RET	S.	E (In yrs. leet birthdey)	BUTLER	2. DATE OF DEATH MONTH DAY	1994	3. TIME OF DEATH  OC 18 A
072-20-46	41 1	□ M 2 B F	70 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07 - 27 - 23	SOUT	H CAROLIN
90. FACILITY NAME (II not CHURCH H	OME HOSP		91	BALTIMORE,		n/a	ATH
CHURCH H	10b, COUNTY	a	10e. CITY, T	OWN OR LOCATION BALTIMORE		T)	10d. INSIDE CITY V Y LIMITS? 1 YES 2 NO
10e. STREET AND NUMBE		N STREET	apt. 120	1 21205		Og. CITIZEN OF W	
11. MARITAL STATUS 1 Never Married 2 [ 3 XXWidowed 4 Di	Merried	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	R IN U.S. ARMED	13. WAS DECENDENT OF HISP. If yes, specify Cubert, Mexic 1 YES 2\(\frac{1}{2}\) NO Spec	ANIC ORIGIN? (Specify Yea or can, Puarto Rican, etc.)	Black,	- American Indian, Whita, etc. BLACK
(Specify of Elementary/Secondary	ECEDENT'S EDUCATION IN Highest grade con (0-12)	HON mpleted) College (1-4 or 5+)	Iffe. Do NOT use re	done during most of working tired.)	16b. KIND OF BUSIN		
12 TH 17. FATHER'S NAME (Flist, WILLIE GI		N/A	MAINTEN		BOARD of  AME (First, Middle, Melden Sur  GREEN		ION
19e. INFORMANT'S NAME			196. MAILING AD	ORESS (Street and Number or Rura DAKDALE DRIVE		State, Zip Code)	20782
20e. METHOD OF DISPOS 1 X Surfet 2 Creme 4 Donatton 5 Oth	tion 3 🗆 Removal		ROB. PLACE AND DATE OF E completely, crematory or other WOODLAWN			DI AWN.	MARYLAND
21. SIGNATURE OF FUHE	MESERVICE LICENS		Jones .	WM. C. MARCH	ACILITY		
ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)	heert fallure. List Finel	it only one cause on	aech Ilna.	al Infant		ory arrest,	Approximate interval Between Onset and De
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	nediata YING ijury c		B A CONSEQUENCE OF):	777.7			
PART II. Other eignifi	Gangre		but not resulting in t	he underlying ceuse given i	Part I. 24a. WAS AN AU PERFORME 1 YES 2	ID?	WERE AUTOPSY FINDING
							COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	Н	IOSPITAL:		26. PLACE OF DEATH (C			OF DEATH?
EXAMINER? 1 YES 2 AND 27. MANNER OF DEATH	Pending	OSPITAL:  Inpetient 2 = ER/O  26e. DATE OF INJUR (Month, Day, Year	utpetient 3 DOA 4	THER:  Nursing Home 5 Residence F 28c. INJURY AT WORK?			OF DEATH?
EXAMINER?  1 YES 2 WO  27. MANNER OF DEATH  1 Netural 5 C Accident	H 1	28e. DATE OF INJUR (Month, Day, Year	ty 25b. TIME 0 INJUR'	THER: Nursing Home 5 Residence  F 28c. INJURY AT WORK?  M 1 YES 2 NO	8 Other (Specify)	JRY OCCURED	OF DEATH?  1 YES 2 NO
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Cacident  3 Suicide 6 Homicide  298. CERTIFIER 1 FEE	Pending Investigation Could not be determined	28e. DATE OF INJUR (Month, Day, Year  28e. PLACE OF INJU building, etc. (S	utpetient 3 DOA 4  Y 25b. TIME 0  INJUR  IRY — At home, ferm, strepectly)  owledge, death occurred a	THER: Nursing Homs 5 Residence  F 28c. INJURY AT WORK?  I YES 2 NO  oit, fectory, office  If the time, date and piecs, end de	28d. DESCRIBE HOW INJU 28d. DESCRIBE HOW INJU 28f. LOCATION (Street and City or Town, Street) as to the cause(e) and menne	JRY OCCURED  Number or Rural Rural Rural re-	OF DEATH?  1 YES 2 NO
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Cacident  3 Suicide 6 Homicide  298. CERTIFIER 1 FEE	Pending Investigation  Could not be determined  RTIFYING PHYSICIAL EXAMINER: C	28e. DATE OF INJUR (Month, Day, Year  28e. PLACE OF INJU building, etc. (S	utpetient 3 DOA 4  Y 25b. TIME 0  INJUR  IRY — At home, ferm, strepectly)  owledge, death occurred a	THER: Nursing Home 5 Residence  The state of the time, date and piece, and determined the time, death accurred at the state of the time, death accurred at the state of the time, death accurred at the state of the time, death accurred at the state of the time, death accurred at the state of the time, death accurred at the state of the time, death accurred at the state of the time, death accurred at the state of the time, death accurred at the state of the time, death accurred at the state of the time, death accurred at the state of the time, death accurred at the state of the time, and the time, an	284. DESCRIBE HOW INJU 285. LOCATION (Street end City or Town, State)  as to the cause(e) and mennese time, date end place, end d	JRY OCCURED  Number or Rural Rural Rural re-	1 _ YES 2 _ NO  oute Number,  end manner ee stated. (Month, Day, Yeer)



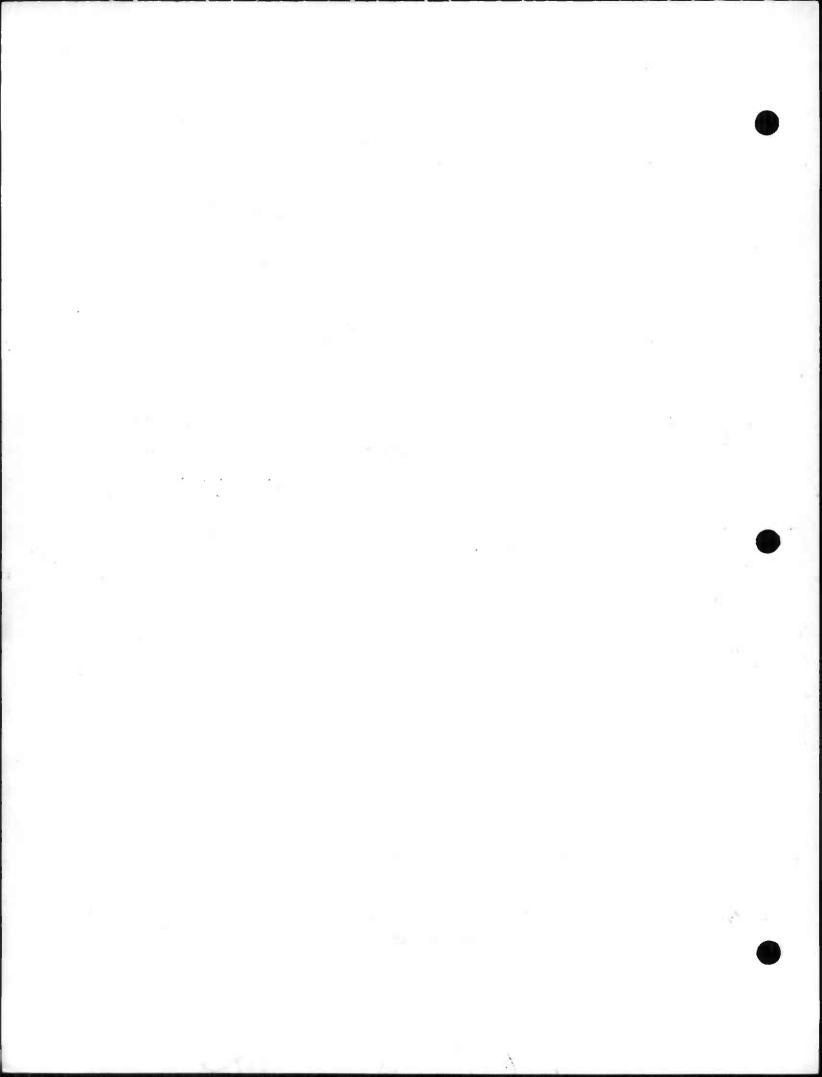
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

within 24 hours after death. Page 6 may be retained by the ho	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact	
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IN THE REPUBLICATION PHYSICIAN: The law requires that the death certificate be executed will	ヺ	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

		1. DECEDENT'S NAME (First	, Middle, Last)										OF DEATH			3. TIME OF DEATH
		KATHAR	RINE	ROSE		BA	TZER					Febr	iary 8,	1994	YEAR	11:45 P.
		4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In	yrs. last bit		UNDER 1		IF UNDER		7. DATE	OF BIRTN h, Day, Year)		8. BIRTH	PLACE (State or Foreign
D		216-09-3946		1 □ M 2 💢 F	86	6	YRS.	NTHS	DAYS	HOURS	MIN.		nber 21,	1907		ryland
2, 3 should	СТОВ	Sinai Hospi	tal o		ore		96			or locati timoi		EATH		9c. COUN	TY OF DE	ATH
, ,	딥	RESIDENCE OF DEC	10b. COUNT	Υ		T <sub>1</sub>	Oc. CITY, T	OWN OF	LOCA	TION						10d. INSIDE CITY
t. Page	DIRE	Maryalnd				- 1				City	7					LIMITS?
bermi	RAL	10. STREET AND NUMBER							_	1. ZIP COD				10g. CITIZ	EN OF W	HAT COUNTRY?
ansit	l will	4800 Seto	n Driv	ve						2	2121	5		i	U.S.	Α.
rial-tr	FUN	11. MARITAL STATUS	i	12. WAS DECEDEN	NT EVER IN	U.S. ARMEI	D						i? (Specify Yee Rican, etc.)	or No-		- American Indian, White, etc.
as the burial-transit permit. Pages 1, 2,	D BY	1 Never Married 2 3 Widowed 4 Dive	orced	IF YES, GIVE V						2 XNO			mount, etta)		Specif	
nse	ETEC	15. DEC (Specify onl	EDENT'S EDU y highest grade	CATION completed)		(Give I	Kind of work	done di			ng	16b	. KIND OF BUS	INESS/IND	USTRY	
ched for	COMPLE	Elementary/Secondary (I	0-12)	College (1-4 or 5	+)		NOT USO 70	1	2							
detach once.	8	17. FATNER'S NAME (First, M								18. MOT	NER'S NA	ME (First,	Middle, Maiden	Surname)		
ed be	BE	John Koll								<u>,                                      </u>	se	Kehn				
5 should notified	0	19a. INFORMANT'S NAME (											ber, City or Town			
be n		Sylvia Pag			001.0		DATEOFD				e Dr.	. Apt				D 21209
irector, p		1X Burlel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	(Specify)		_ cemei	ost H	ory or other.	Rede Rede	eeme	<sub>eme of</sub> er Ce	emete	ery 2	200. LOC	Balt:	imor	e, Maryland
tuneral di I. examiner		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE / Cu	erra	m_		22. N	AME A	ND AODRE	SS OF FA	CILITY	d Home			
al.	3	George J. Fertarse 6500 York Road Baltimore, Maryland 21212														
signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for Heatth and Merial Hygiene prior to burial, cremation, or removal.  We any Injury, or other traumatic event, the medical examiner must be notified at once.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errect, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final														
the		diseese or condition	nel	PNI	EUM	100/	IA									
ompletely fille I, cremation, event, the		resulting in death)		W1	OR AS A											2 days
bunial,	NO	Sequentially list conditions,														
ysician and c prior to buna traumatic	CATION	If sny, leading to imme cause. Enter UNDERLY	dlete ING	DUE TO	OR AS A C	CONSEQUE	NCE OF):									
Jing phi lygiene	RTIF	CAUSE (Disesse or Inju that initiated evente resulting in deeth) LAS		DUE TO	(OR AS A	CONSEQUE	NCE OF):									
attend intal Hy ry, or	CEF			d												<u> </u>
ed by the att th and Menta any Injury,	AL	PART II. Other significa						he und	leriyin	g csuee	given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
afth a	EDICAL	CONCEST	IVE	HEART	FAI	ILUX	2E					_	1 [] YES 2			COMPLETION OF CAUSE OF DEATH?
of Heal	Σ						_									1 TYES 2 NO
Dept.	AN:	25. WAS CASE REFERRED T	O MEDICA!													
State 1	SICI,	EXAMINER?	O MEDICAL	HOSPITAL:	T 50/0			THER		LACE OF D			-/			
the the	Ť	27. MANNER OF DEATH		16 Inpetient 2	FINJURY	-	8b. TIME OF	_	-	JURY AT	sidence	_	r (Specify)	JURY OCC	UREO	
fter this c eath with marked,	ВУ Р	1 Netural 5  2 Accident	Pending Investigation	(Month, L	Day, Year)	_	INJURY	м	WC	ORK? YES 2	NO					
after di 28 Is	E	3 Suletde	Could not be detarmined	26a. PLACE ( building	OF INJURY - , etc. (Specif)	— At home,	farm, stree	t, facto	ry, offic	ia .			ATION (Street a or Town, State)	nd Number	or Rural R	oute Number,
hours	PLET	29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	f my knowle	dge, death	occurred at	the tin	no, data	and place	, and dua	to the car	ree(s) and men	ner as state	id.	
WITHIN 72 TANT: II	COMPL	anal .														and menner as stated.
THE TOWN Red within PORTANT	BE C	296. SIGNATURE AND TITLE	CERTIFIE	P		-				10.00	NSE NUI					(Month, Day, Year)
D M	TO B	/////	011	W	MB					AS 2	402	321	RK9785	102	2/08	194
my.		RANTIT	· N-	KESH	IA.	3	INAL		05+	PITA	10	FB	ALTIV	MORE	E, r	MD
P		FEB 2 2	1994	32 Angista	M'S SIGNAT	Aland	2401	W	· 6	ÉLVE	DER	ER	VE, 21	215		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



Pages 1, 2, 3 should

permit.

for use as the burial-transit

8

2

29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO C

FEB 22 1994

31. DATE FILED (Month, Day, Year)

Dr. Kristen Ring

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certific. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene IMPORTANT: If Item 28 is marked, or Item 23 shows any Inlury, or other	ate be executed within 24 hours after death. Page 6 may be retained by the hospit	ysician and completely filled in by the funeral director, page 5 should be detached prior to burial, cremation, or removal.	r traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 04819 **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 2-14-94 3. TIME OF DEATH BROWN Sr. Raymond King 7:09 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 5-11-08 DAYS HOURS Bradshaw, Md. 1 M 2 D F 705-09-7431 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital DIRECTOR Baltimore RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? Md. Baltimore 1 - YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 108 Bowleys Quarters Rd. 21220 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: 8 3 Widowed 4 Divorced **Black** 16a. DECEDENT'S USUAL OCCUPATION

I work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Postal Worker 17, FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Phebee Pinkney Simon Brown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21220 100 Bowleys Quarters Rd. Balto. Md. Audrey M. Wright 20a. METHOD OF DISPOSITION

1X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State U.M.C. 4 ☐ Donation 5 ☐ Other (Specify) Sharp 2-20 Cemetery Baltimore. Md 21. SIGNATURE OF FUNERAL 22. NAME AND ADDRESS OF FACILITY William C. Brown Community F.H. Heallen 1206 W. North Ave. Balto, Md. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximats shock, or heart fellure. List only one cause on each line IMMEDIATE CAUSE (Final **Onset and Death** disesse or condition resulting in death) . Hypoxia DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Cerebral anoxia DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TES 2 NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

9000 Franklin Square Dr. Baltimore, Maryland 21237

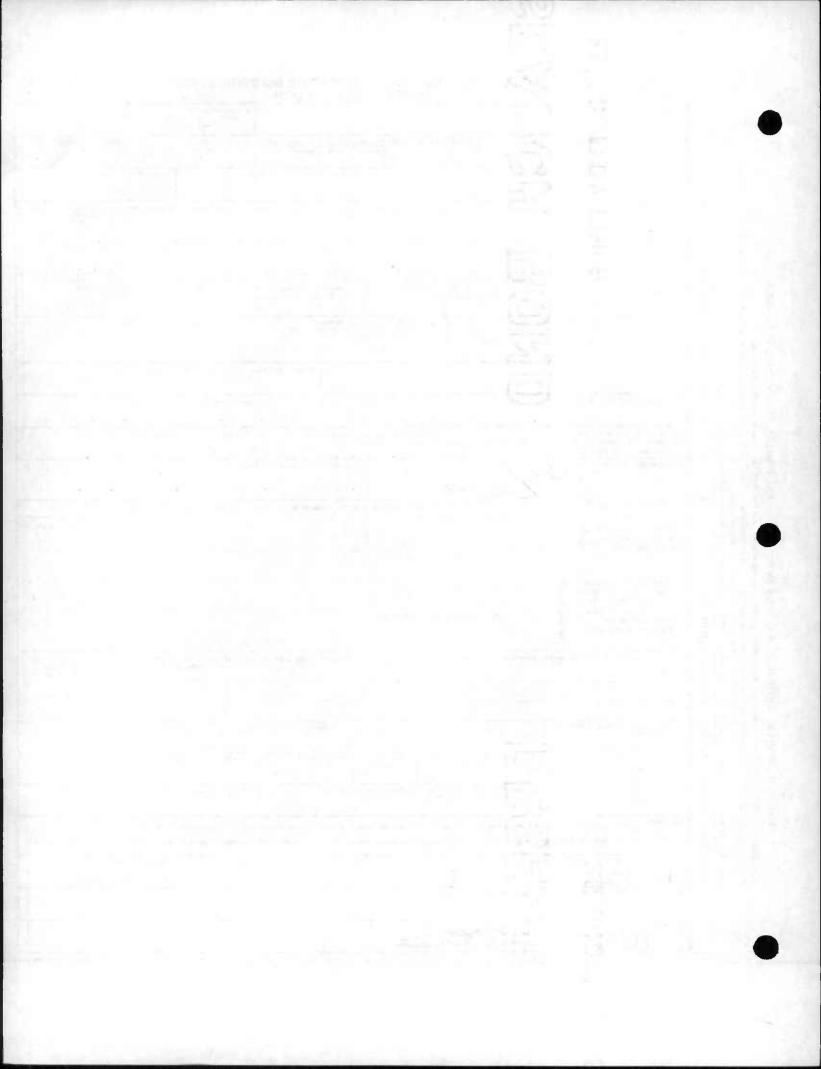
LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER

N/A

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)



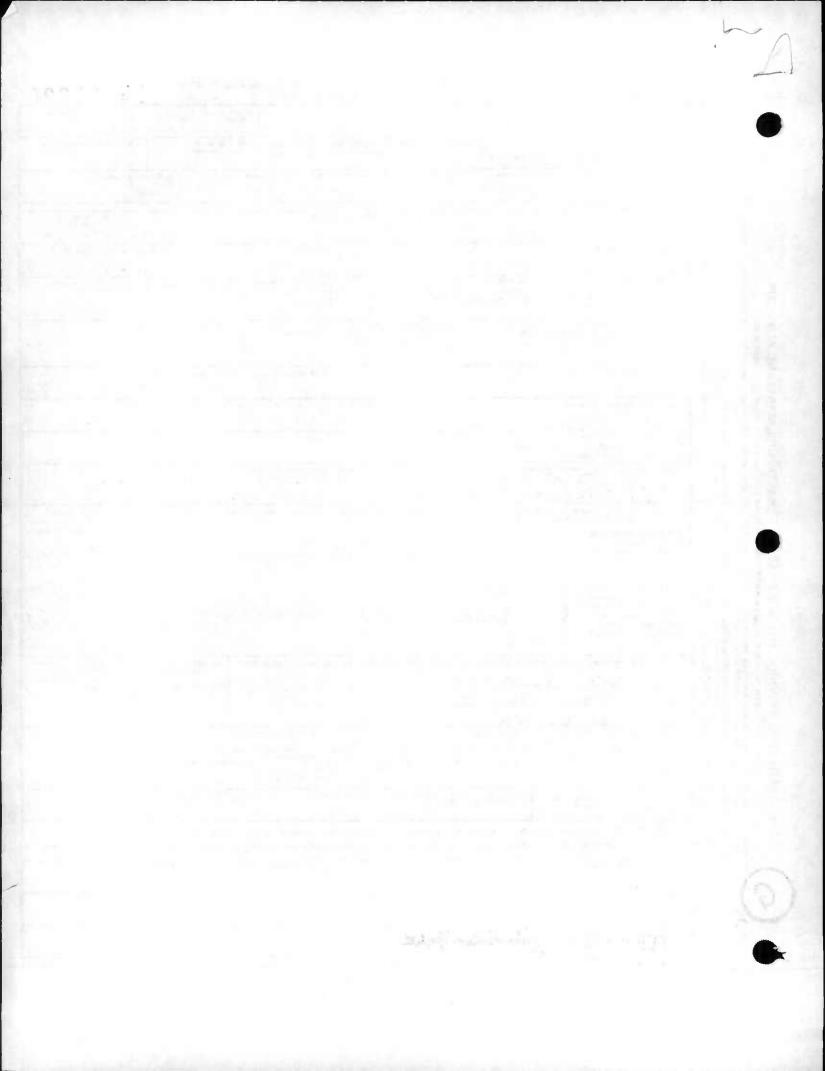
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HUSPLIAL DR ALIENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be refaired by	The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a
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age 6	direct		Br 78
leath. F	funeral		xamin
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WIED	npietely	Deflied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent. 1
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DH A	DIREC	hours	Hem
N. A.	RAL	27	-
3	FUNE	within	TANT
-	#	Die G	POR
1	H	8	3

	FOR 1 - STATE REGISTRAR	STATE OF MARY				MENTAL HYGIEI		1. N.82N		
	1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	REG. NO	). J			
	(Sadie) Sarah	Concetta	2. DATE OF DEATH MONTH February	1 0825						
		5. SEX 6. AC	GE (In yrs. last birthday) 71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/21/19		BIRTHPLACE (State or Foreign Country) Maryland		
æ	90. FACILITY NAME (If not institution, give stre Calvert Memorial		PA LOCATION OF D	EATH	9c. COUNT	Y OF DEATH				
16	RESIDENCE OF DECEDENT Prince Frederick Calvert									
DIRECTOR	10a. STATE 10b. COUNTY 10c. CI			y, town or location  10d. Inside cit Limits?  1  yes 2 fr						
FUNERAL	100. STREET AND NUMBER 4610 SOLOMONS IS		20639	N OF WHAT COUNTRY?						
W W		12. WAS DECEDENT EVE			S.A.					
B⊀	1 _ Never Married 2 Married 3 _ Widowed 4 _ Divorced	13. WAS DEC	4. RACE — American Indian, Black, White, etc. Specify: White							
ETED	(Specify only highest grade completed) (Give			USUAL OCCUPATION work done during more retired.)	ON st of working	18b. KIND OF BU	SINESS/INOU	STRY		
COMPLET		Ho				Home	Maker	er		
BE CO	17. FATHER'S NAME (First, Middle, Last)	amuel Glo	orioso			ME (First, Middle, Meider 1Vatora	Sumeme) Brocat	a		
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Tox	vn, Stata, Zip C	(ode)		
ĭ	Arthur Bruce		4610 3	Solomons	Island	Road Hunt	ingto	wn, Md. 20639		
	20s. METHOD OF DISPOSITION  1 M Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, or other piece) Cedar Hill Cemetery  2/18 Baltimore, Maryland									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Death  12 hrs									
IN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Sequentially list conditions, and consequence of the sequence of t									
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check calcoan)									
SC	EXAMINER? HOSPITAL: OTHER:									
PHYSICIAN:	27. MANNER OF DEATH  286. DATE OF INJURY (Month, Day, Year)  286. TIME OF INJURY WORK?  1 Netural 5 Pending  286. DATE OF INJURY (Month, Day, Year)  286. TIME OF INJURY AT WORK?									
red BY	2 Accident Investigation 3 Suicide a Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Prout	- nu		29c. LICENSE NU			BIGNED (Month, Day, Year)		
0	30. NAME AND ADDRESS OF PERSON WHO Dr. Susan Pro		GEATH (ITEM 27) (Type,		nce Fred	erick, MD	206	70		

Prince Frederick, MD

FEB 2.2 1994

DHMH-16 Rev 1/89



36. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ARCHITETRAL SIGNATURE

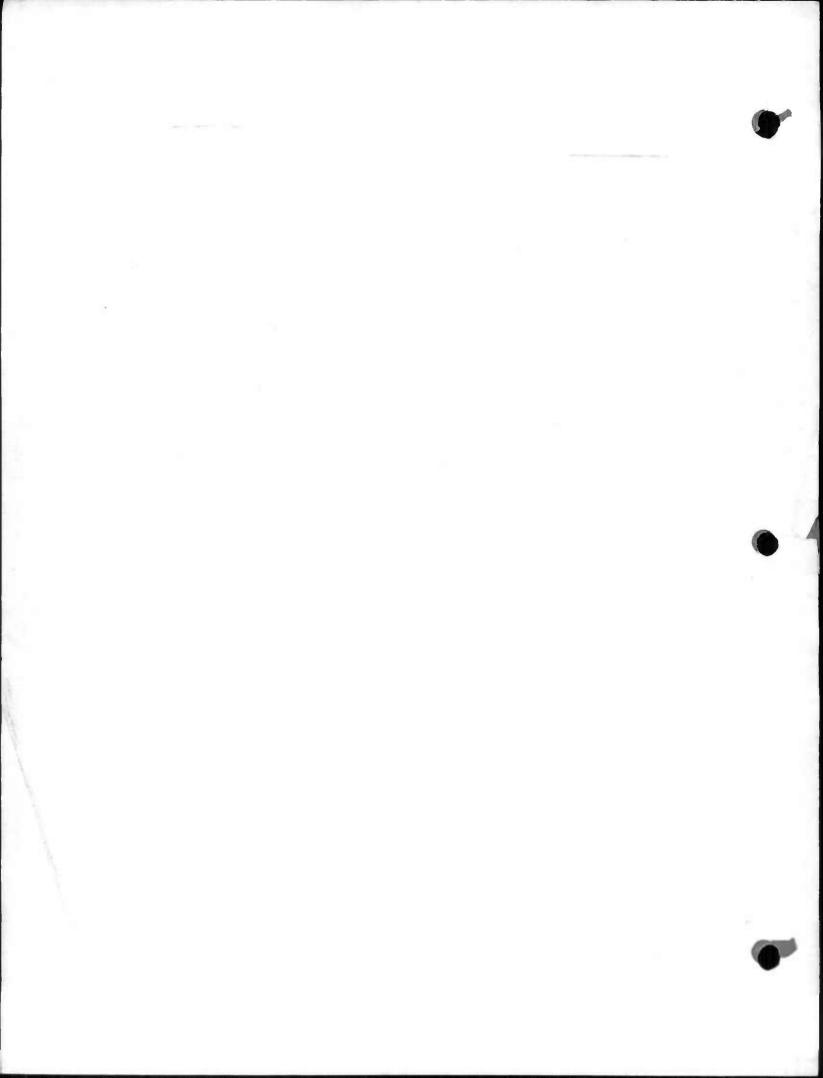
	Item# 2 Per F.H. ]  FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF	HEALTH AND		-1	4 0482			
	1. DECEDENT'S NAME (First, Middle, Last) Sandra Ann Bo	owles	CERTIF	ICATE O	r DEATH	2. DATE OF OEATH DON'TH	2/20/94				
	4. SOCIAL SECURITY NUMBER				IF UNDER 24 HRS. HOURS MIN.			e. BIRTHPLACE (State or Foreign Country) Wash DC			
TOR	96. FACILITY NAME (If not institution, give sta 3401 Lynchburg				dsonvil		of DEATH Arunde 1				
DIRECTOR	MD 106. STATE Anne Arundel			y, town on Loc vidson			10d. INSIDE CITY LIMITS? 1 \( \text{Y ES 2 X XO} \)				
FUNERAL	3401 Lynchburg Court				21035		OF WHAT COUNTRY?				
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	J.S. ARMED 2 XIVO ES	If yes,	ECENDENT OF HISPAI specify Cuban, Maxica ES 2 NO Specifi							
COMPLETED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY										
ш	12th 17. FATHER'S NAME (First, Middle, Lest) Charles Clinto	on Sager			1 - 4	ER'S NAME (First, Middle, Makden Surname) rniece A. Shellhorse					
TO B	190. INFORMANT'S NAME (Type/Print)  Thomas Ervin I  200. METHOD OF DISPOSITION	Bowles Jr.						le, Md 2103			
	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	DIMPlicationa that ceused it	Har Rido not enter the r	NAME AND ADDRESS OF FACILITY  Hardesty Funeral Home, P.A. 12  Idgely Ave., Annapolis, Md 21401  the mode of dying, such es cerdiac or reepiratory errest,  Approximate interval Between Onset and Deat							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST   Due to (or as a consequence of):    A										
N: MEDICAL	PART II. Other algolificant condition	e contributing to deeth but	not resulting	in the underly	ing cause given in		S AN AUTOPSY IFORMED? S 2 NO NO NO NO NO NO NO NO NO NO NO NO NO N				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpet	lent 3 DOA	OTHER:	PLACE OF DEATH (Cr	(Check only one) ice 6 Other (Specify)					
ED BY	27. MANNED OF DEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be datarmined	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY — building, atc. (Specif)	- At home, farm,	JURY 1	28d. DESCRIBE HOW INJURY OCCURED  26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET	29e. CERTIFIER (Check only one)  29e. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER  AN DA STUANT SA	BLUNICK SI	P, WAT	Kirs m	29c. LICENSE NU			GNED (Month, Day, Year)			

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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31. DATEFIETBY 272 1994

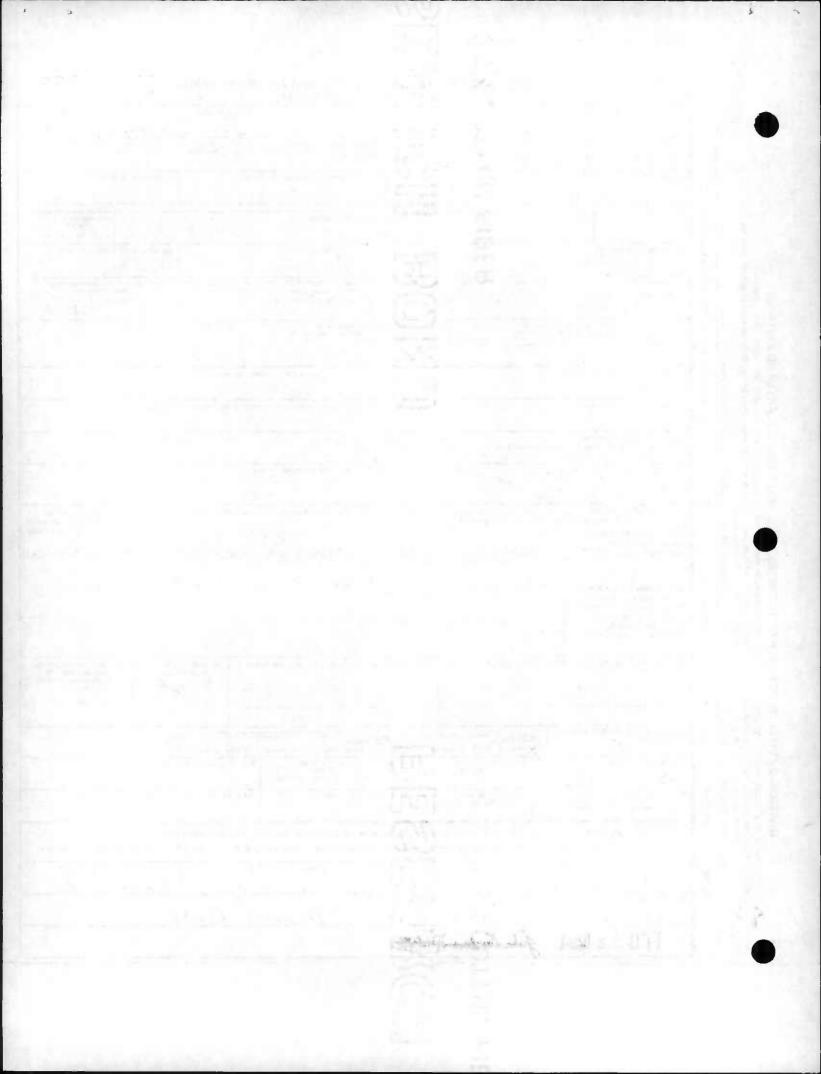


1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO Charles Creighton Bloom 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 44 stelmion 94 02 20 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 5/11/28 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 1 2 DF DAY8 HOURS 217-20-4248 YRS. 6 Connecticut 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Mercy Hospital Baltimore City Pages 1, 2, RESIDENCE OF DECEDENT 10s. STATE 10d. INSIDE CITY LIMITS? 1 XYES 2 NO 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore City permit. 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1725 Aliceanna Street 21231 USA burial-transit wirs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuben, Mexican, Puerto Rican, etc.)

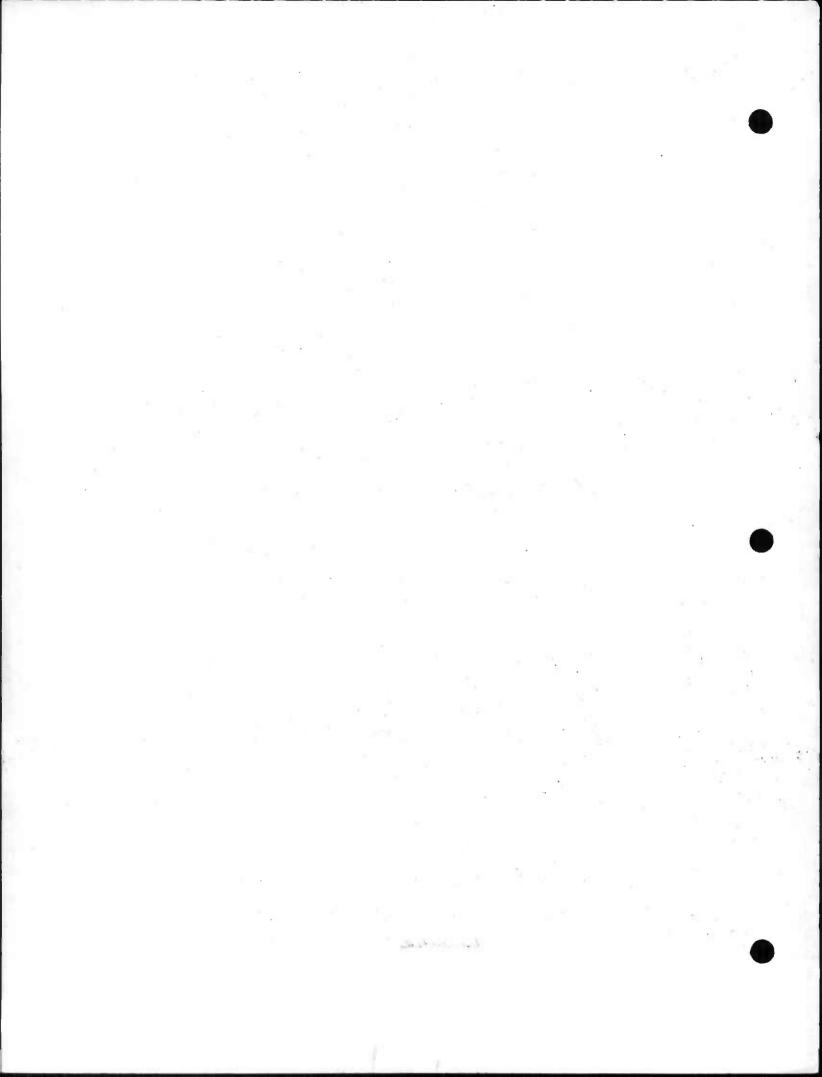
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO 14. RACE — American Indian, Black, Whits, etc. BALTIMORE, MARYLAND 21215-0020 1 X Never Married 2 Merried Specify: White 1945 WW II BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Vice President Wholesale Hardware 12th Grade 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Albert C. Bloom Josephine T. Roberts notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Claire J. Slimmer 11109 Green Spring Ave. Lutherville, MD 21093 Pe 20a. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from Stats 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Dulaney Valley Mem. Gar. 4 Donation 5 Other (Specify) \_ 12/24/94 Cockeysville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical examiner Johnson Funeral Home 8521 Loch Raven Blvd. Towson, MD 21286 ysician and completely filled in by the prior to burial, cremation, or removal. 23, Mary I. Enter the diseases, or complications that coused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition DX'd Adenocarenoma of the Stomach Gastric resulting in death) event, certificate be executed with DUE TO (OR AS A CONSEQUENCE OF): January Piscese traumatic Chronic Obstructive CERTIFICATION the attending physician and Mental Hygiene prior to bur Sequentially list conditions, Sequentially introductions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) or other DUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) LAST Injury, PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the Health and N AMAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 NO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires shows 1 | YES 2 | NO has been a PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 0 the 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, Natural 5 Pending 1 YES 2 NO BY After 2 Accident Investigation 3 Sulcide 26s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 18 6 Could not be determined DIRECTOR: A COMPLETED 4 Homicide hours Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dus to the cause(e) and menner as stated. TO THE HOSPITAL O
TO THE FUNERAL D
DE filed within 72 ho
IMPORTANT: If Its 2 \_\_ MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE endin 190 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print) Donald Mercy TEB 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89



	REGISTRAR	C	ERIII	ICALE	OF	DEATH	F	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH									3. TIME OF DEATH		
	DOROTHY KATHERI	R			1-26-94			YEAR	10.10 2 "			
			BOYE								10:10 A M	
		6. AGE (In yrs. la	st birthday)	IF UNDER 1	DAYS	IF UNDER 24 HRS.	7. DATE OF E (Month, Da			8. BIRTH Countr	HPLACE (State or Foreign	
	212 07 3161 <sup>1□ M 2</sup> √ <sup>□</sup> [	78	YRS.	an Children	OATO	noons min.	2-12		15		yland	
	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY. 1	TOWN C	R LOCATION OF DE	ATH		9c COII	NTY OF D		
œ								- 1	ac. 000	NIT OF D	ZEATH	
0	7621 Beaver Road				G	len Bur	nie		Anne Arundel Co			
2	RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCAT	ION					10d, INSIDE CITY LIMITS?	
5 I	Maryland Anne Arunde:	Gl	Glen Burnie 1 YES 2 NO									
	10e. STREET AND NUMBER				10f. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL			Secretary Wall				iog. Cit	IZEN OF T	WHAI COUNTRY			
画	7621 Beaver Road			21061				USA				
5	11. MARITAL STATUS 12. WAS DECEDEN		13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify				or No-	14. RAC	E — Americen Indian, k, White, etc.			
	1 Never Merried 2 Merried FORCES? 1 IF YES, GIVE W	NO	If yee, specify Cuben, Maxicen, Puerto Rican, etc.)				i, etc.)	Black, White, etc.  Specify:				
BY	3 Widowed 4 Divorced	1 YES 2 NO Specify:						Spec	White			
	15. DECEDENT'S EDUCATION	1000	no								WILLCE	
COMPLETED	(Specify only highest grade completed)	160. 0	Bive kind of	USUAL OCC	ring mo	st of working	16b. KINO OF BUSINESS/INDUSTRY			DUSTRY		
ш	Elementary/Secondary (0-12) College (1-4 or 5 +						retail sales/:			- / C - 1		
프	8	se	wing	Macn	achOp/sales retail s					ares	s/ractory	
8	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NAM	AE (First Middle	a Maidan S	Sumama)			
							IC TO SERVICE		SULTETINE)			
BE	Joseph Lee Durm					Sarah	Kelt	У				
	19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (	Street a	nd Number or Rural R	loute Number, C	ity or Town	, State, Zij	Code)		
임	Mr Charles Boyer	17	621	DO 3 TE	02	Road, G	1 on Bu	rnfo	MID	2.1	0.6.1	
	200. METHOD OF DISPOSITION											
	1 Burief 2 Cremetion 3 Removal from State	cemetery, cr		of DISPOSIT	ION (Ne	me of	OATE	20c. LOC	CATION —	City or To	own, State	
	Other (Specify)	-										
- 1	21. SIGNATURE OF UNERAL SERVICE LICENSEE R n a	1d Wad	e Di	22. N/	AME AN	ID ADDRESS OF FAC	ALITY C+	a+0	Ana	tom	y Board	
- 1	1 1 20001/11/11/11	1.	CIDI									
	Somma / a Jul			65	SW.	Baltimo	ore St	t, Ba	Ito	, MD 2	21201	
	23. VART I. Enter the diseases, or complications that	t ceused the d	eeth. Do r	ot enter ti	he mo	de of dylna such	as cardiac	or resolu	retory ar	reet	Approximate	
- (	shock, or heart fallure. List only one cau	se on each lin	e.			ar or aying, sau.	i ale cardide	OI TOOPII	atory ar	root,	interval Between	
- 1	IMMEDIATE CAUSE (Finel	1					4		11	- 10	Onset and Death	
Н	disease or condition											
	disease or condition resulting in death)  a. Club brookscular principle of:  Ope TO (OR AS A CONSCOUENCE OF):  Sequentially list conditions  b. Sequentially list conditions  b. Sequentially list conditions											
- 1	U2	0.00	7	1	0.11	100. 1	2	)			i	
2	Sequentially list conditions, b.	erati	Sea	1	K	euscu	sec-1	w				
Ĕ	If any, leading to immediate	Olie TO (OR AS A CONSCIONED OD).										
3	ceuse. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury thet initiated eventa DUE TO	(OR AS A CONSE	OUENCE OF	F):								
EI	resulting in deeth) LAST											
	d											
	PART II. Other algnificent conditions contributing to	death but not	regulting	a the und	arlular		Don't Late	. WAS AN				
EDICAL	11/ /40	OF THE	a A	The disc	errying	causargiven in i	Part I. 24	PERFOR		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
용매	_ HITZ-Welve	1/9/	46	Pra	lal	ua	11	YES 2	Z NO		COMPLETION OF CAUSE	
	///	1 1/1					_   '	,			OF DEATH?	
Σ							— I				1 YES 2 NO	
z												
S 1	25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF DEATH (Check only one)											
8	EXAMINER?  1 YES 2 NO 1 Inpution 2	FR/Outpetlant	3 D DOA	OTHER:			0 D Out (O-					
≌ II				_		e 5 Residence						
PHYSICIAN: M	(Month, D.		28b. TIM INJ	URY 2	8c. INJ WO	RK?	28d. DESCRI	BE HOW IN	IJURY OC	CUREO		
B	1 Natural 5 Pending 2 Accident Investigation	1 🗌 1	YES 2 NO									
	3 Suicide 28e. PLACE O	itraat, fector	set, fectory, office 281. LOCATION (Street and Number or Rural Route Number,					Route Number				
	4 Homicide determined building,	City or Town, State)										
29s. CERTIFIER (Check only one)  29s. CERTIFIER (Check only one)												
									fed.			
									ie causale	cause(e) end manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER	1				29c. LICENSE NUM	BER		29d. DAT	. DATE SIGNED (Month, Day, Year)		
H	P. S. 11 1 (0/10 5 18	2				DAIL	159	J	<b>D</b>	2/11	1/24	
유	20 NAME AND ADDRESS OF PERSON WITH CONTROL	1		0.1		100.7	-/		-	4/3	177	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									100			
	DR COLVIN CARTER 4	710 PA	nnin	aton	7 4	re, 212	26					
	31. DATE FILED (Month, Day, Year) 32. REGISTRA	R'S SIGNATURE		70011	41							
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		OBIN-North	UK.									



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30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

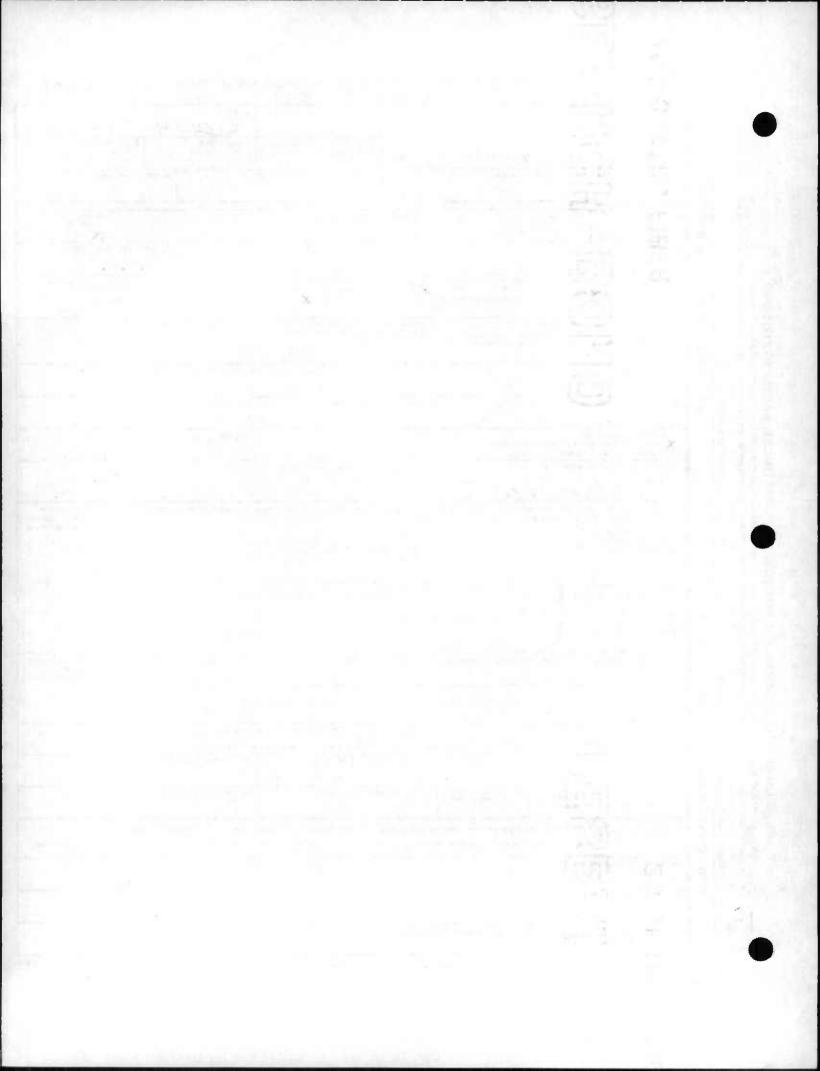
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THE PROPERTY SECURITION

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE QL CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH Z/10 JAMES CLARENCE BEDSOLE 2100 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 M 2 - F 244-74-6698 47 10-14-1946 NORTH CAROLINA So. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN UNIVERSITY OF MARYLAND HOSP. DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO FUNERAL 104 STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 46 HARDWOOD DRIVE 21237 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) PUBLIC SCHOOL SYSTEM AREA FOREMAN 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) ELWOOD BEDSOLE LAURA KINLAW BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zin Code) 2 JANET T. BEDSOLE 46 HARDWOOD DR. BALTIMORE, MD. 21237. 20e, METNOD OF DISPOSITION
1 Display Surfet 2 Cremation 3 Removal from State
4 Donation 5 Display Concepts 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION - City or Town, State DATE Cometery, Cremetory or other place)
LIVE OAK METH.ODIST 2/94 WHITE OAK, N.C. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
HENRY W. JENKINS & SONS CO. 4905 YORK RD. BALTO., MD. 21212. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximete shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition eregrat YACS resulting in death) DUE TO (OR AS A CONSEQUENCE OF) 12 Krs CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algoriticent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO 24a. WAS AN AUTOPSY MEDICAL COMPLETION DF CAUSE 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OSPITAL: OTHER:
Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) HOSPITAL: 1 YES 2 NO 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 8 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be COMPLETED 4 Nomicide 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITUE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED/(Month, Day, Year) BE 12/14

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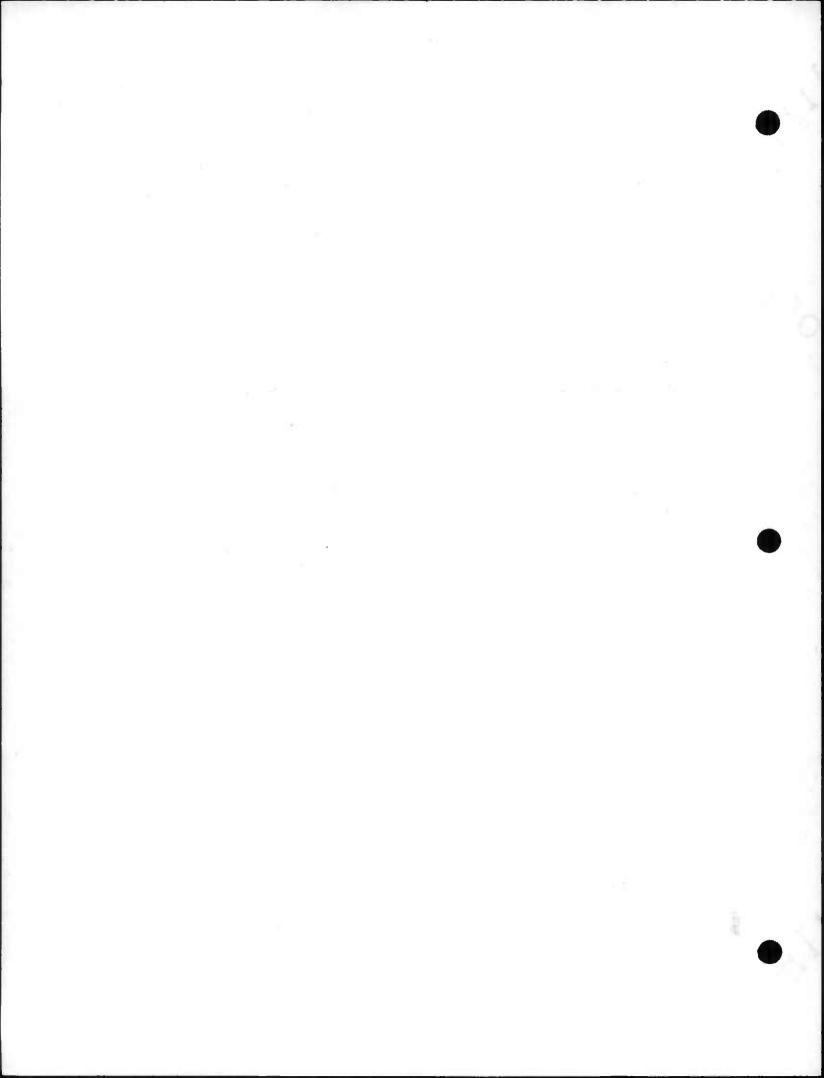
1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 94 1:29P NELLIE BURGESS FEB 16 A SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS HOURS 1 🗌 M 2 🖵 F YRS. 218-22-1507 1-14-20 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and numb 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1122 WEBB CITY COURT BALTIMORE DIRECTOR N/A RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD N/A BALTIMORE 1 X YES 2 NO permit. FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1122 WEBB COURT DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 21202 U.S.A. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Maxican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1XXNever Merried 2 Merried BY 1 YES 2 X NO Specify Specify: 3 Wildowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 5th N/A DOMESTIC N/A 17. FATHER'S NAME (First Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BASWELL BURGESS SARAH BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELMORE WARREN 1122 WEBB CT./BALTIMORE, MD 21202 20a. METHOD OF DISPOSITION

1 Suriel 2 Cremation 3 Re
4 Donetion 5 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE VOSHELL MEMORIAL GARDENS DUNDALK, MD 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY nours after death. WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART I. Entar the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heert fellure. List only one cause on each line intarval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition Arteriosclerotic Cardiovascular Disease resulting in death) the death certificate be executed within OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immadiate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMEO? MEDICAL **ASTHMA** requires that 1 TYES XXNO OF DEATH? 1 YES 2 NO INOUIRY PHYSICIAN: PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: TYPES 2 - NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 X Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO BY 2 Accident Investigation 26e. PLACE OF INJURY - At home, farm, streat, factory, office 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 8 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(s) and menner ee stated. TO THE FUNERAL D
be filed within 72 hc
IMPORTANT: If it THE HOSPITAL MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, date end piece, and due to the cause(s) and manner as stated. 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER BE O.C.M.E. FEB 17/94 2 2 AND AOORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Pern Street, Baltimore, Maryland 21201 31. DATE FILEO (Month, Day, Wages 32. REGISTRATES TO FEB 2 2 1994

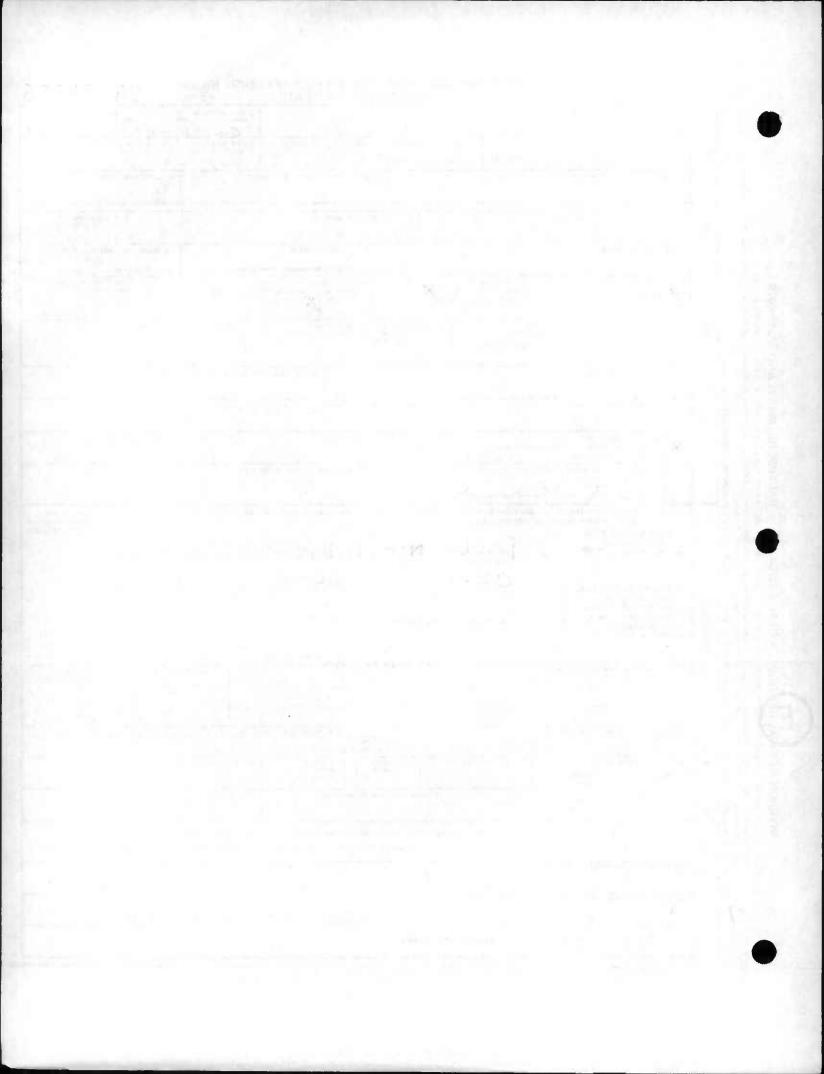
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE





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40	1. DECEDENT'S NAME (First, Middle, L			-17	e	2. DATE OF DEATH	DAY	3. TIME OF DEAT	
		FRANKLI	NE	EAT	1 Y	MONTH 02 -	19-94	F 5-2	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthde	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPLACE (State or Fo	
	218-05-3746 90. FACILITY NAME (If not institution,		49 YRS		WN OR LOCATION OF D	9-12-		Maryland	
R	Northwest Hospi				allstown	CAIR			
CTOR	RESIDENCE OF DECEDEN	T					Bal	timore	
DIRE		altimore		atv, town on Li Randalls				10d. INSIDE CITY	
	100. STREET AND NUMBER	ilcimore	1 1	andalis	10f. ZIP CODE		10g. CITIZE	1 ☐ YES 3 📆	
FUNERAL	3715 Sonora Ro	oad			21108		UNite	d States	
BY FUI	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, OIVE WAR O	ES 2 NO	If yes	DECENDENT OF HISPA I, specify Cuben, Mexic YES 2 NO Speci	en, Puerto Ricen, etc.)	Yes or No- 1	4. RACE — American Indi Black, White, atc. Specify: White	
9	15. DECEDENT'S (Specify only highest		(Give kind	I'S USUAL OCCUI	PATION g most of working	16b. KIND OF E	USINESS/INDUS		
PLET	Elementary/Secondary (0-12)	College (1-4 or 6+)	life. Do NO	use retired.)					
COMPL	17. FATHER'S NAME (First, Middle, Las	()	N/A		16. MOTHER'S N.	AME (First, Middle, Maid	len Surname)		
ш	Winfield Holl	is Reatty				hv Marie l			
TO B	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rural	Route Number, City or 1	lown, State, Zip C		
	Mr. John Mabus		20b. PLACE AND DA		Rd. Glen				
	20e METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3   4 Donation 5 Other (Specify)	Removal from State	cemetary, crematory	or other place)				ly or Town, State	
	21. SIGNATURE OF FUNERIAL BETWEE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	23. PART I. Enter the diseases, shock, or haart fall iMMEDIATE CAUSE (Finel disease or condition resulting in death)	, or complications that cau	n aech ilna.	Kirk 421 o not enter the	:ley-RUddi Crain Hwy mode of dying, eu	ck Funera: S.E. Gle ch ee cerdiec or rec	en Burn	et, Approxim	
TIFICATION	ahock, or haart fall IMMEDIATE CAUSE (Finel disease or condition	a. PNE DUE TO (OR A	n aech ilna.	A (PS) OF):	ley-RUddi Crain Hwy	ck Funera: S.E. Gle ch ee cerdiec or rec	en Burn	et, Approxim	
N: MEDICAL CERTIFICATION	shock, or haert fall iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. PNE DUE TO (OR A DUE TO (OR A d.	N A CONSEQUENCE	A (PS) OF):	Crain Hwy mode of dying, eur	S.F. G16ch se cerdiac or rec  A A FRU  1 Pert I. 24a. WAS. PERF	en Burn	et, Approxim	
MEDICAL CE	ahock, or haert fall iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERRED TO MEDIC. EXAMINERY	b. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A	N a CONSEQUENCE	Kirk 421 o not enter the  A (PS) OF):	Crain Hwy mode of dying, eur	S.E. Glech ee cerdiec or red  A A FRU  Pert I. 24a. WAS. PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF ( OF DEATH?	
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BY PHYSICIAN: MEDICAL CE	ahock, or haert fall iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERRED TO MEDIC EXAMINERT, 1  YES 2 NO  27. MANNER OF DEATH	a. PNE DUE TO (OR A DUE TO (OR	AS A CONSEQUENCE  The but not resulting  Dutpatient 3 DO  RY  28b.  URY — At home, fair	Kirk 421 o not enter the  A (PS) OF):  OF):  OF):  OTHER:  A   Nursing IME OF INJURY   28c INJURY   1	Crain Hwy mode of dying, eur CVDO MOA CVDO MOA CVDO MOA CVDO COURS GIVEN IN COURS TO THE COURS T	S.F. G16 Ch ee cerdiec or rec  A FRU  Pert I. 24a. WAS PERF  1 YES  heck only one)  6 Other (Specily)	AN AUTOPSY ORMED?  2 NO  W INJURY OCCU	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2	
BY PHYSICIAN: MEDICAL CE	ahock, or haert fall iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERRED TO MEDIC EXAMINER? 1  YES 2 NO  27. MANNER OF DEATH 1 Natural 5  Pending 1 Natural 5  Pending 1 Natural 5  Pending 1 Natural 6  Could no 4  Homicide 6  Could no 4  Homicide 1  COURT PROPERTY NO. 1	a. PNE DUE TO (OR A DUE TO (OR	n aech ilne.  MONINA  AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting  Coutpetient 3 DOU  RY 28b.  URY — At home, fan  Specify)	Kirk 421  o not enter the  A (PS)  OF):  OF):  OF):  OTHER: 4   Nursing  I'ME OF  INJURY M 1  n, street, fectory,  urred at the time,	Crain Hwy mode of dying, eur CVDO MOK ALSY  Itying ceuse given in 6. PLACE OF DEATH (C) Home 5   Residence (N)JURY AT WORK?   YES 2   NO office	Pert I. 24a. WAS. PERF 1 VES  1 Other (Specify) 28d. DESCRIBE HON 28f. LOCATION (Stre City or Town, Ste e to the cause(e) end r	AN AUTOPSY FORMED?  2 NO  W INJURY OCCU	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF GO OF DEATH?  1 VES 2 I	
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	ahock, or haert fall  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigat 3 Suicide 6 Could no determine  29. CERTIFIER (Check only one)  CERTIFIER (Check only one)	a. PNE DUE TO (OR A DUE TO (OR	As a consequence  As a consequ	Kirk 421 o not enter the  A CS OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursing TIME OF INJURY M 1 In, street, fectory, urred at the time, stion, in my opinic	Crain Hwy mode of dying, eur  CVDO MOA  ALSY  Ilying ceuse given in  6. PLACE OF DEATH (C)  Home 5   Residence  INJURY AT WORK?  YES 2   NO  office  date end place, end du on, death occured at the	S.F. G16 ch se cerdiac or rec  DA AFRU  Pert I. 24a. WAS. PERF  1 YES  heck only one)  8 Other (Specify)  28d. DESCRIBE HON  28f. LOCATION (Stre City or Town, Six e to the cause(e) end re e time, date and place,	AN AUTOPSY ORMED?  2 NO  W INJURY OCCU  et and Number of the the the the the the the the the the	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2  RED RED Cause(e) and menner as a	
COMPLETED BY PHYSICIAN: MEDICAL CE	ahock, or haert fall  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other eignificent cond  25. WAS CASE REFERRED TO MEDIC EXAMINERT, 1	a. PNE DUE TO (OR A DUE TO (OR	AS A CONSEQUENCE  AS A CONSEQU	Kirk 421 o not enter the  A CS OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursing TIME OF INJURY M 1 In, street, fectory, urred at the time, stion, in my opinic	Crain Hwy mode of dying, europe of dying, europe of dying, europe of dying, europe of dying course given in the second of the se	S.F. G16 ch se cerdiac or rec  DA AFRU  Pert I. 24a. WAS. PERF  1 YES  heck only one)  8 Other (Specify)  28d. DESCRIBE HON  28f. LOCATION (Stre City or Town, Six e to the cause(e) end re e time, date and place,	AN AUTOPSY ORMED?  2 NO  W INJURY OCCU  et and Number of the order  29d. DATE:	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 RED  RED  RED  RED  RED  RED  RED  RED	



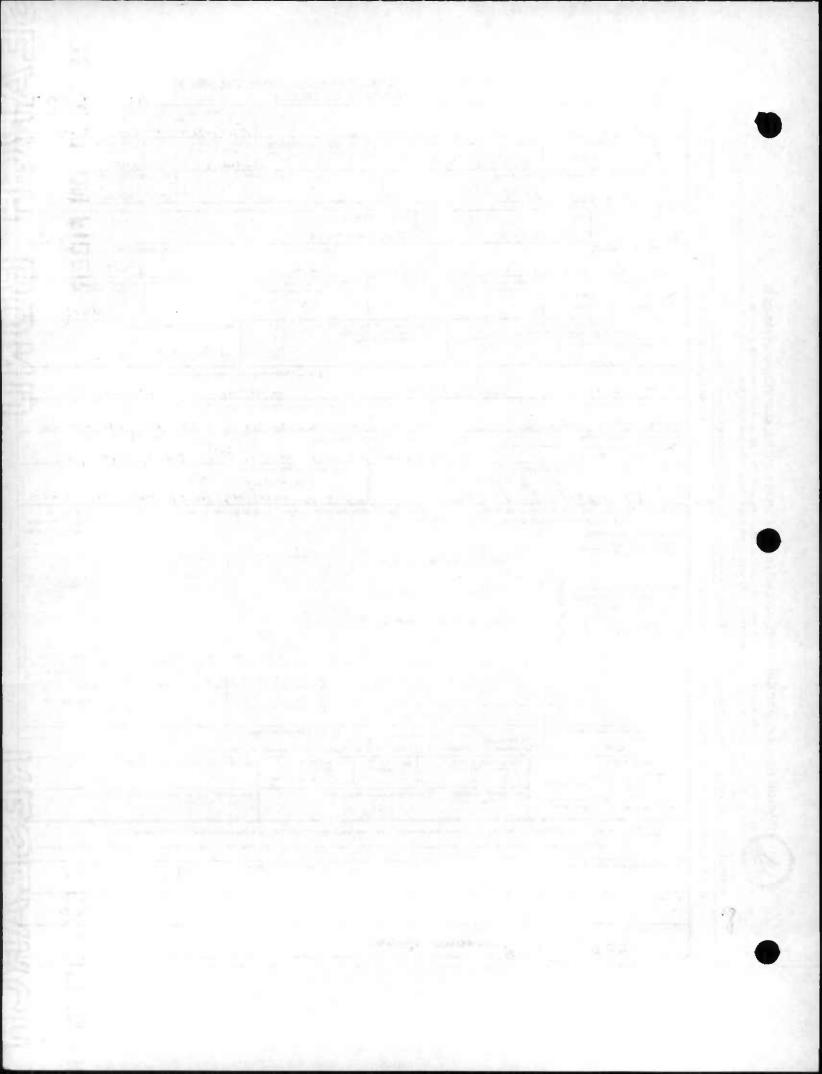
1 - FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Lest)  KUSSELL	CAR	PENTE	R	2. DATE OF DEA MONTH FERMA	24 18 19	EART 6-20
	4. SOCIAL SECURITY NUMBER  5. SEX  5. SEX  1 M M 2   98. FACILITY NAME (If not institution, give street and number		YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF DI	7. DATE OF BIRT (Month, Day, W. JUNE 6)	oar)	BIRTHPLACE (State or Foreign Country)  AShiwyten, 8.C
DIRECTOR	SOUTHERN MAN	Y/AND H	DSPITAL I	ChinTon		13.	NCE GEONGE
	Virginia Fair Fax		Alexan				10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL		occato		101. ZIP CODE 223/0		u	S A
BY FU	1 Never Married 2 Merried FORCES?	DENT EVER IN U.S. AI 1 VES 2 TO VE WAR OR DATES	NO If	MS DECENDENT OF HISPAI yee, specify Cuban, Mexica YES 2 NO Specify	in, Puerto Rican, et		RACE — American Indian, Black, White, etc. Specify: Black
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4)	16a, Di	ECEDENT'S USUAL OC Give kind of work done do e. Do NOT use retired.)			F BUSINESS/INDUS	TRY
E COMPI	17. FATHER'S NAME (First, Middle, Last)	ar pente	24		ME (First, Middle, M	laiden Surname)	nsen
TO B	190. INFORMANT'S NAME (Type/Print)  Stephanie Good 200. METHOD OF DISPOSITION	6			Drive Al		va. 223/0
	1 Durisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	cemetery cri	emetory or other place)	tional cemer	ny 2/24/94	Fort	myer, Var
	23. PART I. Enter the diseases, or complications	aker	26		lington	. Rd. ARI	L., Var. 22206
	ahock, or heart failure. List only one	cause on each line	<b>e.</b>	tructive i			Approximate Interval Between Onset and Daat
FICATION	If any, leading to immediate		e lobe processors  frenal  courage of:				Days Months
CERTI	regulting in death) LAST	hosis of	E liver				months
MEDICAL (	Hx. of respiratory cardiovascular dise	failure ase with	Atheron	sclerotic eral arte	1 D Y	AS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	OCCLUSIVE disease. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	:	OTHER	26. PLACE OF DEATH (Ch		_	
BY PHYS	27. MANNER OF DEATH 28e. DAT	2 ER/Outpetient : E OF INJURY th, Day, Year)		ring Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO		Y) HOW INJURY OCCUP	RED
ED	3 Suicide 200. PLA	CE OF INJURY — At he ding, etc. (Specify)	ome, ferm, street, fecto	ry, office	281, LOCATION (S City or Town,	Street and Number or State)	Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be						
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  PPH UI 444  30. NAME ANO ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH OVE	FM 27) (Sime Dries)	D1288			igned (Month, Day, Year) b. 18 1994
	PETER W.YIM M.D. 79	00 OLD B		VE. SUITE	101,CI	INTON,	MARYLAND 20
	31. DATE FILED (Morith, Day, Year) FEB 2.2. 1994	STRAR'S SIGNATURE	Mandale				

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DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

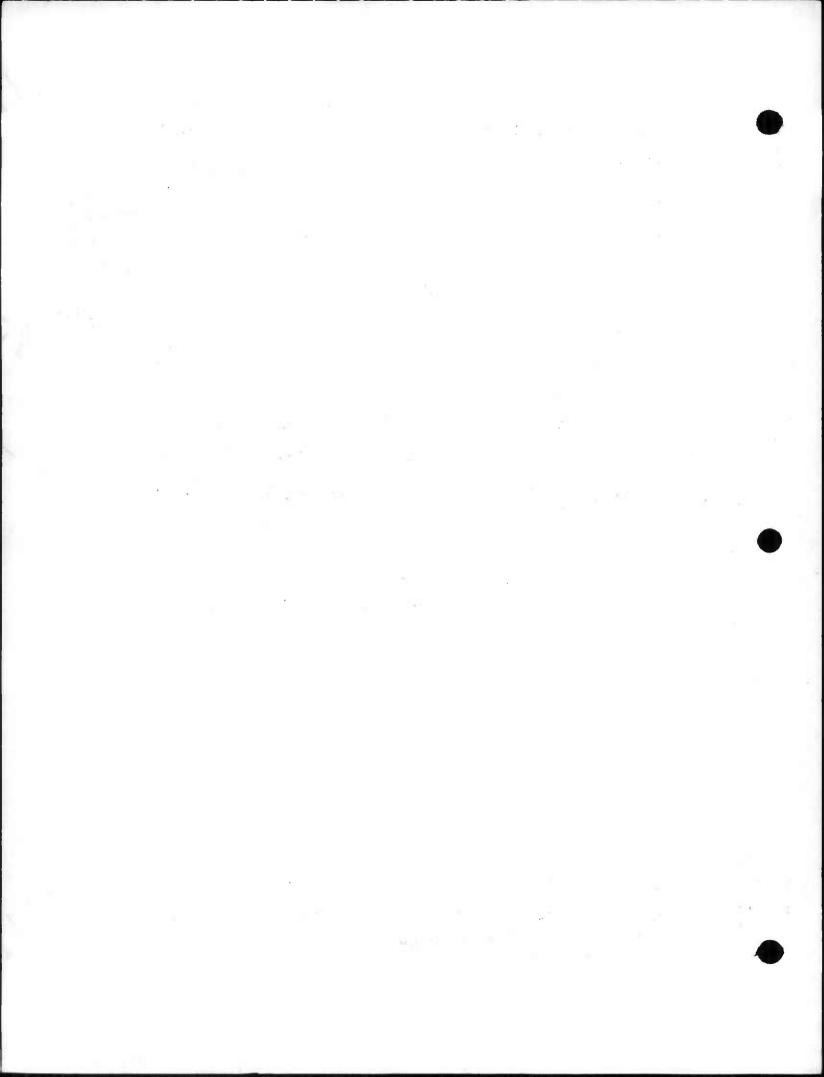
	Pages		
	E IN AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
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inclant. The law requires that the beath certificate be executed within a fronts after beath. May be retained by the hospital of attending to	se as the		
10	for us		
ne nospii	detached		0000
6	od be		120
retained	5 shoul		RTANT: If item 28 is marked or item 23 shows any Injury or other fraumatic event the medical examiner must be notified at once
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١	1	Ě	PITAL

Nestor M. Carmona,

31. DATE SILED (Month, Day, 1994) FEB 2 2 1994

		FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND /	DEPAR	ITMENT	OF H	EALTH DEAT	AND I	MENTA			01,	04828
Γ	T	1. DECEDENT'S NAME (First, Middle, Last)		CE	KIII	ICATE	E OF	DEAL	Н	2. DAT	REG. NO.		-	TIME OF DEATH
	ı	Catherine Regina	a Crogan							Feb	Tuary 16	1994	YEAR	12:05 P M
	I	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH			ACE (State or Foreign
	ļ	217 10 7100	1 🗆 M 2 💢 F	69	YRS.	-CHIIII	DAYS	HOUNS	MREPS.		7, 1924		Mary	land
œ	ı	9e. FACILITY NAME (If not institution, give size				1.12		R LOCATIO	ON OF DE	ATH		1.41	NTY OF DEAT	
6	ŀ	Saint Joseph Hospi	ıtaı			TOV	vson					Balt	ımore	County
DIRECTOR	I	10a. STATE 10b. COUNTY				Y, TOWN (							10	d. INSIDE CITY
	ŀ	Maryland			Ba.	Ltimo							1	LIMITS? YES 2 NO
FUNERAL	ı	10a. STREET AND NUMBER 5628 Alhambra Aver	1110					21212				10g. CIT	ZEN OF WHA	
W W	ŀ		12 WAS DECEDENT	FVER IN U.S. AR	MEO	13				IIC OBIGI	N? (Specify Yee	or No. I	U.S.A	
		1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W	YES 2 XN	10		If yee, spe	cify Cube	n, Mexical	n, Puerlo	Ricen, etc.)	or No —	Black, W Specify:	Americen Indien, hite, etc.
BY		3 Widowed 4 Divorced	1/1/22/25/25/25					- M	apocny				ареслу.	White
H		15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	(Gi	Ve kind of Do NOT us	USUAL O	CCUPATIO	N sl of workin	g	16	b. KIND OF BUS	INESS/IND	OUSTRY	
1 2	1	Elementary/Secondary (0-12)	College (1-4 or 5+	)	reta	,					Chaha	- C W-	1	3
COM	ľ	17. FATHER'S NAME (First, Middle, Last)		bec	reta	L.y		16. MOTH	ER'S NA		State (		irytan	a
BE COMPLETED		Edward Joseph Cro	gan					No	ora			Ba	arrett	
TO BE		19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	AOORES	S (Street at	nd Number	or Rural F	loute Nun	nber, City or Town	, State, Zip	Code)	
	۱	Daniel E. Crogan			628	Alhan	nbra	Aver	rue,		timore	Mar	vland	21212
		20a. METHOD OF DISPOSITION  1 X Buriel 2 Cremation 3 Ramoval from State  20b. PLACE AND DATE OF DISPOSITION (Name of page 1) PLACE AND DATE OF DAT												
	╟	4 1 □ Donation 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE!	NSEE / /)	-	Valle	22.	NAME AN	L GAIR	BENS I	HGD. I	9   11111	ervil	le, Mar	yland
CAGILITIES		John G. Reitz (M-00804)  Mitchell-Wiedefeld Home 6500 York Rd. Baltimore, Maryland 21212												
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition									Approximata Interval Between Onset and Death			
		disease or condition resulting in death)  TERMINAL LUNG CANCER  DUE TO (OR AS A CONSEQUENCE OF):  PLEURAL EFFUSION  OUE TO (OR AS A CONSEQUENCE OF):												
<u>o</u>		Sequentially list conditions,  OUE TO (OR AS A CONSEQUENCE OF):												
ERTIFICATION	I	If any, landing to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	CONG	ESTIV	6	HE	AR	TH	FA	166	IRE			2
TIFICATION		that initiated events resulting in death) LAST		OR AS A CONSEC										
	ı	d.												
: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTPERFORMET								MED?	AM CO	PRE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?			
Σ													1 [	YES 2 NO
Z	ł	25. WAS CASE REFERRED TO MEDICAL					20 84	ACE OF D	EATH (OL					
SIC!	1	EXAMINER?	HOSPITAL:	FR/Outpetlant 3	□ noa	OTHER	₹:	ACE OF D						
H	1	27. MANNER OF DEATH	28e. DATE OF	INJURY	26b. TIM	E OF	26c. INJU	URY AT	sidence		SCRIBE HOW II	JURY OC	CUREO	
BY PI		1 X Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation												
ED E	)	3 Suicide 8 Could not be determined	26a. PLACE OF building,	FINJURY — At houst. (Specify)	me, term,	street, fact	ory, office				CATION (Street e or Town, Stete)	nd Number	or Rural Rout	e Number,
PLE	29a. CERTIFIER (Check only  1 **X**CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data end place, end due to the cause(e) end menner as stated.							ed.						
OM	One)  MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(e) and								d manner ee stated.					
BE COMPLE	1	296. SIGNATURE AND TITLE OF CENTIFIER	1	1			T	29c. LICE	NSE NUN	BER		29d. DAT	E SIGNEO (Ma	onth, Day, Year)
TO B		( Um Amy	gasm	14				-136	49			Fe	bruar	v 16. 1994
-		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITER	4 27) (Type	, Print)	1.5	- Herry						

M.D. 6012 Harford Rd. Baltimore, Maryland 21214



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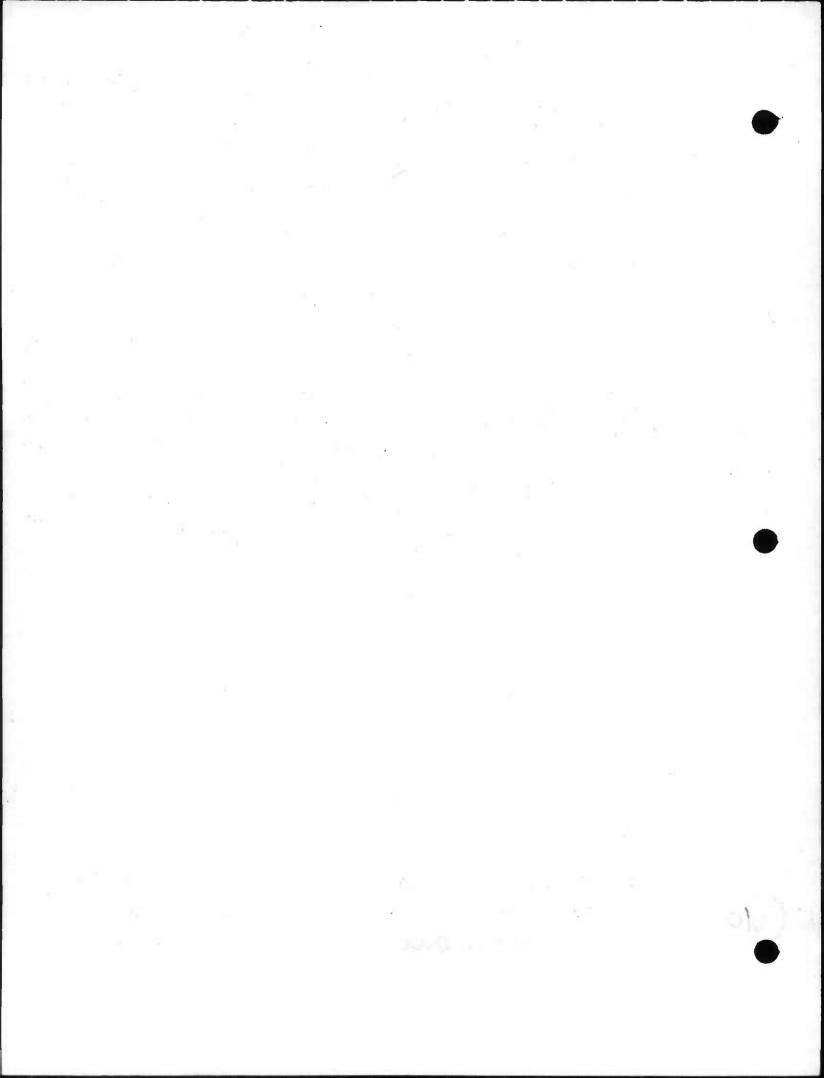
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

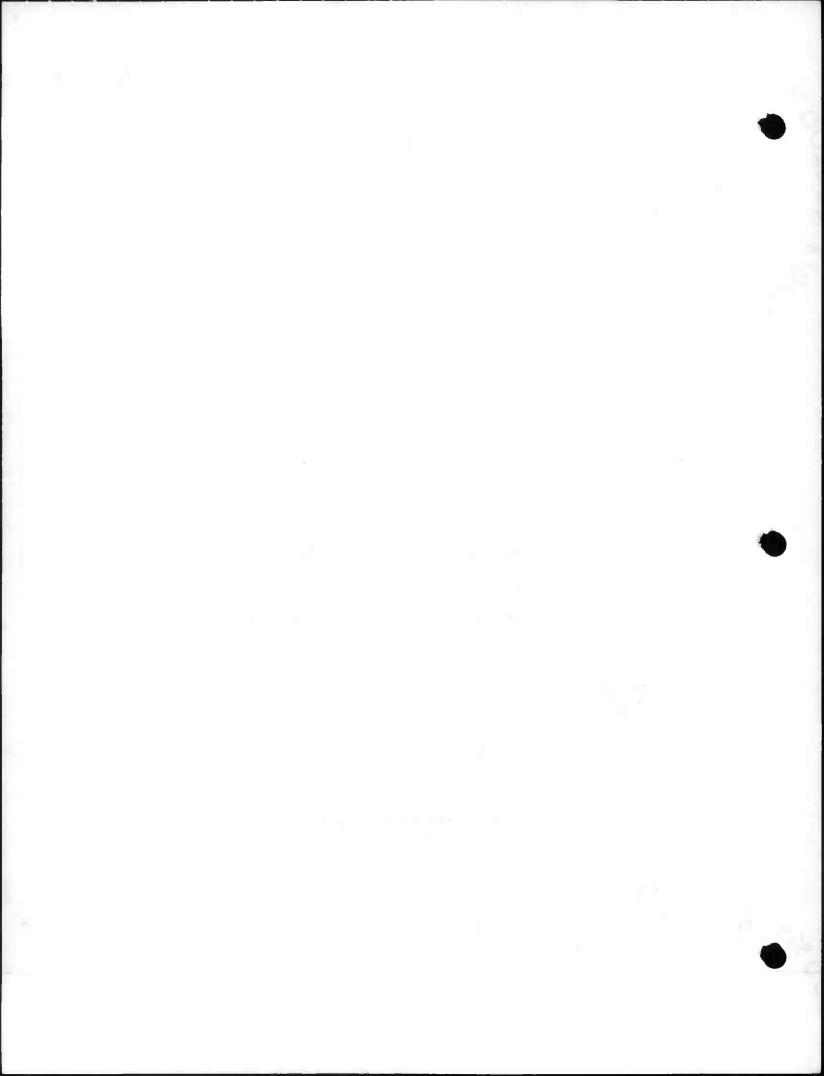
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	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME	NT OF H	IEALTH AND	MENTA	L HYGIEN	E C	94	04	829
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATN		3. TH	ME OF O	EATH
- 1		OSEPH COFI	EIL			2	- 18	9	9/2	30	AM
	4. SOCIAL SECURITY NUMBER 214-46-1756	5. SEX 6. AGE (In y)	MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH th, Day, Year) 3-23-46		BIRTNPLACE Country) MA	E (State o	-
	9a. FACILITY NAME (If not institution, give str			ITY, TOWN C	OR LOCATION OF D	_	20 1	9c. COUNTY			. 12
стов	419 OELLA AVENUE			CZ	ATONSVIL	LE		В	ALTIM	ORE	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCAT	TON					INSIDE C	YTE
- 1	MARYLAND B	ALTIMORE			ONSVILLE					YES 2	
FUNERAL	419 OFILA AVENUE			101	21.22	0		10g. CITIZEN	OF WHAT	COUNTRY	n
JNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	S. ARMED	3 WAS DEC	ENDENT OF HISPA		N? (Specify Ves		U.S.A.		ndles
	1 Never Merried 2 Merried	FORCES? 1 YES 2	≥ [X] NO	II yes, sp	ocify Cuban, Mexico	an, Puerto	Ricen, etc.)	14.	Black, White	le, atc.	noien,
ВУ	3 Widowed 4 Divorced				XX cpsc	· ·				HITE	3
ETED	15. DECEDENT'S EDUC (Specify only highest grade of		e. DECEDENT'S USUAL (Give kind of work do	ne durina mo	ON st of working	166	. KIND OF BUS	INESS/INDUS	TRY		
, E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired				CONTCITI	RUCTTO	NT.		
COMPL	9 17. FATHER'S NAME (First, Middle, Last)		IRON WOF	KEK					N -		
	CLARENCE E. COFI	FT.T.			18. MOTHER'S NA			Surneme)			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AODRI	FSS (Street a	ETHEL	M. Boute Num	YOX	State 7/n Co.	r(a)		
2		BROTHER)	610 HOLLO				, .		/	043	
	20e. METNOD OF DISPOSITION	20b. PL	ACE AND DATE OF DISP	OSITION (Na	me of	DAT	E 20c. LO	CATION - City	or Town, St	iate	
	Burlal 2 Cremetion 3 Removal from State Camerery, cremetory or other place GOOD SHEPHERD CEMETERY 02/21/94 ELLICOTT CITY MARYLAND										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  LEROY M & RUSSELL C WITZKE FUNERAL HOMES										
	VK. Crank	The L									
	23. PART I. Enter the diseeses, or co	oraplications that caused th	e deeth. Do not ent	ter the mo	DMONDSON de of dying, suc	h aa cer	NITE CA	ratory arrest	LLE	Approx	Imate
	shock, or heart fellure. L	shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel  Onset and Death									
	disease or condition s. Blodder Concer & Concer & milantary										
	rosotting in destiny	DUE TO (OR AS A CO	3						1		
Z	Sequentially the condition 6.										
E	Sequentielty list conditions, If any, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Diseese or Injury	DUE TO (OR AS A CO	NSEQUENCE OF:								
CERTIFICATION	thet initieted events resulting in death) LAST								İ		
		•									
ÄL	PART II. Other significent conditions	contributing to death but r	not resulting in the	underlying	g ceuse given in	Part I.	24a, WAS AN PERFOR		24b. WERE AVAIL	AUTOPS	
EDIC						_	1 TYES 2	NO	COMP	PLETION C EATH?	OF CAUSE
Σ									1 🗆	YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
20	EXAMINER?	HOSPITAL:	ОТН	ER:	ACE OF DEATH (C)						
HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatien 28s. DATE OF INJURY	28b. TIME OF	tursing Nom 28c. INJ	e 5 Residence		or (Specify) SCRIBE NOW II	I II IDV OCCUB	ED.		
	Netural 5 Pending	(Month, Day, Year)	INJURY	WO	RK?	aud. DE.	OCHIBE NOW II	TOOM? OCCOM	EU		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJURY /	At home, farm, atreet, f			281. LOCATION (Street end Number or Rural Route Number,					
빌	4 Nomicide determined building, atc. (Specify)										
COMPLETED	29e. CERTIFIER (Check only) (Ch										
ME	(Check only one)  2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner ee stated.										
ECC	29b. SIGNATURE AND JITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Morgh, Day, Year)										
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2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED COUSE OF DEATH	(ITEM 27) (Type, Print)	1			10	-/		_	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nous after death, Page 6 may be retained by the hospital or attending physician,	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should he filled within 72 hours after death with the State Dent. of Health and Mental Michieue order to burial cremation or removal	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a, WAS AN AUTOPSY PROPINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO		REGISTRAR CERTIFICATE OF DEATH REG. NO.
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23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or heart failure. List only one cause on each line.    Image: Condition and the properties of th		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NILL # CONTROL OF THE
Approximate in the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final diseases or conditions, resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injunt in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A THE COLUMN APPLY APP		P WYING FALLS PALKWAV
MMEDIATE CAUSE (Final disease or conditions, resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Attacosted to the provided of the cause		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate
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Tesulting in death) LAST  d	ATIO	fi any, leading to immediate
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PRINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Inpatient 2   DER/Outpatient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)  26. DATE OF INJURY AT WORKT AT		CAUSE (Disease Dr injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PRIPORNED?  1 VES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Inpatient 2 DER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  28. PLACE OF INJURY AT WORKT A	ERT	
AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATN 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined  28e. DATE OF INJURY At home, ferm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY At home, ferm, street, factory, office City or Town, State)  29e. CERTIFIER (Check only or Town, State)  29e. LICENSE NUMBER 29e. DATE SIGNED (Month, Day, Year)  29e. DATE SIGNED (Month, Day, Year)  29e. DATE SIGNED (Month, Day, Year)  29e. DATE SIGNED (Month, Day, Year)	O	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  HOSPITAL: 1   Inpettent 2   ER/Outpettent 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)  27. MANNER OF DEATN  1   Netural 5   Pending Investigation   Succidence   Nursing Home 5   Residence 6   Other (Specify)  28a. DATE OF INJURY   28b. TIME OF NURSY   Nursing Home 5   Residence 6   Other (Specify)  28b. TIME OF NURSY   Nursing Home 5   Residence 6   Other (Specify)  28c. INJURY AT   WORK?  1   YES 2   NO   Nursing Home 5   Residence 6   Other (Specify)  28c. INJURY AT   WORK?  1   YES 2   NO   Nursing Home 5   Residence 6   Other (Specify)  28c. INJURY AT   WORK?  1   YES 2   NO   Nursing Home 5   Residence 6   Other (Specify)  28c. INJURY AT   WORK?  1   YES 2   NO   Nursing Home 5   Residence 6   Other (Specify)  28c. INJURY AT   WORK?  1   YES 2   NO   Nursing Home 5   Residence 6   Other (Specify)  28c. INJURY AT   WORK?  1   YES 2   NO   Nursing Home 5   Residence 6   Other (Specify)  28c. INJURY AT   WORK?  1   YES 2   NO   NURSING HOW INJURY OCCURED   NURSING HOW INJURY OCCURED    28c. PLACE OF INJURY AT   WORK?  1   YES 2   NO   NURSING HOW INJURY OCCURED    28c. PLACE OF INJURY AT   WORK?  1   YES 2   NO   NURSING HOW INJURY OCCURED    28c. PLACE OF INJURY AT   WORK?  1   YES 2   NO   NURSING HOW INJURY OCCURED    28c. PLACE OF INJURY AT   WORK?  1   YES 2   NO   NURSING HOW INJURY OCCURED    28c. PLACE OF INJURY AT   WORK?  1   YES 2   NO   NURSING HOW INJURY OCCURED    28c. PLACE OF INJURY AT   WORK?  1   YES 2   NO   NURSING HOW INJURY OCCURED    28c. PLACE OF INJURY AT   WORK?  1   YES 2   NO   NURSING HOW INJURY OCCURED    28c. PLACE OF INJURY AT   WORK?  1   YES 2   NO   OTHER:  28c. PLACE OF INJURY AT   WORK?  28c. PLACE OF INJURY AT   WORK?  28c. PLACE OF INJURY AT   WORK?  28c. PLACE OF INJURY AT   WORK?  28c. PLACE OF INJURY AT   WORK?  28c. PLACE OF INJURY AT   WORK?  28c. PLACE OF INJURY AT   WORK?  28c. PLACE OF INJURY AT   WORK?  28c. PLACE OF INJURY AT   WORK?  28c. PLACE OF	2	HURRITURES COMPLETION OF CAUSE
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27. MANNER OF DEATH    Netural   5   Pending Investigation   28a. DATE OF INJURY   28b. TIME OF INJURY   1   YES 2   NO   28d. DESCRIBE HOW INJURY OCCURED	SICI	EXAMINER? HOSPITAL: OTHER:
1   Accident   S   Pending Investigation   S   Pending Investigation   S   Suicide   A   Homicide   Could not be determined   See. PLACE OF INJURY — At home, ferm, street, factory, office   Dubliding, etc. (Specify)   See. PLACE OF INJURY — At home, ferm, street, factory, office   Dubliding, etc. (Specify)   See. PLACE OF INJURY — At home, ferm, street, factory, office   Dubliding, etc. (Specify)   City or Town, State)   See. PLACE OF INJURY — At home, ferm, street, factory, office   Dubliding, etc. (Specify)   City or Town, State)   See. PLACE OF INJURY — At home, ferm, street, factory, office   Dubliding, etc. (Specify)   City or Town, State)   See. PLACE OF INJURY — At home, ferm, street, factory, office   Dubliding, etc. (Specify)   City or Town, State)   See. PLACE OF INJURY — At home, ferm, street, factory, office   Dubliding, etc. (Specify)   City or Town, State)   City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or T	<u> </u>	27. MANNER OF DEATN 286. DATE OF INJURY 286. TIME OF 28c. INJURY AT 286. DESCRIBE HOW INJURY OCCURED
3 Suicide 4 Homicide 5 Could not be datermined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basel of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	>	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO
29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CENTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)	8	4 Homicide determined determined
296. SIGNATURE AND TITLE OF CENTRUM  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  297. (Type, Print),	9	A APPROXICE TO A APPR
296. SIGNATURE AND TITLE OF CENTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. (Month, Day, Year)  297. 1979  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	MP	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		
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I FITTH OF THE LITES, CHURCH FILME LITESDITUS, 100 /V BICKARWILL DILTEM	F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print),  KHALIO AL TACIB, Church Home Hospital, 100 N Broadway, Baltimor
31. DATE FILED (Month, Day, Year) 32 TREGISTRAR'S SIGNATURE FEB 2 2 1994 File Survey Registrar's SIGNATURE	- 17	



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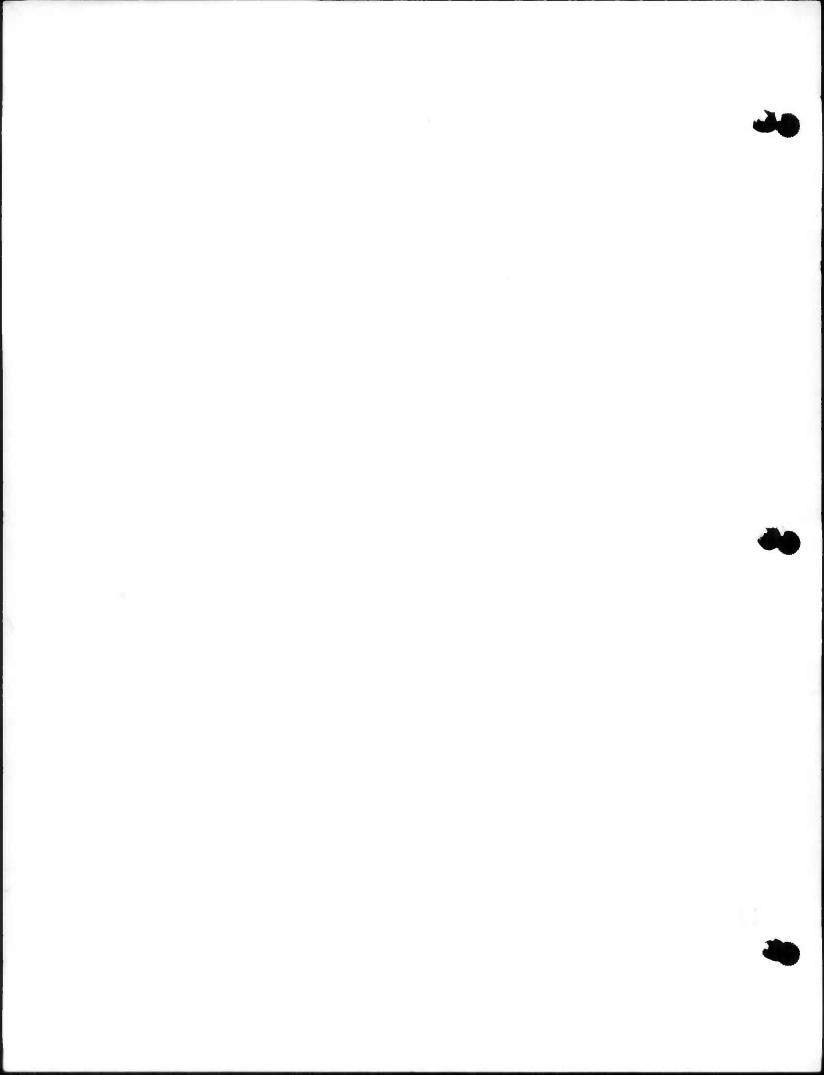
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 04831 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 0 2 YEAR 10:05 PM osa TON 94 SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 12-341 COUMCAROLINA 1 M 2 VF 09-09-00 TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH Se BON SECOU DIRECTOR 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e. STATE IMOR 1 NES 2 NO 11 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10s. STREET AND NUMBER 10f. ZIP COOE 2120 602 PENNSYL 215 VANIA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Marri SpecifiBLACK 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 185 KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN LENKNOWN 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JULIUS THOMPSON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1100 PENNSYLVANIA AVE, APT 508 BALTIMORE, MD. 21201 MINNIE V. CRAFTON METHOD OF DISPOSITION

Burlel 2 Cremation 3 Re

Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or BALTIMORE NATIONAL CEMETERY 2/17/94 BALTIMORE, MD. 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL SERVICE P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE BALTIMORE, MD 21217 1300 EUTAW PLACE, 23. PART I. Enter the classes, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or been failure. List only one cause on each line. Approximete Interval Between Onset end Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Extensive Nota DUE TO (OR AS A CONSEQUENCE OF): NEUMONIA MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Track DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART if. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Congestin COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investige 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2

W. MOUNT Rujo

32 AEGISTRAB'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020

should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

hours after death certificate be executed HOSPITAL DR ATTENDING PHYSICIAN: The law TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: 1

BE

2

permit. Pages 1, 2, 3 funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 76 notified death. Page 6 may be pe must examiner in and completely filled in by the to burial, cremation, or removal. medicai the event. traumatic signed by the attending physician Health and Mental Hygiene prior to other 10 Injury, any shows : certificate has been h the State Dept. of 23 0 this c marked, DIRECTOR: After to hours after death v 60 28 Item FUNERAL I

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 8:30 Culbreath Nilliam 20 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 4 - 14 - 2 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTNPLACE (State or Foreign DAYS HOURS 94694 Country) 1 M 2 - F G 218-22-2433 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN 3711 CLIFTON DIRECTOR BAltimore 10c. CITY, TOWH OR LOCATION ton STATE 10b. COUNTY 10d. INSIDE CITY BAltimore MI 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3711 CliFton AUC 21216 43 A 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 € NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced Black 15. DECEDENT'S EDUCATION COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16h KIND OF BUSINESS/INGUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Supervisor Refrigerator 17. FATHER'S NAME (First, Middle, Last) 18. MOTRER'S NAME (First, Middle, Maiden Sumame) Leslic Merbah BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Leslie mo 1/iFton Balto. Ave 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Cremator Bolto Md Metro 21. SIGNATURE OF FUNERAL SEE 22. NAME AND ADDRESS OF FACILITY 1206 BUC Wm. Community Fune-N/ C. Brown Home 23. PART I. Enter the disesses, de co mplications that caused the deeth. Do not enter the mode of dying, such ee cardiec or respiratory errest, Approximete Interval Between shock, or heart failure. List only one ceuse on each line Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) 9 uncer menth DUE TO UR AS A CONSEQUENCE OF: CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: MA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATN (Check only one) HOSPITAL OTHER: 1 TYES 2 NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 🔀 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Nomicide

29a. CERTIFIER (Check only one)

29a. MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner as stated. 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month. Day. Year) m 3589

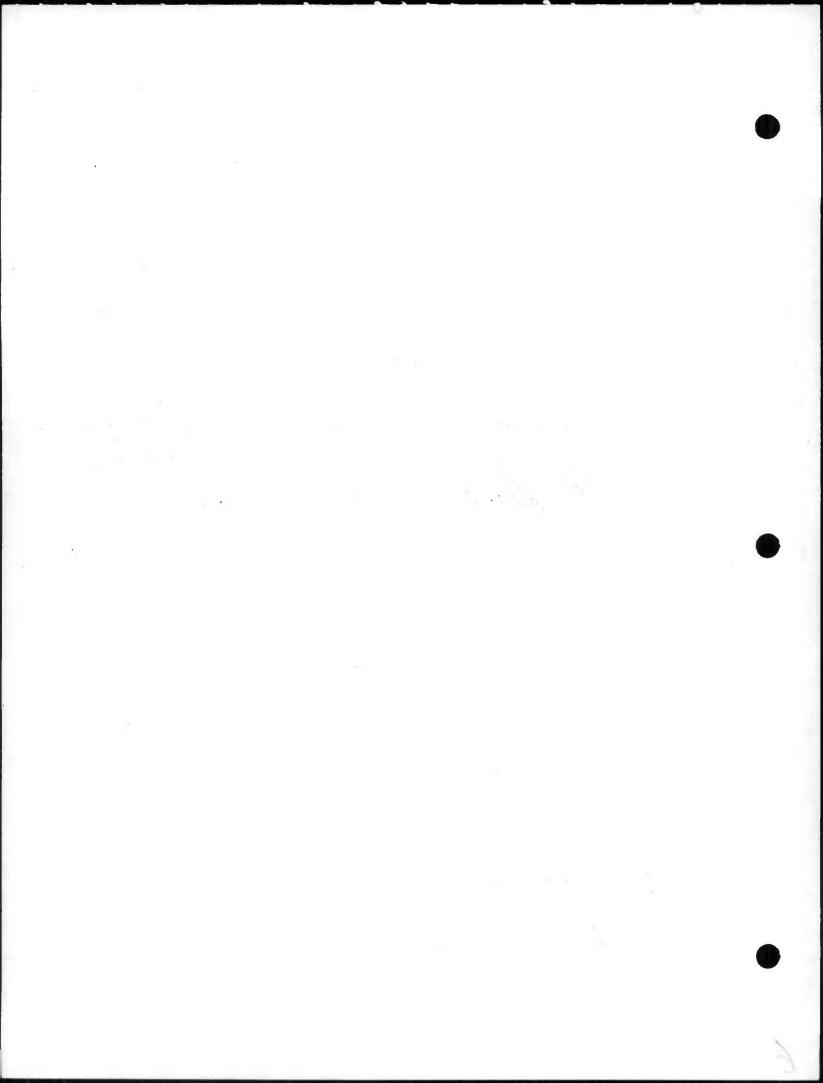
OEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day,

FFB 2 2 1994

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

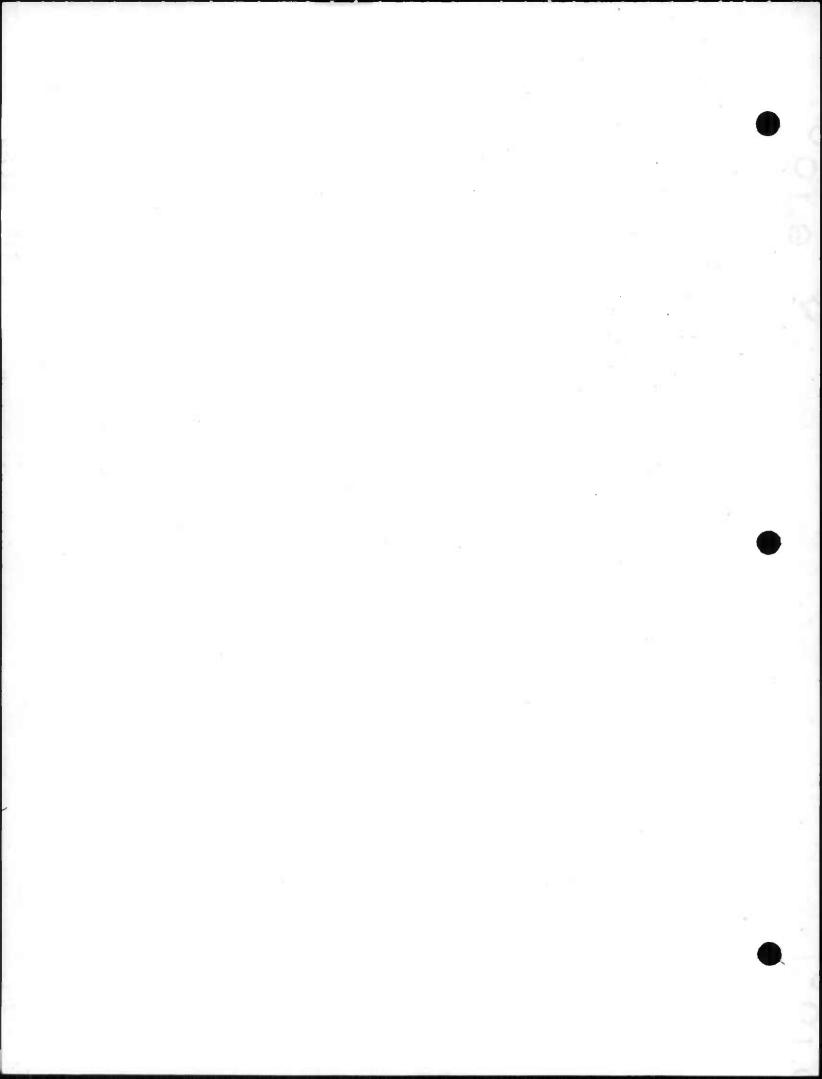


1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

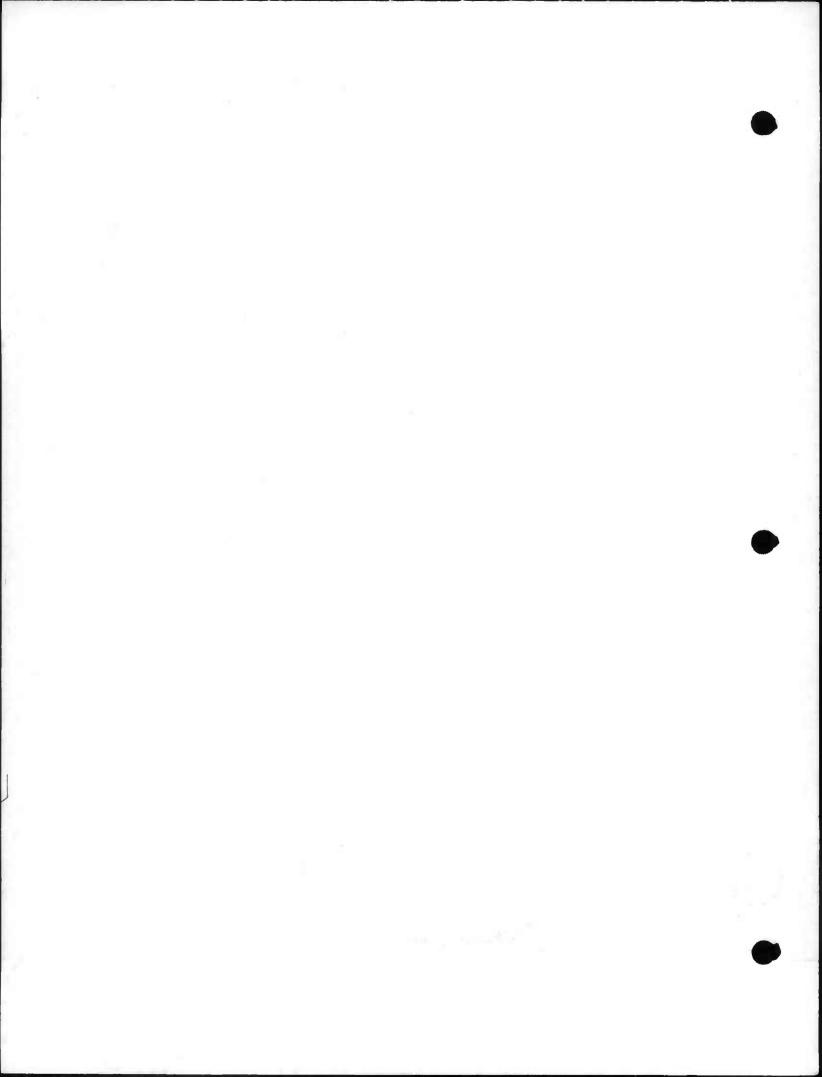
		1. DECEDENT'S NAME (First,	A 44 - 44 - 45 - 45									_			
			Middle, Last)								2. DATE OF D MONTH	DA		YEAR	3. TIME OF DEATH
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		213-03-4771			81	Y	rRS.		, moons				13		ryland
1.		9e. FACILITY NAME (If not ins	titution, give s	treet and number)			9b. 0	CITY, TOWN	OR LOCATI	ON OF DEAT	гн		9c. COU	NTY OF D	EATH
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튑	- 1	21. SIGNATURE OF FURBINE	SERVICE LIC	ENDEE	$\overline{}$			22. NAME Schit	and addre	ss of facil Fune:	uty ral Ho	mes.	In	2	
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- T		23. PART I. Enter the dis	108505, 05	omplications tha	t ceused ti	he deeth,	Do not er	nter the n	node of dy	ing, such	as cerdiec	or resign	story are	yet,	Approximate
				Liet only one ceu	ise on eec	h iine.						1	_	$\supset$	Interval Between Onset and Deat
Ĕ		disease or condition	 <b>→</b>	Card	10000	10	1/100	K					M.C	>	1
Ven		resulting in death)	•	DUE TO	(OB AS A C	ONSEQUEN	VCE OF):						- 4	\$	1
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F 8	Ş			- continuenting to	Geath Dat	not resur	iting in the	diderty	ing cause (	given in ra	art 1, 248.			240.	WERE AUTOPSY FINDING: AWAILABLE PRIOR TO
E   C											10	YES 2	NO		OF DEATH?
ĕ   =	- 11										1				1 _ YES 2 _ NO
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CIAN		25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			ore		PLACE OF D	EATH (Check	k only one)				
VSICIAN	1000	EXAMINER?  1 YES 2 NO	MEDICAL	1 2 Inpatient 2			00A 4 🗆	IER: Nursing Ho	ome 5 🗆 Re		k only one)	ectfy)			
TVSICIAN		EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH		HOSPITAL: 1 Inputent 2 Cas. DATE OF	INJURY		b. TIME OF	1ER: Nursing He	ome 5 Re	esidence 6	Other (Spe	E HOW IN	JURY 96	CURED TR. W	rile making
Ned, or item 23 PHYSICIAN		EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Industrial 5 P	MEDICAL Pending	28a. DATE OF (Month, D	INJURY lay, Year) V 15, 19	94 ~	b. TIME OF	HER: Nursing He	ome 5 Re	esidence 6	Other (Spe	E HOW IN	JURY OF	CURED re w	ile making
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m 28 is marked, or item 23 FTED BY PHYSICIAN		EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5 P  2  Accident f  3 Suicide 8 C	Pending investigation Could not be latermined	28a. DATE OF (Month, D) FLO TU QU 28a. PLACE O	INJURY lay, Year) Y 15, 19 F INJURY — atc. (Specify)	At home, 1 Home	DOA 4 D. b. TIME OF INJURY A B. farm, street,	1ER: Nursing Ho 28c. II 1 1	ome 5 Re NJURY AT WORK? YES 2 §	NO 2	Other (Special Description of the Control of the Co	N (Street al	tex:	or Rural F Belt	oute Number,
f Item 28 is marked, or item 23		EXAMINER?  1  Yes 2 NO  27. MANNER OF DEATH  1  Netural 5 F Accident  3  Suicide 8 G 4 Homicide d  29e. CERTIFIER (Check only)	Pending Investigation Could not be latermined	28a. DATE OF (Month, D)  28a. DATE OF (Month, D)  28a. PLACE Of building.	INJURY ay, Year)  Y 15, 19  F INJURY — atc. (Specify)  my knowled	At home, 1 Home	b. TIME OF INJURY - BOA A R	Nursing Ho 28c. II 1 factory, of	Ome 5 Re NJURY AT WORK? YES 2 To	Position of the second of the	Other (Special Description of the Color of t	N (Street and No. State)	tex.  Ind Number  Dr.;	or Rural F Best Best	oute Number,
f Item 28 is marked, or item 23		EXAMINER?  1  Yes 2 NO  27. MANNER OF DEATH  1  Netural 5 F Accident  3  Suicide 8 G 4 Homicide d  29e. CERTIFIER (Check only)	Pending nestigation Could not be letermined FYING PHYSI CAL EXAMINE	28a. DATE OF (Month, D)  28a. DATE OF (Month, D)  28b. PLACE OF Duliding.  CIAN: To the best of a:	INJURY ay, Year)  Y 15, 19  F INJURY — atc. (Specify)  my knowled	At home, 1 Home	b. TIME OF INJURY - BOA A R	Nursing Ho 28c. II 1 factory, of	ome 5 Re NJURY AT WORK? YES 2 § Ifice	Position of the second of the	Other (Spiece) Red DESCRIE Red Co Res. LOCATION City or To B 2 3 5 C The ceuse(s) The ceuse(s)	N (Street and No. State)	Dr.;	or Rural F Belt  ed.  ne ceuse(s	oute Number, IMOSE, MD
IPORTANT: If Item 28 is marked, or Item 23 BF COMPI FTFD BY PHYSICIAN		EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Sterum 5 P  2 Accident 3 Suicide 8 C  4 Homicide d d  29e. CERTIFIER (Check only one) 2 MEDIC	Pending nestigation Could not be letermined FYING PHYSI CAL EXAMINE	28a. DATE OF (Month, D FLO TU QU 28a. PLACE d building.  CIAN: To the best of a:	INJURY ay, Year)  Y 15, 19  F INJURY — atc. (Specify)  my knowled	At home, 1 Home	b. TIME OF INJURY - BOA A R	Nursing Ho 28c. II 1 factory, of	NJURY AT WORK?  YES 2 Infice  ste end place, death occur  29c. LICE	and due to and at the limit	Other (Spiner)  Red. DESCRIE  Red. C C  Ref. LOCATION  City or To  B 2 3 5 C  The ceuse(s)  The, date end  ER	N (Street and No. State)	on find Number  Dr. ;  ner as stat  due to th	or Rural F Belt  ed.  ne ceuse(s	oute Number,  IMOSE, MD  and menner es steted.  (Month, Dey, Year)
INTANT: If Item 28 is marked, or Item 23 F COMPLETED BY PHYSICIAN		EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Sterum 5 P  2 Accident 3 Suicide 8 C  4 Homicide d d  29e. CERTIFIER (Check only one) 2 MEDIC	Pending investigation Could not be latarmined FYING PHYSICAL EXAMINE OF CERTIFIER	28a. DATE OF (Month, D FL6 FU 20 28a. PLACE d building.  CIAN: To the best of an an an an an an an an an an an an an	INJURY ley, Year)  Y 15, 19  F INJURY — atc. (Specify)  my knowled xamination e	At home, 1 Home	DOA 4 D. TIME OF INJURY A R. Farm, street, coccurred at titigation, in r	Nursing Ho 28c. II 1 factory, of	NJURY AT WORK?  YES 2 Infice  ste end place, death occur  29c. LICE	end due to at the lim	Other (Spiner)  Red. DESCRIE  Red. C C  Ref. LOCATION  City or To  B 2 3 5 C  The ceuse(s)  The, date end  ER	N (Street and No. State)	on find Number  Dr. ;  ner as stat  due to th	or Rural F Belt led. te ceuse(s	oute Number,  IMOSE, MD  and menner es steted.  (Month, Dey, Year)
IPORTANT: If Item 28 is marked, or Item 23 BF COMPI FTFD BY PHYSICIAN		EXAMINER?  1  Yes 2 NO  27. MANNER OF DEATH  1  Heturel 5 F 2  Accident 3 Suicide 8 C 4 Homicide 6  29e. CERTIFIER (Check only one) 2 MEDIC  29b. SIGNATURE AND TITLE	Pending investigation Could not be latarmined FYING PHYSICAL EXAMINE OF CERTIFIER	28a. DATE OF (Month, D FL6 FU 20 28a. PLACE d building.  CIAN: To the best of an an an an an an an an an an an an an	INJURY ley, Year)  Y 15, 19  F INJURY — atc. (Specify)  my knowled xamination e	At home, 1 Home	DOA 4 D. TIME OF INJURY A R. Farm, street, coccurred at titigation, in r	Nursing Ho 28c. II 1 factory, of	NJURY AT WORK?  YES 2 Infice  ste end place, death occur  29c. LICE	end due to at the lim	Other (Spiner)  Red. DESCRIE  Red. C C  Ref. LOCATION  City or To  B 2 3 5 C  The ceuse(s)  The, date end  ER	N (Street and No. State)	on find Number  Dr. ;  ner as stat  due to th	or Rural F Belt led. te ceuse(s	oute Number,  IMOSE, MD  and menner es steted.  (Month, Dey, Year)
IPORTANT: If Item 28 is marked, or Item 23 BF COMPI FTFD BY PHYSICIAN		EXAMINER?  1  Yes 2 NO  27. MANNER OF DEATH  1  Heturel 5 F 2  Accident 3 Suicide 8 C 4 Homicide 6  29e. CERTIFIER (Check only one) 2 MEDIC  29b. SIGNATURE AND TITLE	Pending Investigation Could not be letermined  FYING PHYSI CAL EXAMINE  OF CERTIFIEF  PERSON WH	28a. DATE OF (Month, D FL6 FU 20 28a. PLACE d building.  CIAN: To the best of an an an an an an an an an an an an an	INJURY  oy, Year)  FINJURY  atc. (Specify)  my knowled  xamination e	At home, 1 Howai ge, death o	DOA 4 b. TIME OF INJURY BOAR A farm, street, coccurred at the street of the street	Nursing Ho 28c. II 1 factory, of	NJURY AT WORK?  YES 2 Infice  ste end place, death occur  29c. LICE	end due to at the lim	Other (Spiner)  Red. DESCRIE  Red. C C  Ref. LOCATION  City or To  B 2 3 5 C  The ceuse(s)  The, date end  ER	N (Street and No. State)	on find Number  Dr. ;  ner as stat  due to th	or Rural F Belt led. te ceuse(s	oute Number,  IMOSE, MD  and menner es steted.  (Month, Dey, Year)
	was any injury, or other traumatic event, the medical examiner must be notified at once.  TO BE COMBLETED BY FINITED IN	tows any injury, or other traumatic event, the medical examiner must be notified at AEDICAL CERTIFICATION TO BE (	213-03-4771  9e. FACILITY NAME (# not ins Francis Sc. RESIDENCE OF DEC 10e. STATE Maryland  10e. STREET AND NUMBER 8235 Laure 11. MARITAL STATUS 1 Nover Merried 2 Street of the state of t	4. SOCIAL SECURITY NUMBER  213-03-4771  90. FACILITY NAME (If not institution, give is Francis Scott Keenside S	4. SOCIAL SECURITY NUMBER  213-03-4771  90. FACILITY NAME (If not institution, give street and number)  Francis Scott Key Hospit  FRESIDENCE OF DECEDENT  100. STATE  100. COUNTY  Maryland  100. STREET AND NUMBER  8235 Laurel Drive  11. MARITAL STATUS  1 Never Married 2 Merried  12. WAS DECEDENT FORCES? 1  16 YES, GIVE V  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  16 YES, GIVE V  17. FATHER'S NAME (First, Middle, Last)  John J. Cole  19a. INFORMANT'S NAME (Typa/Print)  Jerald J. Ciekot (Son)  20a. METHOD OF DISPOSITION  1 N Burlel 2 Cremation 3 Removal from State  4 Donetton 5 Other (Specify)  21. BEGNATURE OF PUBLISH SERVICE LICENSEE  25. PART I. Enter the diseases, of complications that shock, or heaft faithfure. Liet only one cet immediate cause. Enter UNDERLYING  CAUSE (Disease or Injury thet initiated events resulting in death)  PART II. Other algnificant conditione contributing to the service selection of the cause. Enter UNDERLYING  CAUSE (Disease or Injury thet initiated events resulting in death)  PART II. Other algnificant conditione contributing to	4. SOCIAL SECURITY NUMBER  213-03-4771  90. FACILITY NAME (# not institution, give street and number)  Francis Scott Key Hospital  RESIDENCE OF DECEDENT  100. STATE  100. STA	4. SOCIAL SECURITY NUMBER 213-03-4771  90. FACILITY NAME (If not institution, give street and number)  Francis Scott Key Hospital  RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland 100. STREET AND NUMBER 82.35 Laurel Drive 11. MARITAL STATUS 1	4. SOCIAL SECURITY NUMBER  213-03-4771  9. FACILITY NAME (# not institution, give street and number)  9. FACILITY NAME (# not institution, give street and number)  Francis Scott Key Hospital  RESIDENCE OF DECEDENT  100. STATE  100. CITY, TOW  Maryland  100. STATE  100. STATE  100. STATE  100. STATE  100. STATE  100. STATE  100. STATE  100. STATE  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 MO IF YES, GIVE WAR OR DATES  13. Widowed 4 \( \) Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S USUA (Give Mard of work of inthe Do NOT use of Inthe Do NOT use of Inthe Do NOT use of Inthe Do NOT use of Inthe Do NOT use of Inthe Do NOT use of Inthe Do NOT use of Inthe Do NOT use of Inthe Do NOT use of Inthe Do NOT use of Inthe Do NOT use of Inthe Do NOT use of Inthe Do NOT use of Inthe Do NOT use of Inthe Do NOT use of Inthe Do Not use of Inthe Do NOT use of Inthe Do NOT use of Inthe Do Not	4. SOCIAL SECURITY NUMBER  213-03-4771  1	4. SOCIAL SECURITY NUMBER 213-03-4771  1	MARIE E. CIEKOT  4. SOCIAL SECURITY NUMBER  1. S. SEX  5. SEX  6. AGE (in yrs. lest birthday)  81	MARIE E. CIEKOT  4. SOCIAL SECURITY NUMBER 213-03-4771  5. SCAL SECURITY NUMBER 212-03-4771  5. SCAL SECURITY NUMBER 213-03-4771  5. SCAL SECURITY NUMBER 212-03-4771  5. SCAL SECURITY NUMBER 213-03-4771  5. SCAL SECURITY NUMBER 213-0	MARIE E. CIEKOT  1. SOCIAL SECURITY NUMBER  2. SOCIAL SCUPITY OF SCUPITY NUMBER  2. SOCIAL SCUPITY NUMBER  2. SOCIAL SCUPITY NUMBER  2. SOCIAL SCUPITY NUMBER  2. SOCIAL SCUPITY NUMBER  2. SOCIAL SCUPITY NUMBER  2. SOCIAL SCUPITY NUMBER  2. SOCIAL SCUPITY NUMBER  2. SOCIAL SCUPITY NUMBER  3. SOCIAL SCUPI	MARIE E. CIEKOT  1. SOCIAL SECURITY NUMBER  2.13-03-4771  1. Mar 2 M F  8.1 VYS.  8.1 VYS.  8.1 VYS.  8.1 VYS.  8.2 M VYS.  8.2 M VYS.  8.2 M VYS.  8.2 M VYS.  8.3 VYS.  8.4 M VYS.  8.5 M VYS.  8.5 M VYS.  8.6 CITY, TOWN OR LOCATION OF DEATH  2.13-03-4771  8.5 COUT TOWN OR LOCATION OR DEATH  8.5 COUT TOWN OR LOCATION OR LOCATION OR DEATH  8.5 COUT TOWN OR LOCATION	MARIE E. CIEKOT  1. SOCAL SECURITY HUMBER  2. SOCAL SCURITY HUMBER  3. SOCAL SCURITY HUMBER  4. SOCAL SCURITY HUMBER  4. SOCAL SCURITY HUMBER  4. SOCAL SCURITY HUMBER  4. SOCAL SCURITY HUMBER  5. SOCAL SCURITY HUMBER  5. SOCAL SCURITY HUMBER  5. SOCAL SCURITY HUMBER  6. SOCAL SCURITY  6. SOCAL SCURITY HUMBER  6. SOCAL SCURITY HUMBER  6. SOCAL S

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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One HEPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE MALERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find in by the human director, page		the second section of the second section of the second section second section
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1. DECEDENT'S NAME (First, Middle, Last)	F DEATH REG. NO.							
	2. DATE OF DEATH 3. TIME OF DEATH							
MICHAEL W CAOLO	FEB 17 1914 8:05 Am							
4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR  DAY:  1. M 2 F	B HOURS MIN. (Month, Day, Year) Country)							
40	NOR LOCATION OF DEATH 96. COUNTY OF DEATH							
Harbor Hospital Center Baltin								
Harbor Hospital Center  RESIDENCE OF DECEDENT  10e. STATE  Maryland  Harbor Hospital Center  Baltimore  Baltimore	LIMITS?							
	- M 120 1 0 110							
3610 - 5th Street	101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? U.S.A.							
	DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No							
	specify Cuben, Maxican, Puarto Rican, etc.)  RES 2 M NO Specify:  White							
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during	ATION 16b. KIND OF BUSINESS/INDUSTRY							
III Flamentary/Recordery (B.12) College (1.4 or F.) iife. Do NOT use retired.)								
12th Grade I.aborer  17. FATHER'S NAME (First, Middle, Last)	Baltimore City							
17. FATHER'S NAME (First, Middle, Last) Frank Caolo	18. MOTHER'S NAME (First, Middle, Melden Surname) Genevieve Rose Gallagher							
Diane Wratchford  190. INFORMANT'S NAME (Type/Print)  Diane Wratchford  190. Mailing address (Street  822 Matthews	et and Number or Aural Aoute Number, City or Town. State, Zip Code) S Avenue Baltimore, Maryland 2122							
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION cemetery, crematory or other place)	(Name of DATE 20c. LOCATION — City or Town, State							
4 Donation 5 Other (Specify) Holy Cross Ceme								
21. BIGHATURE OF FUNERAL BERVICE LICENSEE	and address of facility age J. Gonce Funeral Home P.A.							
1 1/1/2	Ritchie Hwy. Baltimore, Md. 21225							
disease or condition a.  SETSIS  DUE TO (OR AS A CONSEQUENCE OF):  NEW MONIN  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
resulting in death) LAST d. LITHIUM INTEXICATION								
PART II. Other algorificant conditions contributing to death but not resulting in the underly  BIFOLDE  DISURDER	/ing cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 □ YES 2 ☑ NO  24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 □ YES 2 □ NO							
	. PLACE OF DEATH (Check only one)							
25. WAS CASE REFERRED TO MEDICAL 26.	The HOUSe Committee was book to							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	Iome 5 Residence 8 Other (Specify)							
27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) INJURY 28b. TIME OF INJURY	INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?							
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  28. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY (Month, Day, Year)  M 1	INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED							
27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  4 Homicide  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  At home, farm, street, factory, of building, atc. (Specify)	INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED							
27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  4 Homicide  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  At home, farm, street, factory, of building, atc. (Specify)	INJURY AT WORK?  VES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  WITCH 10 NO NO NO NO NO NO NO NO NO NO NO NO NO							
EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing H  27. MANNER OF DEATH  1 Netural 5 Pending investigation  3 Suicide 6 Could not be determined  28a. PLACE OF INJURY At home, farm, street, factory, of building, atc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, of building, atc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, of building, atc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, of building, atc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, of building, atc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, of building, atc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, of building, atc. (Specify)	INJURY AT WORK?  YES 2 NO  1816 NO NO NO NO NO NO NO NO NO NO NO NO NO							
27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  28a. PLACE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY — At home, farm, street, factory, of building, atc. (Specify)  29a. CERTIFIER (Check only)  29b. SIGNATURE AND TITLE OF CERTIFIER  28b. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY — At home, farm, street, factory, of building, atc. (Specify)  29c. CERTIFIER (Check only)  29b. SIGNATURE AND TITLE OF CERTIFIER  28b. DATE OF INJURY — At home, farm, street, factory, of building, atc. (Specify)  27b. SIGNATURE AND TITLE OF CERTIFIER	INJURY AT WORK?  VES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  WITCH 10 NO NO NO NO NO NO NO NO NO NO NO NO NO							
27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, of building, stc. (Specify)  29s. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the best of my knowledge, desth occurred at the time, done) 2 MEDICAL EXAMINER: On the breats of examination and/or investigation, in my opinion	INJURY AT WORK?  YES 2 NO  28f. LOCATION (Street and Number or Rural Routa Number, City or Town, State)  Ista and place, and due to the cause(s) and manner as stated.  In, death occured at the time, data and place, and due to the cause(s) and menner as stated.  29c LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  7 - 17 - 9 4							



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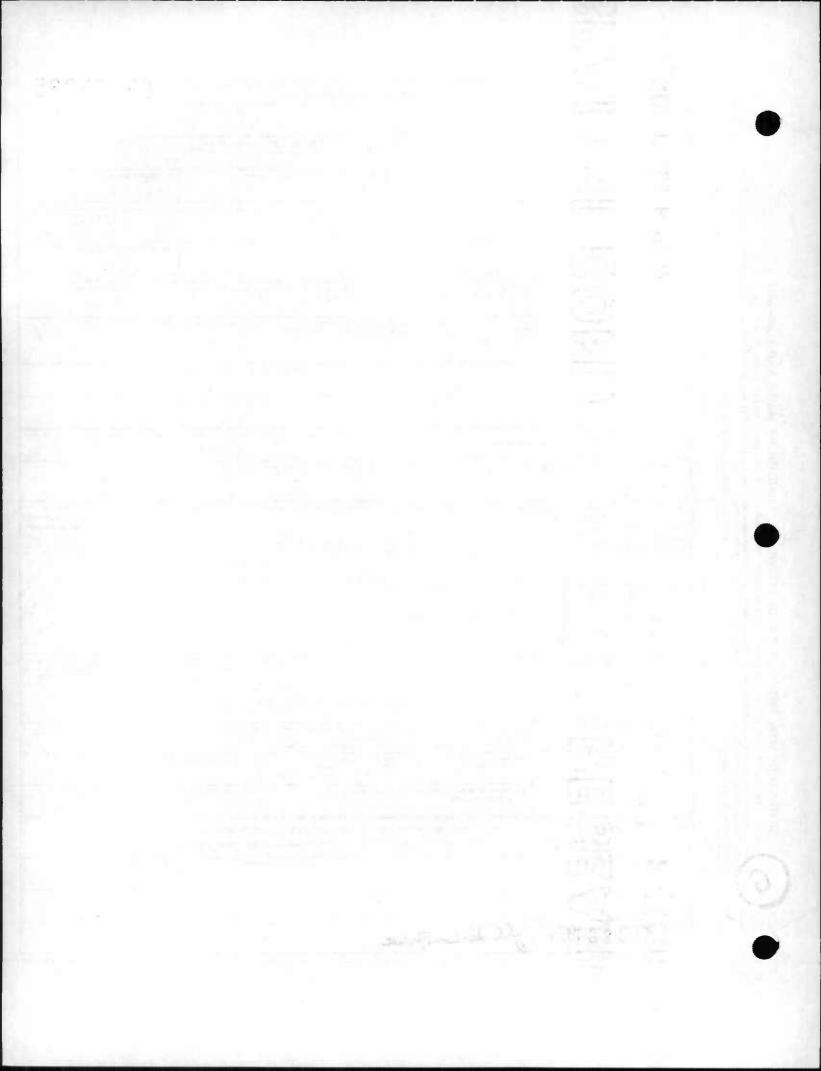
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending phy	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur	eath
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ysician. inal-transit permit. Pages 1, 2, 3 should IN THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Ours after death. Page 6 may be retained by the hosp of the LONG COMPLECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached that a hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

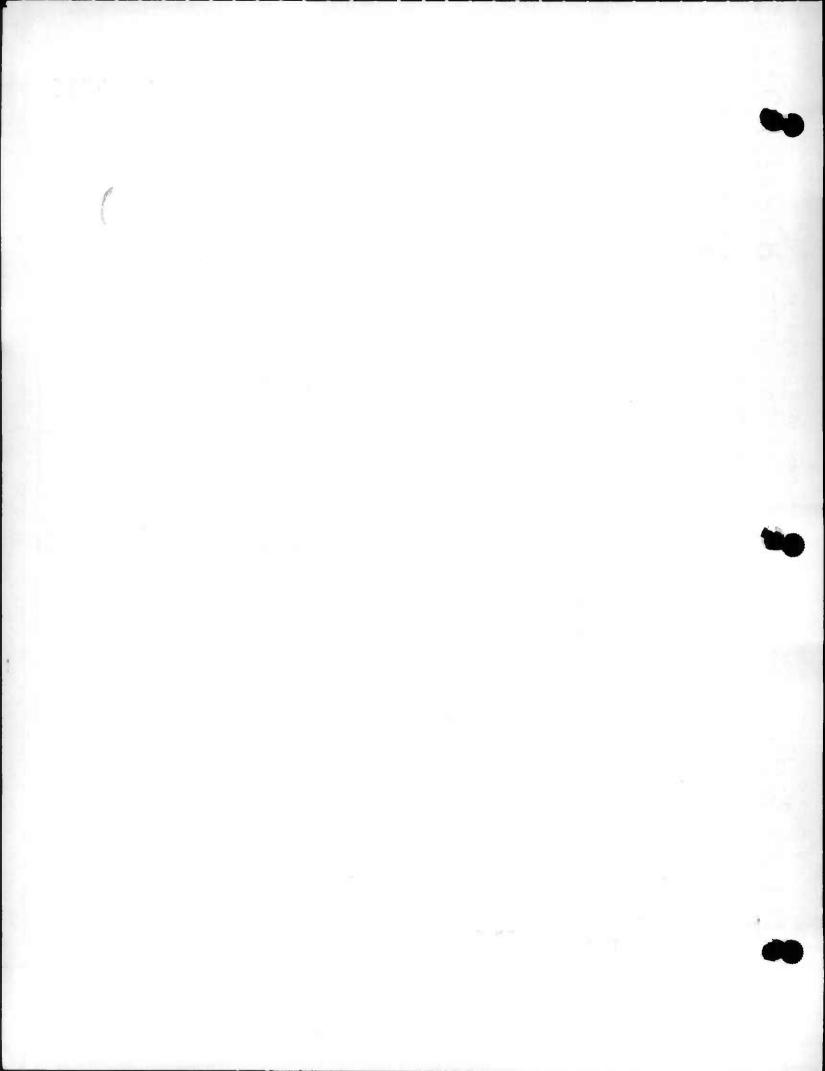
MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF H	EALTH AND DEATH	MENTA	L HYGIEN		<b>,</b> (	14835
TAX STATE	1. DECEDENT'S NAME (First, Middle, Last)	George F.	Carrick	<b>C</b>		2. DATE MONTO	OF DEATH		EAR	TIME OF DEATH
3	4. SOCIAL SECURITY NUMBER 218 12 2798	1 🙀 M 2 🗆 F	E (In yrs. last birthday) 91 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH h, Day, Year) /02/19		BIRTHPLA Country) Mary	CE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give of 184 Meadow Roa Residence of Decement			Pasade	na Location of	DEATH		Pe. COUNTY	of DEAT	
DIRECTOR	10e. STATE 10b. COUNT		100	Y, TOWN OR LOCA	TION				10	d. INSIDE CITY LIMITS?
								10g. CITIZEI		T COUNTRY?
FUNERAL	184 Meadow Road		21122			U.	S.A.			
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ecify Cuban, Maxi	can, Puerto I		or No 14	RACE — Black, W Specify:	American Indian, Thite, atc.  White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(CATION completed) College (1-4 or 5+)	(Give kind of silfe, Do NOT us	,	st of working	166		BINESS/INDUS		
OMP	12th Grade  17. FATHER'S NAME (First, Middle, Leat)		Engine	er Surv		AME (First )		of Bal	timo	re
BE C										
TO B	196. INFORMANT'S NAME (Type/Print)  Catherine Lille	∋у		aveland				n. State, Zip Co Mary]		21228
	20s. METHOD OF DISPOSITION  1 © Buriel 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, grematory of other place), MeadOWridge Memorial Park 2/22 Baltimore, Maryland									
	21. SIONATURE OF FUNERAL SERVICE LI	Jones Jo	ne	Georg	e J. Go Ritchie	nce F	unera1	Home	P.A.	
NC	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions.	a. Congasta Due to (or as	S A CONSEQUENCE OF	livny	gratez	/				Approximate Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	· Coronar	A CONSEQUENCE OF	eny Do	year	_				
PHYSICIAN: MEDICAL	PART II. Other algoriticant condition  Delrychaf	In the underlyIn	g cause given i	n Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AM CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (	Check only or	ne)			-
IYSI	1   YES 2   NO	1 Inpatient 2 ER/O		OTHER:						
	1 Natural 5 Pending	26a. DATE OF INJUR (Month, Day, Year		JURY WO	PURY AT PAK? YES 2 NO	28d. DES	SCRIBE HOW I	NJURY OCCUP	ED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	26a. PLACE DF INJU building, atc. (S)	RY — At home, farm, pecify)	street, factory, offic	•		ATION (Street a or Town, State)	and Number or	Rural Route	a Number,
COMPLET	one) —	ICIAN: To the best of my kno							euse(e) en	nd manner as stated.
BE	296 STGNATURE AND TITLE OF CERTIFIE		m.5	•	29c. LICENSE N	UMBER				onth! Day, Year)
5	30, MAME AND ADDRESS OF PERSON WI	entain Ro	Pasa	idena	Md ó	5113	-2			
	31. DATE FILED 2 2 1994	32. PEGISTRAPI SI	GNATURE ACTOR							



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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			ENTAL HYGIEN	,	4 04836
	1. DECEDENT'S NAME (First, Middle, Las Viola Berth	na Campodonico				NOTE OF DEATH	94 Y	3. TIME OF DEATH *8:45 p
	4. SOCIAL SECURITY NUMBER 212 01 7082	1 □ M 2 1 F 84	YRS.	IF UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
TOR	98. FACILITY NAME (If not institution, given Johns Hopkins RESIDENCE OF DECEDENT			Balkim	R LOCATION OF DEAT	Н	9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUN	тү		TOWN OR LOCAT				10d. INS DE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1111 North Ca	lvert Street			21201		10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2  NO		ENDENT OF HISPANIC ocity Cuban, Maxican, 2 NO Specify:			RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wo life. Do NOT USE Administ	rk done during mot retired.)	N st of working	News-A	usiness/indus Merica:	
ш	17. FATHER'S NAME (First, Middle, Lest) William Furman				18. MOTHER'S NAME LaurA (	(First, Middle, Maide Jhler	n Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print) Irving Porter				nd Number or Rural Ro Street Bal			de)
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	mount from Ctota	PLACE OF DISPOSIT other place) ew Cathed		netery, cremetory or netery 2-2		ocation — city	
	21. SIGNATURE OF FUNERAL SERVICE			22. NAME AN	es S.Zeil .Conkline	er & Son	Inc.	
ERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR AS A	ach ilne.	lure	Vasure of dying, such	A 1		interval Betwe
O	that initiated eventa reaulting in deeth) LAST	a. Diak	etes	Me underlying	elitu	S 24s WAS A	IN AUTOPSY	24b. WERE AUTOPSY FINDING
N: MEDICAL		Josepa Lank				PERFO	DRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outs		OTHER:	LACE OF DEATH (Chec			
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WC	PURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
ETED 8	3 Suicide 6 Could not 4 Homicide detarmined		f — At home, farm, st clfy)	reet, factory, offic	•	28f. LOCATION (Stree City or Town, Sta	et and Number or (e)	Rurel Route Number,
COMPLE	one)	YSICIAN: To the best of my know	Company of the Compan		and the second			
BE	29b. SIGNATURE AND TITLE OF CENTIL	PIER B	2-	_	294. LICENSE MUNI	950		2 · 20 · 94
10	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)				
	31. DATE FILED (Month, Day, Year)  EFR 9 9 1994	Juli Sanden K	ATURE					

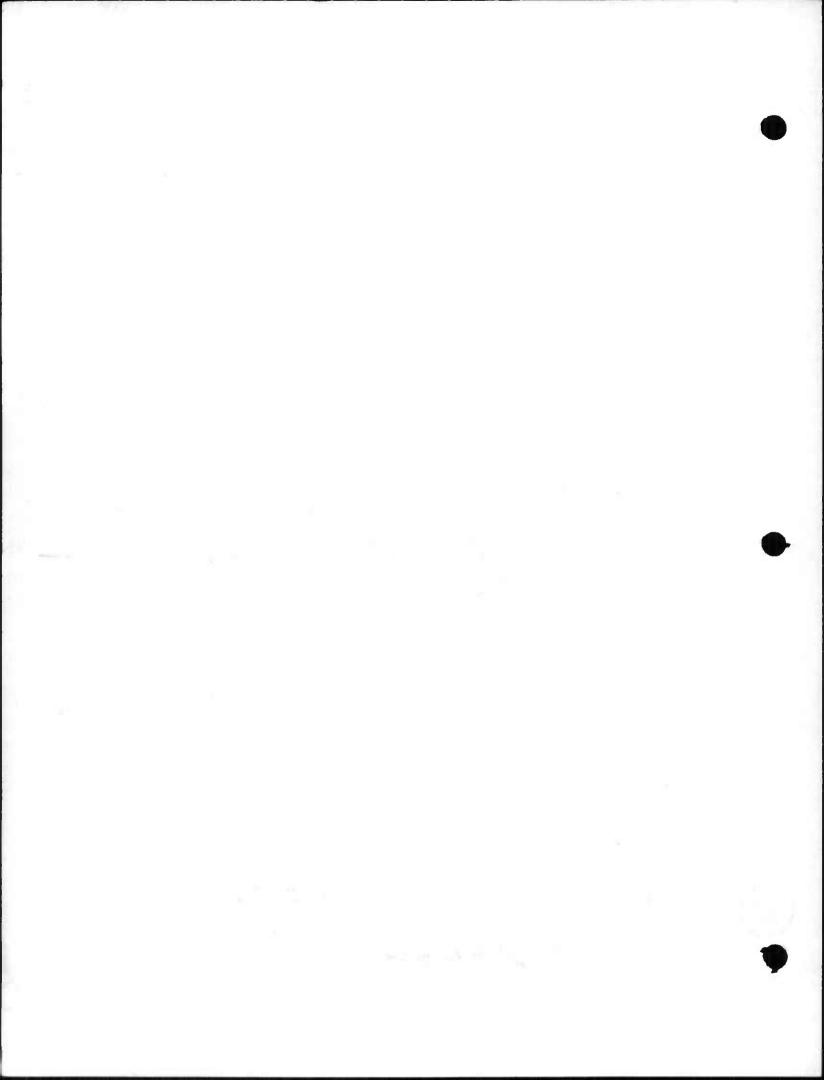


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94 04837 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH FEBRUARY 17, 1994 EILEEN MARIE CROWE 10:56 Pm 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 🗌 M 2 😾 F 37 YRS. 213-50-0083 APRIL 3. 1956 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR use as the burial-transit permit. Pages 1, 2, 3 NIH, THE CLINICAL CENTER **BETHESDA** MONTGOMERY RESIDENCE OF DECEDENT 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 TYES 2 THO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2552 LIBERTY PARKWAY 21222 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 ANO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade ò Elementary/Secondary (0-12) College (1-4 or 5+) detached TELLER BANKING 17. FATHER'S NAME (First: Middle Leet) 18. MOTHER'S NAME (First, Middle, Meiden Surname) page 5 should be 育 THOMAS M. MCKINLEY DOROTHY H. HENDERSON BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 PAUL CROWE 2552 LIBERTY PARKWAY, BALTIMORE. MARYLAND 21222 urs after death. Page 6 may be 9 20a, METHOD OF DISPOSITION 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE director, p must 1 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Balto., Md nt Cromatory
22. NAME AND ADDRESS OF FAC 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE examiner filled in by the funeral on, or removal. Phillip Home, R. Stacks Bradley-Ashton Funeral Inc LLOW Spring kg. , на 1 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between Milure Onset and Death **IMMEDIATE CAUSE (Finel** the cremation, disease or condition completely event, resulting in death) tastat to burial, traumatic CERTIFICATION physician and Sequentially list conditions, If any, leading to immediate prior cause. Enter UNDERLYING CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 6 Mental PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AMILABLE PRIOR TO COMPLETION OF CAUSE 1 (YES 2 | NO OF DEATH? shows 1 | YES 2 (NO has been 6 Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) ltem met State certificate HOSPITAL:
1 Inpetient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 🗌 Nu s 5 ☐ Residence 8 ☐ Other (Specify) the 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED WITH marked, 1 Natural 1 YES 2 NO BY death 2 Accident DIRECTOR: After 28e. PLACE OF INJURY - At home, farm, street, factory, office -3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED hours after 28 4 Homicide Hem 29a. CERTIFIER 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL within 72 = 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(s) and manner on stated. CHAPPO AND TITLE OF CERTIFIES 29d. OATE SIGNEO (Month, Day, Year) BE 보물 ဝ PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Bray eeman 9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892 31. DATE FILED (MOON!) 2 2 32. REGISTRAR'S SIGNATURE

Mandall





BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin Estate Dect. of Health and Mental Hypiene prior to burial, cremation, or removal.	1, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL OR ATTENDING PHYSICIAN: The law requires that the death certif	R: After this ce or death with t	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or oth
TO THE HISP	III :- FUNERAL DIRECTOR be filed within 72 hours after	IMPORTANT

TO BE COMPLETED BY FUNERAL DIRECTOR

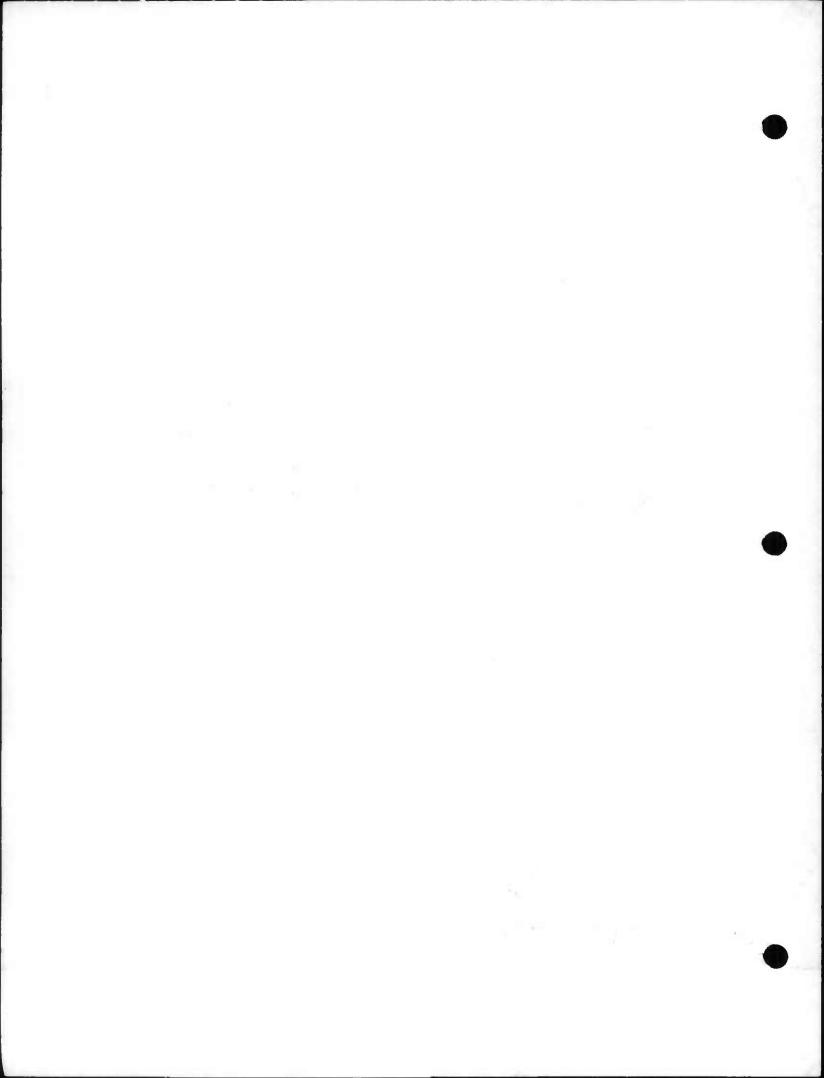
FOR STATE REGISTRAR		LAND / DEPART CERTIFIC	MENT OF	HEALTH AND	MENTAL HYGIEN	_	04838
1. DECEDENT'S NAME (First, Middle, Last)	A Elizabe		PMAN		2. DATE OF DEATH		year 3. TIME OF DEATH 10:40 am
4. SOCIAL SECURITY NUMBER 212-22-8301	5. \$EX 6. AG		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 2,	1900	BIRTHPLACE (State or Foreign Country)     Maryland
Saint Joseph Hospi		1		OR LOCATION OF DE	EATH	9c. COUN	TY OF DEATH Baltimore
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			TOWN OR LOCA				10d, INSIDE CITY LIMITS?
Maryland  On STREET AND NUMBER	N/A	Ba]	timore				1 ₹ YES 2 □ NO
6814 Everall Aven	110		1	21.206		1	S.A.
1. MARITAL STATUS  Never Married 2 Married  Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	If yes, s	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U	SUAL OCCUPAT	ION	16b, KIND OF BU		
(Specify only highest grade Elementary/Secondary (0-12) 6th Grade	College (1-4 or 5 +)	(Give kind of wo. life. Do NOT use Envelope	retired.)		Vince A	dvert:	ising Company
iz. FATNER'S NAME (First, Middle, Last)  Joseph Kolarik	31			16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
90. INFORMANT'S NAME (Type/Print) Robert J. Chapman	. Sr.				Route Number, City or Tox		code) land 21234
De. METHOD OF DISPOSITION  Buriel 2 Cremetion 3 Remo Donation 5 Other (Specify)  1. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	ob. PLACEAND DATE OF semelery, cremetory or othe Gardens of	Faith	Cemeter ND ADDRESS OF FA C. Miller	2/22 Bal	timore	e, Maryland
23. PART i. Enter the diseases, or cahock, or heart failure. I	. RESPIRATO	sech line.	16415 t enter the m	Belair Roode of dying, suc	pad, Balti h aa cardiac or reap	more, Iratory arre	Maryland 2120  Approximats Interval Betwee Onset and Deat  48 HRS
sequentially list conditions,	FLUID OVER		NDARY	EDEMA			48 HRS
that initiated events	SEPSIS FRO	S A CONSEQUENCE OF):	DUE TO	LONG STA	ANDING		6-8 YRS
PART II. Other algnificant conditions	s contributing to death	but not resulting in	the underlyi	ng cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES  NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (Ch			E.
7. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 26b. TIME	OF 28c, IN	JURY AT ORK? YES 2 NO	8 Other (Specify) 26d. DE\$CRIBE NOW	INJURY OCCI	URED
2 Accident Investigation 3 Suicide 6 Could not be datermined	26a. PLACE OF INJU building, atc. (S)	RY — At home, farm, str.	set, factory, offi	C.	261. LOCATION (Street City or Town, State	and Number o	or Rural Route Number,
	CIAN: To the best of my know.						d.

DR. MICHAEL HYLE, 6530 WALTHER AVENUE BALTIMORE MD 21208

per an industrial management of the والوا المعاور

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND MI	ENTAL HYGIEN		11. 01.030
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DON'TH DO		3. TIME OF DEATH
		Peter 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	DeAngel	IF UNDER 1 YEAR		abruary DATE OF BIRTH	19,1	994 5:49 M BIRTHPLACE (State or Foreign
Pir		216-01-7449	1 M 2 🗆 F	81, YRS.	ONTHS DAYS	HOURS MIN.	-29-191	2	Maryland
2, 3 should	IOR BO	90. FACILITY NAME (If not institution, give s Franklin Squar			96. CITY, TOWN (	OR LOCATION OF DEAT			timore
physician. burial-transit permit. Pages 1,	DIRECTOR	10a, STATE 10b, COUNT B	altimone	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
n. ansit pern	FUNERAL	10e. STREET AND NUMBER	Field K	Ed.	101	21237	7		N OF WHAT COUNTRY?
	BY FUN	1. MARITAL STATUS  1. Never Merried 2. Married  3. Widowed 4. Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 PNO	If yee, sp	ENDENT OF HISPANIC ecify Cuben, Mexicen, 2 NO Specify	ORIGIN? (Specify Yee Puerto Ricen, etc.)	or No — 14	RACE — American Indian, Black, White, etc. Specify: Why f-C
hospital or attending ached for use as the	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5 +)	Hie. Do NOT use	rk done during mo retired.)	ON sst of working	16b. KIND OF BUS	SINESS/INDUS	
de de	1	17. FATHER'S NAME (First, Middle, Last)	a A Jackie	Home	+MPP		(First, Middle, Maiden	Sumeme)	
s should by notified at	18	190. INFORMANT'S NAME (Type/Print)	- Angelis	19b. MAILING A	DDRESS (Street a	Sadie	ite Number, City or Tow	n, State, Zip Co	ode)
de Se Se	70	MARY E ]	De Angeli.	s 1521	Buri	U fIELD	Rd B	2/40	Hd 21237
		20e. NETHOD OF DISPOSITION  1 Burlet 2 Crem 3 Rem  4 Donation 5 (Specify)		b. PLACE AND DATE OF metery, crematory or other	er place) ·	1.75	1 / -	CATION — CIT	y or Town, State
		21. SIGNATURE OF FUNERAL SERVICE LI	CENSE	5+.3°		ND ADDRESS OF FACIL		#14-16	401-6, 1400
2 5 4 6		Y Marle 1	Down	repro	263 S	oh N. Za. S. Conkl	nnino J: ing St.	Balte	neral Home o. Md. 21224
filled in by ion, or remote		3. PART I. Enter the disease, or shock, or hear fallers.  IMMEDIATE CAUSE (Film)  disease or condition  resulting in death)	COPD	eech line.	t enter the mo	de of dying, auch a	na cardiac or reapi	ratory arrea	t, Approximata intervel Between Onset and Death
executed within and completely burial, cremat	Z		b CHF	A CONSEQUENCE OF):					
ite be executivistical and coprior to buris	CATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE OF):					
ficat phy ne p	RTIFIC	CAUSE (Disease or Injury that Initiated events		A CONSEQUENCE OF):					
end it	CER	resulting in death) LAST	dUement	ia, HTN	, GVA				
w requires that the death been signed by the atter pt. of Heath and Mental 3 shows any injury, (	10	PART II. Other significent condition	a contributing to death b	but not reaulting in	the underlying	g cause given in Pa	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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No mission he mis sei sam vith th marked, i	ву РНҮ	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT 2 PRK? YES 2 NO	ad. DESCRIBE HOW I	NJURY OCCUP	RED
4	8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe-	Y — At home, ferm, atricity)	eet, fectory, offic	9 2	at. LOCATION (Street of City or Town, State)	and Number or	Rural Route Number,
FUNERAL DREWITHER 72 hours	COMPLET		ICIAN: To the best of my know ER: On the bests of examination						euse(e) end menner ee atated.
E HOS E Fight of with	E C	ESS. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUMBI	, els		IGNED (Month, Day, Yeer)
TO THE HOSPITO TO THE FUNERA THE RIED WITHOUT TO	TO B		hen	D.O.		H35593		> 2/	21/94
1	-	30. NAME AND ADDRESS OF PERSON WH	* /						
6		31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SICA	ATURE	s Hun	Road Bal	timore,	Md 2	1221
	. 1	FFB 2 2 1994	John Bundary	100					

		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIEN REG. NO		14 04841	
	1	DECEDENT'S NAME (First, Middle, Last)		D 1			2. DATE OF DEATH MONTH D	AV VE	3. TIME OF DEATH	
		Acthur	r.	Dailer			2	7 9		
D	8	705 10 3343 1	M 2 🗆 F		HUNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 29	1915	BIRTHPLACE (State or Foreign Country)  Maryland	
pluods	~	9a. FACILITY NAME (If not institution, give street		9	b. CITY, TOWN C	OR LOCATION OF DE	ATH	9c. COUNTY		
1, 2, 3	СТОВ	Harbor View Hosp	oital			imore				
Pages	DIRE	10e. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?	
permit.		Maryland  100. STREET AND NUMBER		В	altimo				1 YES 2 NO	
sit per	FUNERAL	The state of the s			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
020 physician. burial-transit	N.	2460 Nevada Stre	POT. . WAS DECEDENT EVER IN	IUS ARMED	12 WAS DEC	21230	IIC ORIGIN? (Specify Yes		SA	
	BY FL	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, sp-	ecify Cuban, Maxicas 2 NO Specify	n, Puerto Ricen, etc.)	10F NO- 14.	RACE — American Indian, Black, White, etc. Specify:	
attending	G	15. DECEDENT'S EDUCATION	ON	16a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUST	Black	
212 al or att for use	ᇤ	(Specify only highest grade com Elementary/Secondary (0-12) Co	pleted) ollege (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during mo	st of working		JIIVE5071110051	1111	
ospita thed 1	릴	Grade School		Construct	ion Wo	rker	Sel.f	-emplo	ved	
YLAND 2 by the hospital be detached to at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		7	
d by	BE (	George Dailey				E1va				
retained 5 should notified	5	19a. INFORMANT'S NAME (Type/Print)		1			loute Number, City or Town	n, State, Zip Coo	de)	
ay be re page 5	- 1	Louise Dailey		2460	Nevada	Stree	t Balt:	imore,	MD 21230	
BALTIMORE, after death. Page 6 may be noval. cal examiner must be i		20e. METHOD OF DISPOSITION 1X☐ Burlel 2 ☐ Cremation 3 ☐ Removal	from State 20b.	PLACE AND DATE OF I	DISPOSITION (Na	me of		CATION — City	STATE OF THE STATE	
MOH age 6 m director,		4 Donation 5 Other (Specify)	Sa	etery, crematory or other	st Cer	netery	2/23 Ann	ne Aru	undel Co, M	
ALTIMORE, MARYLAND 21 death. Page 6 may be retained by the hospital or e funeral director, page 5 should be detached for u.e.		I The state about the state of								
9 7 7		Acriet E- Nutter 2501 Gwynns Falls Parkway Baltimore, Maryland 21216								
ed within 24 riours completely filled in the comparation, or reference	Z		A cute (  OUE TO (OR AS A  Cardionn  Due To (OR AS A	Cardio P. CONSEQUENCE OF:				ratory screst,	Approximats interval Between Draset and Deat	
th certificate be ending physician I Hygiene prior i or other traus	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Is chemic DUE TO (OR AS A ldyper te	CONSEQUENCE OF:	lisons					
w requires that the been signed by the or. of Health and M shows any inju	MEDICAL	0 1 0	<i>D</i>	at not resulting in the cicle	Sahe	I area	Part I. 24a. WAS AN PERFOR 1 PYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
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SICIAN: The certificate the State , or item	Sic	The state of the s	OSPITAL: Inpetient 2 - ER/Outpe		THER:  Nursing Home	e 5 🗆 Residence	8 Other (Specify)			
PHYSIC this ce with th	PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT RK?	28d. DEŞCRIBE HOW II	JURY OCCURE	ED	
DING PHYS After this of death with	BY	Neturet 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO				
TTENDI TOR: A after d	8	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Speci	— At home, tarm, streetly)	et, tectory, office	1	28f. LOCATION (Street a City or Town, State)	nd Number or R	tural Route Number,	
R DIS	COMPLET		: To the best of my knowle							
THE HOSPITAL THE FUNERAL filed within 72 i	8	2 MEDICAL EXAMINER: O	A	and or investigation, I	n my opinion, o			d due to the ca	use(s) and manner as stated.	
POR Sed	B	29b. SIGNATURE AND TITLE OF CERTIFIER	wat	· M	0	29c. LICENSE NUM		29d. DATE SIG	GNEO (Month, Day, Year)	
265₹	9	30. NAME AND ADDRESS OF PERSON WHO GO	MPLETED CAUSE OF OF	TH //TEM 27 /5 22	- U .	0430		2	11.74	
5		Jimmy H. Solim	an Har	ber Hesp	ital le	nter 300	1 S. Harre	St. B	altime, 12dzz	
		FEB 2 2 1994	32. BEGISSWAR'S SIGNA	TURE						



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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last),
HERBERT L

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

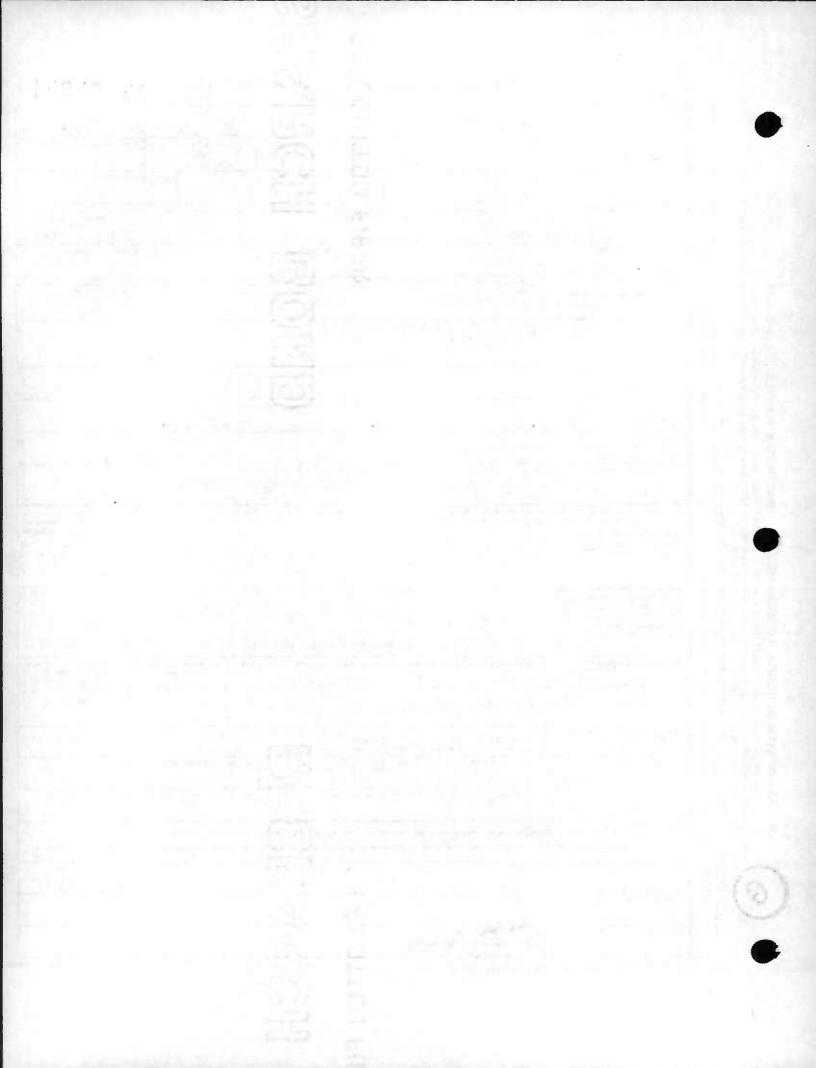
	4. SOCIAL SECURITY NUI 217-07-7108		5. SEX	6. AGE (In yrs. lest birth	1403197110	YEAR DAYB	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Your)	1000	8. BIRTHPLACE (State or Foreign Country)		
			X	05 1		24101		Sept 17,	-			
œ	90. FACILITY NAME (If not institution, give atreet and number) University Hospital				70.00	TY, TOWN OR LOCATION OF DEATH  altimore						
5	RESIDENCE OF DE	LLaI	Dal	r TII	ore							
DIRECTOR	10e. STATE	10b. COUN		100	CITY, TOWN OR	LOCAT	TION			10d. INSIDE CITY		
	Md	Bal	timore		261					1 TYES 2 NO		
¥	100. STREET AND NUMBE					101	f. ZIP CODE		10g. CIT	TIZEN OF WHAT COUNTRY?		
BY FUNERAL	114 N. Beat				21228			USA				
				NT EVER IN U.S. ARMED I YES 2 NO NAR OR DATES	11 3	AS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—yee, specify Cuban, Mexican, Puerto Rican, atc.)  ☐ YES 2 ☑ NO Specify:  White				Specify:		
03	15. Di (Specify of	ECEDENT'S ED	UCATION de completed)	(Give kir	NT'S USUAL OCC			16b. KIND OF B	USINESS/IN	DUSTRY		
ET	Elementary/Secondary	(0-12)	College (1-4 or 5	+)	(OT use retired.)	Tuse retired.)						
COMPL			18	Att	orney		15 7 1			Company		
8	17. FATHER'S NAME (First,							ME (First, Middle, Maide	n Surname)			
BE	August M Do			1 400 110	II IAIO ADDRESO (		Annie S					
2	Herbert De		Ir.					Route Number, City or R nue Balto,				
	200. METHOD OF DISPOS		,	20b.PLACEAND						- City or Town, State		
	1 X Burial 2 Creme 4 Donation 5 Oth	tion 3 🗆 Rei	moval from State	cemetery, cremetor	y or other place)							
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE					Cemetery 2/23 Sykesville, Md 22. NAME AND ADDRESS OF FACILITY					
1/2	Sterling Ashton Funeral Home											
- 4	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate											
: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Last Consequence of:									Umanagaseire		
	history Certora	ot (	Develor	death but not result to the control of the control	ting in the und	Cla	g cause given in	Part I. 24a. WAS / PERF	ORMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUS DF DEATHY 1 YES 2 NO		
CIAN:	25. WAS CASE REFERRED EXAMINER?		MOSSITAL.			26. PI	LACE OF DEATH (Ch	eck only one)				
PHYSI	EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Vinpetient 2 ER/Outpetient 3 DOA  4 Nursing Home 5 Residence 8 Other (Specify)											
F	27. MANNER OF DEATH	Pending	28e. DATE Of (Month, )	F INJURY 281 Day, Year)	NJURY 2	WC	JURY AT ORK?	28d. DEŞCRIBE HOV	INJURY O	CCURED		
BY	2 Accident	Investigation		OF IN BURY As home of			YES 2 NO					
0	3 Suicide 8	Could not be determined	building	OF INJURY — At home, 1 , atc. (Specify)	erm, street, tactor	, onic		City or Town, Sta		er or Rural Route Number,		
Ti	29a. CERTIFIER					-						
	(Check only 1 Le CE	PATIFYING PHY										
를												
COMPL	2   M		-	examination end/or inves	againent at my opa	11011, 0	South occured at the	time, data end piace,	and due to t	the ceuse(s) end manner es stated		
	29b. SIGNATURE AND TIT		-	examination end/or invest	Man	11011, 0	29c. LICENSE NUI			TE SIGNED (Month, Day, Year)		
TO BE COMPLETED	29b. SIGNATURE AND TIT	of the country	all "	Cush	dux	1011, 0						
TO BE COMPL	29b. SIGNATURE AND TIT	OF PERSON W	THO COMPLETED CAL	Cush	dux							
	29b. SIGNATURE AND TIT	OF PERSON W	all "	Cush	dux	1011, 0						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Herbert Joseph Derwart

2. DATE OF DEATH MONTH

3. TIME OF DEATH 0718



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Σ.	5
<b>BALTIMORE, MARYLAND 21215-0020</b>	Page 6 may he retained by the bospital or attending physician
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

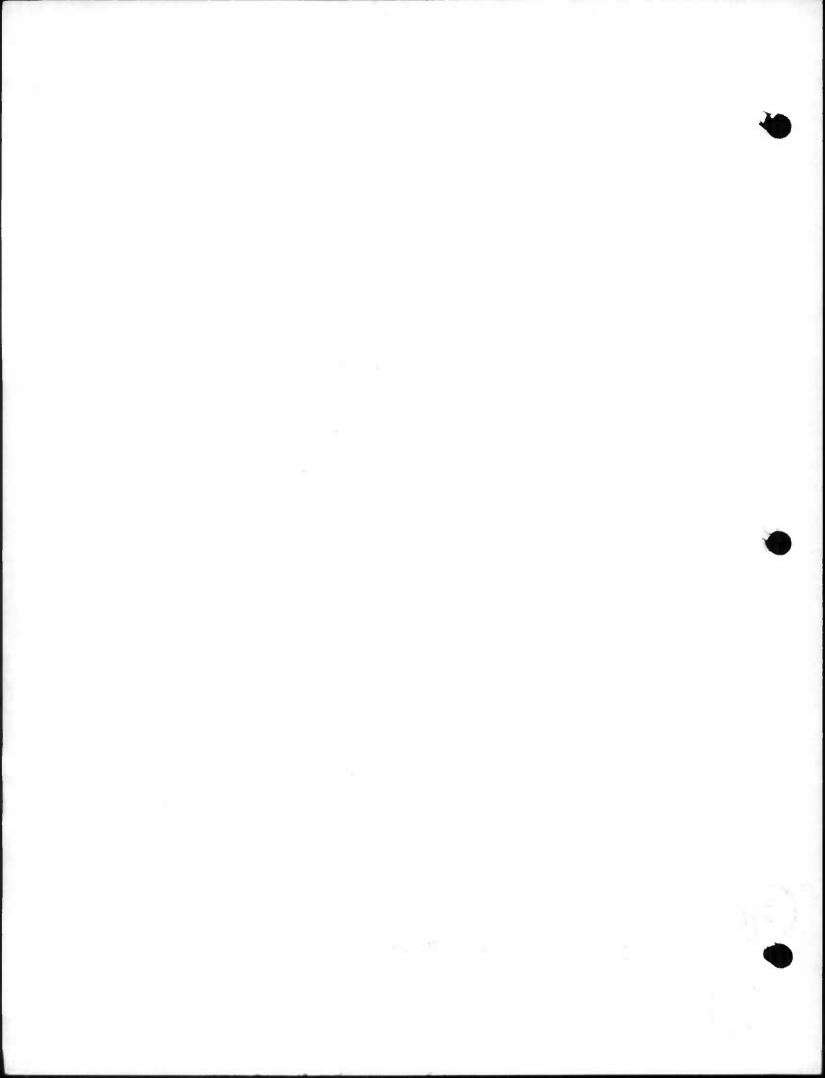
	permit. Pages 1, 2, 3 should	
attending physician.	Insit	
retained by the hospital o	5 should be detached for	notified at once.
after death. Page 6 may by	by the funeral director, page moval.	ical examiner must be
e executed within 24 cours	an and completely filled in I	umatic event, the med
that the death certificate b	ned by the attending physici th and Mental Hygiene prio	any injury, or other traumatic
HYSICIAN: The law requires	this certificate has been sign with the State Dept. of Heal	ed, or Item 23 shows at
SPITAL OR ATTENDING PHYS	DIRECTOR: After hours after death	IMPORTANT: If teem 28 is marked
TIO HE HOSPITA	TO THE FUR	IMPORTAR

		TATE OF MARYL				MENTAL HYGIEN	Ε	94	04842			
_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO			0 10 12			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	AV.	YEAR 3.	TIME OF DEATH			
	JOHN HENR	Y	DOUB				7 19		5:00P.M. M			
	4. SOCIAL SECURITY NUMBER 5. SE	EX 8. AGE (	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLA	ICE (State or Foreign			
	223-01-3880	M 2 - F 8	3 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2/22/10		Country)				
	9a. FACILITY NAME (If not institution, give street an			9h CITY TOWN (	OR LOCATION OF DE		0. 001111	NOTE TY OF DEAT	h Carolina			
DIRECTOR	524 N. Charles Stre				imore Ci		SC. COON	IT OF DEAT				
EG :	10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LOCAT	ION							
<u> </u>	Marenalama	See Str., Tolin on Education							d. INSIDE CITY LIMITS?			
	Maryland 100. STREET AND NUMBER		B	altimore				1 (	X YES 2 NO			
FUNERAL	100. STREET AND NOMBER			101	, ZIP CODE		10g. CITIZI	EN OF WHA	COUNTRY?			
Ü	524 N. charles St.	#1607			21201			USA				
Ş		MAS DECEDENT EVER I	U.S. ARMED			IIC ORIGIN? (Specify Yes	or No-	4. RACE -	American Indian, hita, atc.			
	The state of the s	FORCES? 1 YES			ecify Cuban, Maxica 2 X NO Specify	n, Puerto Rican, etc.)		Black, W Specify:	hita, atc.			
ВУ	3 Widowed 4 Divorced			1	- 15				hite			
ED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	4		USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDU		MII CC			
ET		lege (1-4 or 5 +)	life. Do NOT us	work done during mo se retired.)	st of working	-						
7	2 yr		Print	ing Pres	gman	Drin	ting	Bucin	000			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		1 1 1 1 1 0	ing ites		ME (First, Middle, Maiden		DUSTI	1622			
	A.C. Doub						Surrieme)					
BE	19a. INFORMANT'S NAME (Type/Print)					a Carter						
2	A .					Toute Number, City or Tow	n, State, Zip C	Code)				
	Sarah R. Doub				les St.		altim					
	20s. METHOD OF DISPOSITION 1 Burlet 2 S Cremation 3 Removal for	om Stata 20b	PLACE AND DATE	ther place)			CATION — CI					
	4 Donation 5 Donate (Specify)	Me	etro Cre	matory,	Inc.	2/18/94 c	atons	ville	, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	E		22. NAME AN	D ADDRESS OF FAC	CILITY						
	1///				on Funera							
	28 PART I. Enter the diseases, or compli			8521	Loch Rave	en Blvd.	Towson	n, MD	21286			
	shock, or heart feliure. List o	nly one ceuse on e	ech line.	ot enter the mo	de of dying, suci	h es cerdiec or reepi	ratory arre	st,	Approximats interval Between			
	IMMEDIATE CAUSE (Finel	$\alpha$	/ = 1	11	1.1 1	01			Onset and Death			
	disease or condition resulting in death)	Ucus	te /	My ocar or	I in I	Marlon			Salah			
		DUE TO (OR AS A	CONSEQUENCE O	F): 1		/						
z	Sequentially list conditions b.											
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
3	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):								
됩	resulting in death) LAST											
뜅	u											
4	PART II. Other aignificent conditions con	tributing to deeth b	ut not resulting	in the underlying	ceuse given in	Part i. 24a. WAS AN			RE AUTOPSY FINDINGS			
ਨੂੰ	Jersh Keur	igo. The				PERFOR			ILABLE PRIOR TO WPLETION OF CAUSE			
	•					_   ' ' ' ' '			DEATH?			
≥						_		1 1	YES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL											
ᅙᅵ	EXAMINER? HOS	SPITAL:		OTHER:	ACE OF DEATH (Che	ck only one)						
≥ l	1											
표												
B	2 Accident Investigation m 1 YES 2 NO											
	_ Codid Not be	28a. PLACE OF INJURY building, atc. (Spec	- At home, farm, s	street, factory, office		281. LOCATION (Street a City or Town, State)	ind Number o	r Rural Route	Number,			
2	4 Homicide determined					only or rown, order)						
ן ב	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: 1	To the best of my knowl	ledge, death occurs	od at the time data	and place, and dis-	to the caused and						
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On 1											
8		A	. Show mirestryallo	, m my opinion, d	want occurred at the	ime, usia and place, an	u que to lha	cause(a) and	menner as stated.			
BE	296. BIGHATURE AND TITLE OF CENTERED	12 -			29c. LICENSE NUM	BER	29d. DATE	SIGNED (Mo	nth, Day, Year)			
2	nun	July D			D09212		▶ 02	/18/9	4			
ĔΝ	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DE	ATH (ITEM 27) (Type.	Print)								

Cathedral & Reed St. Suite 114

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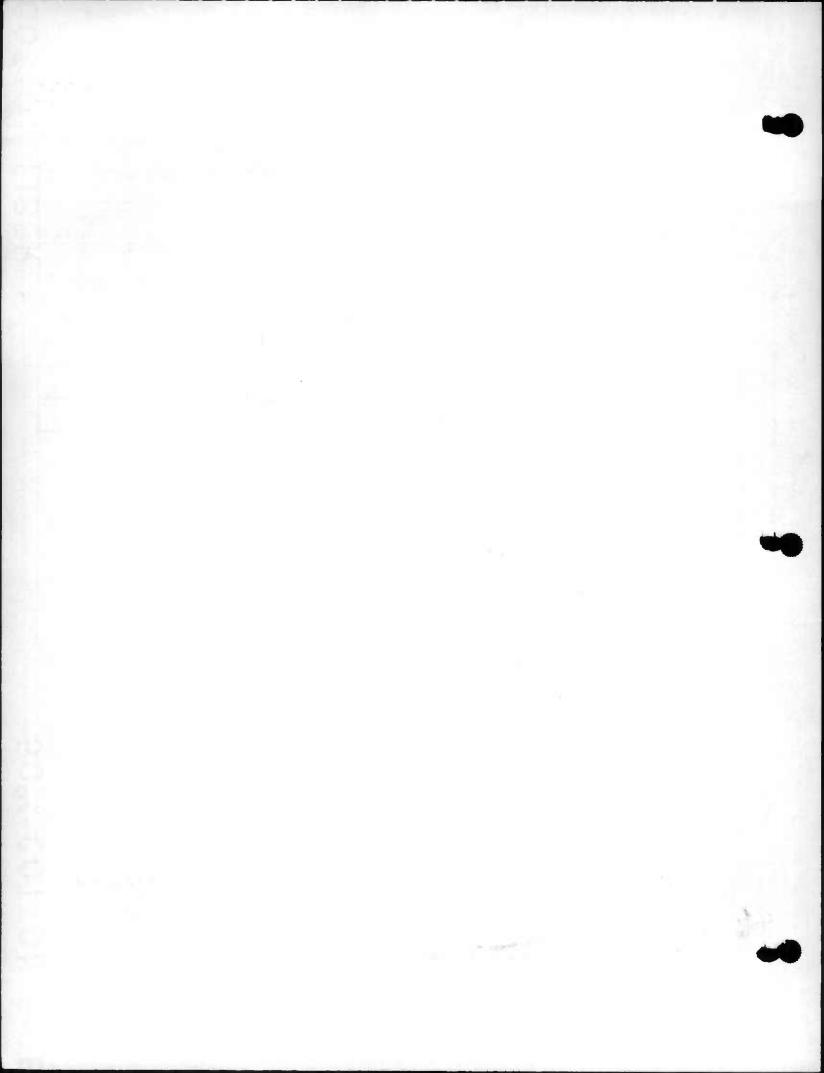
Dr. Robert Levy
31. DATE FILED (Month, Day, Year)
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	A complete the conflicate has been signed by the attending physician and complete	
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70	100	25.7	١

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	DEATH AND N	MENTAL HYGIENI REG. NO.	E	94 048		
,	1. DECEDENT'S NAME (First, Middle, Last There	sa Dafin				2. DATE OF DEATH DA	94	2:33 P		
	4. SOCIAL SECURITY NUMBER 212 36 3581	5. SEX 6. AGE (		IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04 11 03		BIRTHPLACE (State or Foreign Country) OMania		
TOR	Francis Scott			Balti	MOTE	ATH	9c. COUNTY	Y OF DEATH		
DIRECTOR	nesidence of decedent 10a. state 10b. cou	NTY		town on Local ltimore				10d. INSIDE CITY LIMITS? 1 XYES 2 N		
ERAL	100. STREET AND NUMBER 522 Tolna Street	et		101	21224		10g. CITIZEI USA	N OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)		4. RACE — American Indian, Black, White, atc. Specify: Thite		
PLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use HOUSE	rk done during mo retired.)		166. KIND OF BUS		STRY		
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Peter Constar	ntine Bettea			Mary S	ME (First, Middle, Meiden ophia Luca	as			
TO E	19a. INFORMANT'S NAME (Type/Print)  John Dafin Jr.  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  107 N. Marlyn Ave. Essex, Md. 21221									
	26e. METHOD OF DISPOSITION 1	amoval from Stata S	other place) acred Hea	rt of J	metery, cremetory or Tesus Cem	20c. LO 2-21-94 [	cation — ch Dundal	ty or Town, Stata		
13	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Charles S. Zeiler & Son Inc.  6224 Fastern Ave Balto Md.									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final									
NOI	Sequentially list conditions, If any, leading to immediate  a. Sepsilon Sequence of:  Due to (or as a consequence of):  Due to (or as a consequence of):									
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):									
AL CER	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b.									
MEDIC	PERFORMED?  1 YES 2 NO  NO F DEATH?  1 YES 2 NO									
SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	WAS ASSESSED.								
15	1 TYES 2 NO	1 Impetiant 2 ER/Out	patient 3 DOA 28b. TIME		me 5 🗆 Residence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	URED		
BY PH	1 Natural 5 Pending Pending Investigati	28e, PLACE OF INJUR	INJU	M 1	YES 2 NO	28f. LOCATION (Street				
ETED	3 Suicide 8 Could not 4 Homicide detarmine	building, etc. (Spi	ecify)	20020		City or Town, State	)			
COMPL	(Check only	HYSICIAN: To the best of my know MINER: On the basis of examination								
BE COMP	29b. SIGNATURE AND TITLE OF CERT	IFIER /	- 20	~O~	ATULY	MBER 7357 LJCS/	29d. DATE	SIGNED (Month, Day, Year)		
0	20. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D						1-111		

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Pages 1, 2, 3

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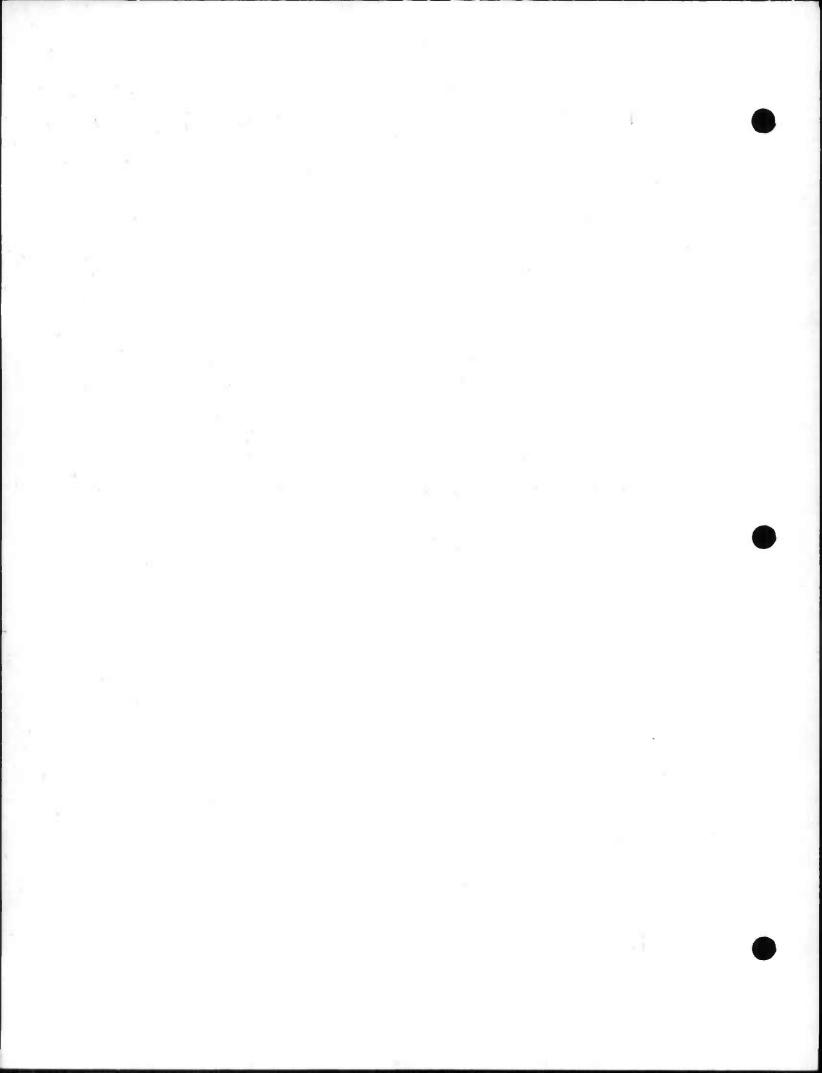
TO THE HOSPITAL OR ATTENDING PARTICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: Artic critificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l
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AL OI	IC DI	be filed within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to burial, cremation, or removal.	1 10	
SPIT	VERA	July 7	=	
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) ELIZABETH CATHERINE ELLIOTI 2 DATE OF DEATH lizabeth witherine 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) 5 20 1 M 2 N-F YRS. 4 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Specialty Hosp. at DIRECTOR Deaton tome RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 6 IVY LANE 21067 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/ (NO t4. RACE — American Indian, Black, White, stc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 7 NO Specify: Specify: WHITE BY 3 🕅 Widowed 4 🗌 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 166. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) NONE SECRETARY LOCAL GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MICHAEL JOSEPH GRANT DELMA JONES BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 JACQUELINE ELIZABETH DONOVAN 426-F STARWOOD DRIVE, GLEN BURNIE, MARYLAND 21061 20e. METHOD OF DISTRIBUTION 3 R 1 M Burial 2 Cremetion 3 R 4 Donation 5 Other (Specify) METHOD OF DISPOSITION

Burlal 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of 1994 must COMPLETE CONTROL OF THE PROPERTY BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 umbrun I fried diseases, or complication work, or heart feiture. List only on 23. PART that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE trassure ulcen. 1 YES 2 NO Malnuty tion 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) HOSPITAL: petient 2 ER/Outpetient 3 DOA 27. MANNED OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 38 00 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pript) FEB F TESSELB'S AGNITI

		FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM			MENTAL	HYGIENE REG. NO.	Q	li	01.81.5
		1. DECEDENT'S NAME (First, Middle, Lest)  LEM Pow	Lker (LEI	NA FOWL	KES)		THOUTH .	OF DEATH 2/	17/9/	3. TA	TIME OF DEATH
pin		4. SOCIAL SECURITY NUMBER 248-64-2816	1 🗆 M 2 🔀 F	55 YRS. MC	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, 10-	# BIRTH Day, Year) 27-38	sc	ountry) OUTH	CE (State or Foreign  I CAROLIN
, 2, 3 should	СТОВ	98. FACILITY NAME (If not institution, give at FRANKLIN SQUAR RESIDENCE OF DECEDENT		9	b. CITY, TOWN (	BALTI		CITY	c. COUNTY	NON	
ft. Pages 1	DIREC	10e. STATE 10b. COUNTY	one	10c. CITY, T	OWN OR LOCAT	timore	city				1. INSIDE CITY LIMITS? YES 2 NO
n. Asit permit,	FUNERAL	10e. STREET AND NUMBER 120 LYCETT CIRC				zip code	CICY	10		OF WHAT	COUNTRY?
ALTIMORE, MARYLAND 21215-00 death. Page 6 may be retained by the hospital or attending ple funeral director, page 5 should be detached for use as the bill.	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp	CENDENT OF NISPA	an, Puarto Ri	(Specify Yea or I can, etc.)	No- 14. I	RACE — : Black, WI	American Indian.
	LETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S US (Give kind of work life. Do NOT use re	k done during mo etired.}	ost of working		KIND OF BUSINE	SS/INDUST	RY	
	COMPL	12 TH  17. FATNER'S NAME (First, Middle, Last)	MOULTRIE F		NG AI	16. MOTHER'S NA	AME (First, Mi		name)	TY	
	TO BE	190. INFORMANT'S NAME (Type/Print)  MELVIN WHITE	and Number or Rural	ARETTA DAVIS  Aurel Route Number, City or Town, State, Zip Code)  RCLE, BALTO, MD. 21220							
		20e. METHOD OF DISPOSITION 1   Burlel 2   Cremation 3   Ramo 4   Donation 5   Other (Specify)	oval from Stata ceme	PLACE AND DATE OF E elery, cremetory or other ARON TEM	DISPOSITION (Na	ame of 2/2	1/94	20c. LOCATI	ION — City o	or Town,	
		21. SIGNATURE OF FUNERAL SERVICE LIC	Scrugar	In.	CALV	VIN B. Z E. PR	SCRU( ESTOI	GGS FU N ST.	NERA BALT	L H	
tely filled in the mediation, or reely filled in the mediation.		23. PART I. Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplicatione that caused clat only one ceuse on ea	(ARTERIO	OSCLE					E)	Approximate interval Between Onset and Death
687 ecuted and con burial,	NOI	Sequentially list conditions, If any, leading to immediate	b DUE TO (OR AS A CONSEQUENCE OF):								
P.O. B th certificate anding physical Hygiene p or other	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
L RECORDS, F mediates that the death mediate by the attein of Health and Mental 23 shows any injury.	MEDICAL CE	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 (P) NO							COL	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 NO	
MTAL M. De less item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?	HOSPITAL:	0	26. PL	LACE OF DEATH (C)	neck only one	)			
0 5	PHYS	1 (2 YES C NO  27. MANNES OF DEATH  1 (2) Netural 5 Pending	1 Inpetient 2 DER/Outpe 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	IURY AT DRK?		(Specify)	RY OCCURE	D	
DIVISION OF OR ATTENDING PHYS DIRECTOR: After this hours after death with	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Special	— At home, ferm, atre-		YES 2 NO		TION (Street and I Town, State)	Number or Ru	iral Route	Number,
DIV PITAL OR AI FRAL DIREC 7. 72 hours F. 11 item	COMPLET		CIAN: To the best of my knowle							rae(a) and	1 manner as stated
TO THE HOSPITAL ( TO THE FUNERAL ( De filed within 72 h IMPORTANT: If II	BE	29b. SIGNATURE AND TITLE OF CERTIFIER		HC		29c. LICENSE NU	MBER		29d. DATE SIGNED (Month, Day, Year)		
1)	5	30. NAME AND ADDRESS OF PERSON WHO	1 100 11 -	ATH (ITEM 27) (Type, Pri	(m) R R		<u> </u>	1	UV	ay I	17
		31. DATE FILED Month, Day, Year! FFR 9 9 1001	3 GEGISTRARIS SIGNA	ATURE	V	- And					

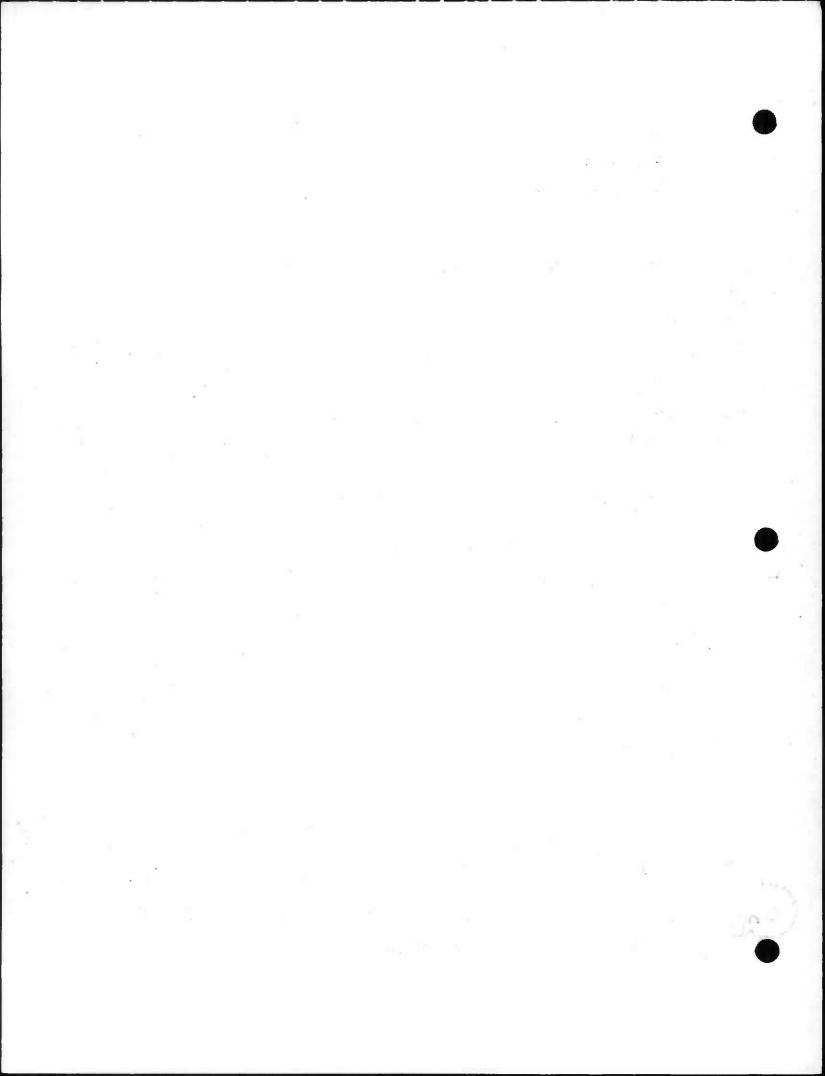
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OF VITAL	OR ATTENDING PHYSICIAN The
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THE FESTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within evers after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit,	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MIDDATANT if them 90 to marked or them 92 shows one fatires or other trained shamed in another marked as another decreased
-	P	be file	MID
-			

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			ENTAL HYGIENE REG. NO.	9	4 04846
15	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	EDWARD I	R. FLEU	RY			02 18		11:10 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		F UNDER 1 YEAR		, DATE OF BIRTH (Month, Day, Year)	8. Bif	RTHPLACE (State or Foreign untry)
	330-07-7694 9a. FACILITY NAME (If not institution, give :	1 M 2 F	/ / YRS.	ONTHS DAYS	OR LOCATION OF DEAT	11-17-16	9c. COUNTY O	ILLINOIS
20103	5400 VANTAGE POINT	VANTAGE HOUSE			LUMBIA			WARD
VINC	10a. STATE 10b. COUNT MARYLAND	Y HOWARD	10c. CITY, 1	TOWN OR LOCA	TION LUMBIA			10d. INSIDE CITY LIMITS? 1 YES XX NO
7	10e. STREET AND NUMBER	11011120			1. ZIP COOE		10g. CITIZEN O	F WHAT COUNTRY?
5	5400 VANTAGE POIN	NT ROAD APT	. 1116	_	21044		U	.S.A.
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, ap	CENDENT OF HISPANIC pecify Cuban, Mexicen, 18 2 NO Specify:	ORIGIN? (Specify Yea Puerto Rican, atc.)	Bi	ACE — American Indian, lack, White, etc.
5	15. DECEDENT'S EDU	I CATION T		<u> </u>		T		WHITE
	(Specify only highest grade	completed)	(Give kind of work life. Do NOT use of	k done during me	ON ost of working	16b. KIND OF BUS	INESS/INDUSTRY	′
	Elementary/Secondary (0-12)	College (1-4 or 5+)	CIVIL EN	,		FEDERAL	GOVERI	NMENT
3	17. FATHER'S NAME (First, Middle, Last) RAYMOND J.				16. MOTHER'S NAME	(First, Middle, Malden S	Surname)	
	TO DE LE LE LE LE LE LE LE LE LE LE LE LE LE	JRY			FLORENCE	C. NIELS		
	19a, INFORMANT'S NAME (Type/Print)		19b, MAILING A	OORESS (Street	and Number or Rural Rou	ite Number, City or Town	, State, Zip Code)	APT. 1116
	CLARICE M. FLEURY	(WIFE)				AD COLUMBI	A MARY	AND 21044
	20a. METHOO OF DISPOSITION 1 Burlal 2 Cremation 3 Rem		PLACE AND DATE OF letery, cremetory or other			L	ATION — City or	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		TRO CREMA		02-21-94		NSVIIII	E MARYLAND
	21. SIGNAL OF OTHERAL SERVICE IN	ENSEE			M & RIISSE		KE FIM	ERAL HOMES
	Flan Wu	kl h		1630	EDMONTOCONI	AVENUE CA	TOMETH	LLE MARYLAND
NO.	23. PART I. Enter the diseases, oil complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate  Due to (or as a consequence of):							
	cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A (	CONSEQUENCE OF):					
1	PART II. Other significant condition	a contributing to death bu	t not resulting in	tha Underlyin	g cause given in Pa	PERFORI	AED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
						_ }		1 [] YES 2 [ NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (Check	only one)		
	1 YES 2 NO	1 Inpatient 2 ER/Outpa	tlent 3 DOA 4	☐ Nursing Hon	ne 5 m Residence 6			
27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Dey, Year)  1 Neture								
,	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, etc. (Specif	At home, term, stre	eet, factory, offic	20	8t. LOCATION (Street ar City or Town, State)	nd Number or Run	al Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner as stated.								
							e(a) end manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUMBE			IED (Month, Day, Year)
	Sharon 9	K. Cx 1	ni)		D4480		D 2/	19/94
	30, NAME AND ADDRESS OF PERSON WH						SI	JTTE 104
		11055 LITTLE		PARKWA	Y COLUMBI	IA, MARYLA	ND2104	4-11 104
	FFR 9 9 100/	32. REGISTRAR'S SIGNA	TURE					

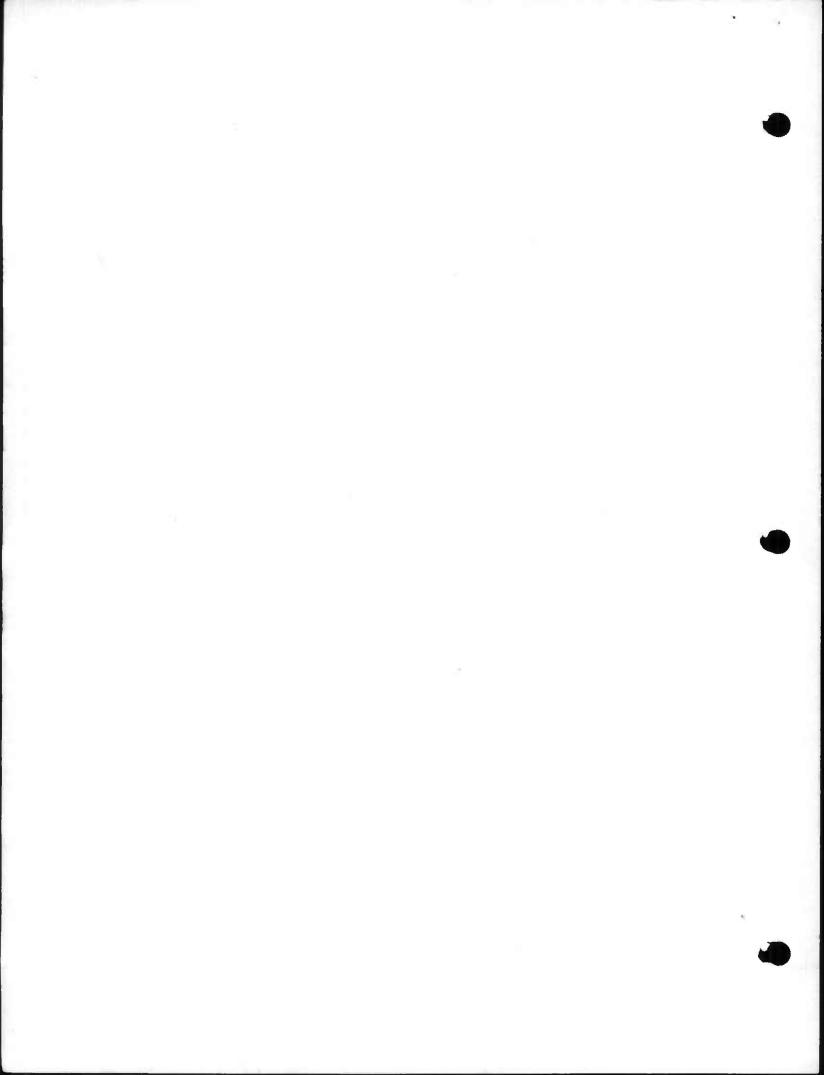


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1: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the Intending physician.  2. 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a considered for use as the burial-transit permit.	major, or remova.	TO BE COMPLETED BY FUNERAL DIRECTOR	99 10 10 10 11 11 1 1 1 1 1 1 1 1 1 1 1
1 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete and the FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete and the FUNERAL DIRECTOR.	De med within 12 hours after beart with the State Dept. Of results and wenter prior to burket, crematon, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	2 III dd n
HOSPITAL OF	ANT. If Ite	COMPL	29
TO THE P	IMPORT	TO BE	30

STATE	0F		DEPARTMENT			MENTAL	HYG	IENE
		PI	EDTICIOATE	~	E DEAT			

٦	TIEGIOTTAN			ERIIF	ICAIL	- Ur	DEAT		REG	i. NO.			
*	1. DECEMENT'S NAME (First, Mildole, Lest) Martha Freema								2. DATE OF DEA	ia <del>ry</del>	12,	<b>1799</b> 4	1:10 P
	***************************************	1 ☐ M 2XX F	6. AGE (In yrs. I	nst birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24	MIN.	7. DATE OF BIRT (Month, Pay, Y 04-16-	191	10	8. BIRTHPL/ Country) VIRGI	NIA
	9a. FACILITY NAME (If not institution, give str Maryland Gene	eral Hosp	ital				on Location timo re			-	c. COUN	n/a	
ľ	RESIDENCE OF DECEDENT												
-		n/a		10c. CIT	Y, TOWN C		T I MORI	E					d. INSIDE CITY LIMITS?  YES 2 NO
	100. STREET AND NUMBER 727 DRUID PARK	LAKE	apt. 9	9		10	2121	17		1	-		STATES
ı	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13.	WAS DE			C ORIGIN? (Spec	ify Yes or	No.	14 PACE -	American Indian,
	1 Never Married 2 XX Married 3 Wildowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WA	YES 2	(no		If yes, sp	s 2 NO	Maxican	, Puerto Rican, et	(c.)	,	Black, W	BLACK
	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	5	Give kind of v	work done o	CCUPATI during m	ON ost of working		16b. KIND C	F BUSIN	ESS/INDI	USTRY	
I	8 TH		r	ı/a					n/a	ì			
	17. FATHER'S NAME (First, Middle, Last)								NE (First, Middle, M	taiden Sur	mame)		
	TINSEY ADKINS  19a. INFORMANT'S NAME (Type/Print)		T.	AL 184	100000			ELLE					
	GEORGE FREEMAN		1	2340	15				WASHING				
	20e. METHOD OF DISPOSITION  1 (X) Murial 2 Cramation 3 Remove 4 Donation 5 Other (Specify)	0.1			DATE OF DISPOSITION (Name of DATE   20c. LOCATION — City of Town, State   LANOVER, MARYLAND								
į	21. SIGNATURE OF FUNERAL SERVICE LICE	HSEE	1900	100,			MAR		H 110	01	E. N	IORTH	AVENUE
1	23. PART I. Enter the diseesee, Dr Co	multipations that	COULD A	leeth Do	Di antas	Abo -	ada ad dudas						
1	ehock, or heart fellure. L	let Dnly Dne Caus	e Dn each lin	e.	int eliter	trie mo	ode or dying	g, aucn	aa cardiac Dr	reapirat	Dry arre	et,	Approximata Interval Between
l	IMMEDIATE CAUSE (Final disease or condition	Dnoum	omf o										Onset and Death
ł	resulting in death) a.	Pneum	OF AS A CONSI	FOLIENCE OF	D:								·
	_	Seps		LOUENOE OF	<i>y</i> -								į
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		OR AS A CONSE	EOUENCE OF	F):								
	CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSE	QUENCE OF	F):								
ı	reaulting in death) LAST d.								·				
ļ	PART II. Other algolificant conditions	contributing to d	leath but not	resulting i	n the un	deriyin	g cause giv	en in P	Part I. 24a. W	AS AN AU			RE AUTOPSY FINDINGS
	Seizure						er .		PE	ES 2		co	AILABLE PRIOR TO MPLETION OF CAUSE
	Renal F	ailure							_   ''''	E3 2 /	MO	235	DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	3:	LACE OF DEA						
	1 TYES 2 TANO  27. MANNER OF DEATH	1 Inpatient 2 -						_	Other (Specify				
	1 Natural 5 Pending	(Month, Day		28b. TIM	URY M	28c. IN. W0	JURY AT ORK? YES 2 🗍 I	. F	28d. DEŞCRIBE I	ULNI WOH	JRY OCC	URED	
	3 Suicide 8 Could not be determined	28s. PLACE OF building, et	INJURY — At h	ome, farm, s	treet, facto	ory, offic	ia .		281. LOCATION (S City or Town,		Number (	or Rural Route	n Number,
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of m	ny knowledcie d	eath occurre	d at the st	me, dete	and place	nd due *	n the engelet	d means			
	(Check only one) 2 MEDICAL EXAMINER:												d menner as stated,
	296. SIGNATURE AND TITLE OF CERTIFIER	_					29c. LICENS	SE NUME	BER	21	Pd. DATE	SIONED (Mo	onth, Day, Year)
	KHOSROW /	ABASS	I,	10	1	10					Fe	b.12	2.94.
	30. NAME AND ADDRESS OF PERSON WHO Khosrow Tabas		C/O Ma	ew 27) (Type, aryla)	nd Ge	ener	al Ho	spit	:a1	-			
-	31. DATE FILED (Morith, Day, Year) FEB 2 2 1994	32-REGISTRAN	S SIGNATURE	A:								-	



BALTIMORE, MARYLAND 21215-0020	quires that the death certificate be executed within. Ours after death, Page 6 may be retained by the hospital or attending physician.	ician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should for to burlal, cremation, or removal.	
HIVISION OF WITAL RECORDS, P.O. BOX 68760,	ING PHESCAN THE TWO quires that the death certificate be executed within	where the extraction are signed by the attending physician and completely filled the state of the state and Mental Hydiere brior to burial, cremation, or	
DIVISI	AL OR ATTEN	AL DIRECTOR	-

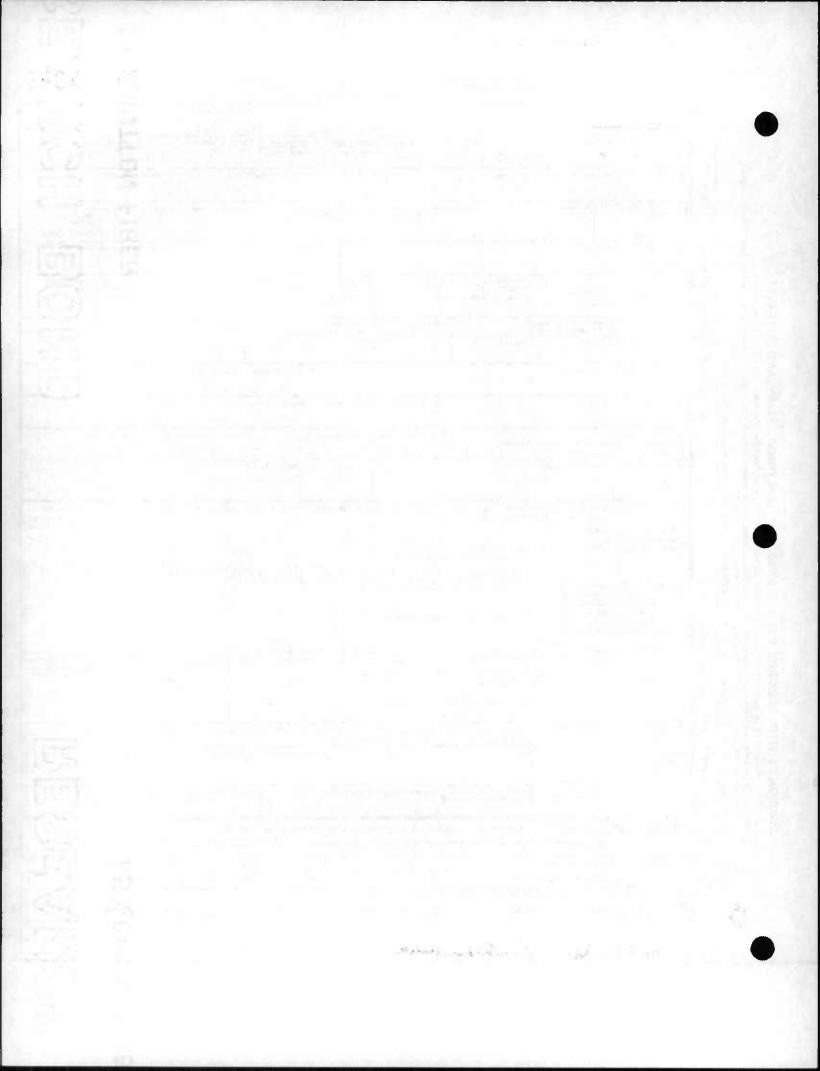
TO THE HOSPITAL OR ATTENDING PHYSICIAN TIME WING quires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospita	In signed by the attending physician and completely filled in by the funeral director, page 5 should be detail	be filed within 72 hours after dearn with the contract of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE	TO THE	be filed	IMPORT

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND A	DEPARTM			MENTAL HYGIEN REG. NO.	<b>E</b> 9	4 04848
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	K.	atharina (N	IMN) Fe	eldka	mp	FEB 20	1994	
	4. SOCIAL SECURITY NUMBER 5. SE	EX 6. AGE (In yrs. la:	st birthday) IF U	NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. B	HRTHPLACE (State or Foreign
	213-35-4026	M 2 🛣 F 86	YRS. MON	THE DAYS	HOURS MIN.	03/07/0	_	Germany
	9a. FACILITY NAME (If not institution, give street end	d number)	9b.	CITY, TOWN O	R LOCATION OF D		9c. COUNTY	
DIRECTOR	904 Blue Ridge DI	rive		Anna	apolis		Anne	Arunde1
띪	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
٥		Arunde1			Annar	olis		1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
띨	904 Blue Ridge Di	rive_			21	401		Germany
בָּן בָּ		AS DECEDENT EVER IN U.S. AF ORCES? 1 YES 2	RMED	13. WAS DECI	ENDENT OF HISPA	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No.— 14. I	RACE — American Indian, Black, White, atc.
BY	1 Never Merried 2 Merried IF	YES, GIVE WAR OR DATES			2 NO Specif			Specify:
			1		71			White
凹	15. DECEDENT'S EDUCATION (Specify only highest grade comple	eted) (C	ECEOENT'S USUA Bive kind of work of	tone during mos	N at of working	16b. KIND OF BUS	SINESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12) College 12	ege (1-4 or 5 +)	Homen	W.			Home	
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden		
BE	Martin Hali	fen				Lina Hei	ngarti	ner
2	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING ADD	RESS (Street or	nd Number or Rural	Route Number, City or Tow		
F	Karl B. Feldkamp	9	04 Blu	ie Ric	dge Dr.	Annapo	lis. N	ID 21401
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 X Cremation 3 ☐ Removal from	20b. PLACE	AND DATE OF DIS	SPOSITION (Ne	me of	OATE 20c.10	CATION - City	or Town State
	4 Donetion 5 Other (Specify)	Metr	o Cren	atory	,Inc.	2/22 B	altimo	ore, MD
	21. SIGNATURE OF FUNCTIAL SERVICE LICENSEE	Mr All		22. NAME AN	O ADDRESS OF FA	CILITY		
	George E. Ma	acNahh		200 I	rederi	ociety o	I MO.,	, Inc. , MD 21228
	23. PART I. Enter the diseases, or complient of the complete shock, or heart feliure. List or immediate CAUSE (Final disease or condition resulting in death)	OUE TO (OR ASIA CONSE	ouence of:	will will	de of dying, suc	h es cardiac or respi	ratory arrest,	Approximate Interval Between Oneet and Desth
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OFF	acte	in de hea	er disc	< <u>e.1.0</u>	years
	PART II. Other eignificent conditions cont	tributing to death but not	recuiting in the	e underlying	cause given in	Part i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
<u> </u>	gaugrene	Riplet La	19			1 ( YES 2	MED?	COMPLETION OF CAUSE
	00		X.					DF DEATH?
-								
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (C)	eck only one)		
S		SPITAL: Inpatient 2 ER/Outpatient 3	DOA 4	HEA: Nursing Home	5 Residence	8 Other (Specify)		
<u></u>		28e. DATE OF INJURY	28b. TIME OF	28c. INJU	JRY AT	28d. OEŞCRIBE HOW II	NJURY OCCURE	D
- 1	1 Netural 5 Pending	(Month, Day, Year)	INJURY	M 1 V	RK? ES 2 NO			
BY	a Condent	28s. PLACE OF INJURY - At he	ome, larm, street,	fectory, office		28f. LOCATION (Street a	and Number or Ru	ural Route Number,
	4 Homicide datarmined	building, etc. (Specify)				City or Town, State)		
<b>W</b>	29e. CERTIFIER	To the heat of our transit		et al				
COMPLETED	(Check only							
8	2 MEDICAL EXAMINER: On t	Jews of examination end/or	veerigation, in	my opinion, de	rein occured at the	time, date end place, en	a ane to the cer	use(e) and manner as stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIER	) 00	2		29c. LICENSE NU	WBER	29d. OATE SIG	NED (Month, Day, Year)
2	V Weel K WOL	Seluch	un		/ Da	0731	02	/22/94
	30. NAME AND ADDRESS OF PERSON WHO COM							
	Karl R. Holschuh,			ly Av	e., Su	ite 223 A	nnapol:	is, MD 21401
	FFR 2.2. 1994	REGISTRAR'S SIGNATURE	hel					

	pino		9e. FACILITY NAME (If not in	stitution, give s	tree
	l, 2, 3 sh	TOR	Good Samari	tan Ho	
	sec	3EC	10e. STATE	10b. COUNTY	٧
	irmit. Pa	L DI	Maryland 100. STREET AND NUMBER	Balt	ti
MARYLAND 21215-0020	Tours after death. Page 6 may be retained by the hospital or attending physician.  d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should or removal.  medical examiner must be notified at once.	BY FUNERAL DIRECTO	500 Virgini	Merried	11
15	as th			EDENT'S EDU	CAT
212	the hospital or att detached for use once.	ETE	(Specify only Elementary/Secondary (0	y highest grade	00/
0	spital hed fo	귤	8th Grade	/	
AN	detach once,	Š	17. FATHER'S NAME (First, M.	iddie, Last)	
<b>IRYL</b>	should be stiffed at	TO BE COMPLETED	Porter Wil		_
, MA	ay be retail page 5 sh	10	Glenda Joan	Jacks	SC
H	or per		20e. METHOD OF DISPOSITI	n 3 🗆 Rem	ove
ĭ	direct direct		4 Donation 5 Other  21. SIGNATURE OF FUNERA		CEN
BALTIMORE,	uneral		11:-1	. ~	1
BA	n by the freemoval.		23. PART I. Enter the di	Ka !	).
	In by		shock, or h	sert fallure.	
	the the		IMMEDIATE CAUSE (Fir disease or condition resulting in death)	→ →	8
RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at	HYSICIAN: MEDICAL CERTIFICATION	Sequentially flat condition in the cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAS	diate ING Iry	
E H	been to the short	. N			
F VITAL	he lan e has e Dep	ZIAN	25. WAS CASE REFERRED TO	O MEDICAL	
-	tificate tificate e Stat	SIC	1 VES 2 NO		1
JINISION OF	TAL OR ATTENDING PHYSICU TAL DIRECTOR: After this cert 72 hours after death with the 1f them 28 is marked, o	0.	2 Accident 3 Suicide 8	Pending Investigation Could not be determined	
	TO THE HOSPITAL DR ATTENDING TO THE FUNERAL DIRECTOR: After filed within 72 hours after death MPORTANT: If Item 28 is ma	BE COMPLETED BY	const. only	IFYING PHYSI	
	TO THE HE PLE DE filed wi	TO BE	296. SIGNATURE AND THE	m	1
		-	30. NAME AND ADDRESS OF	F PERSON WH	10 0

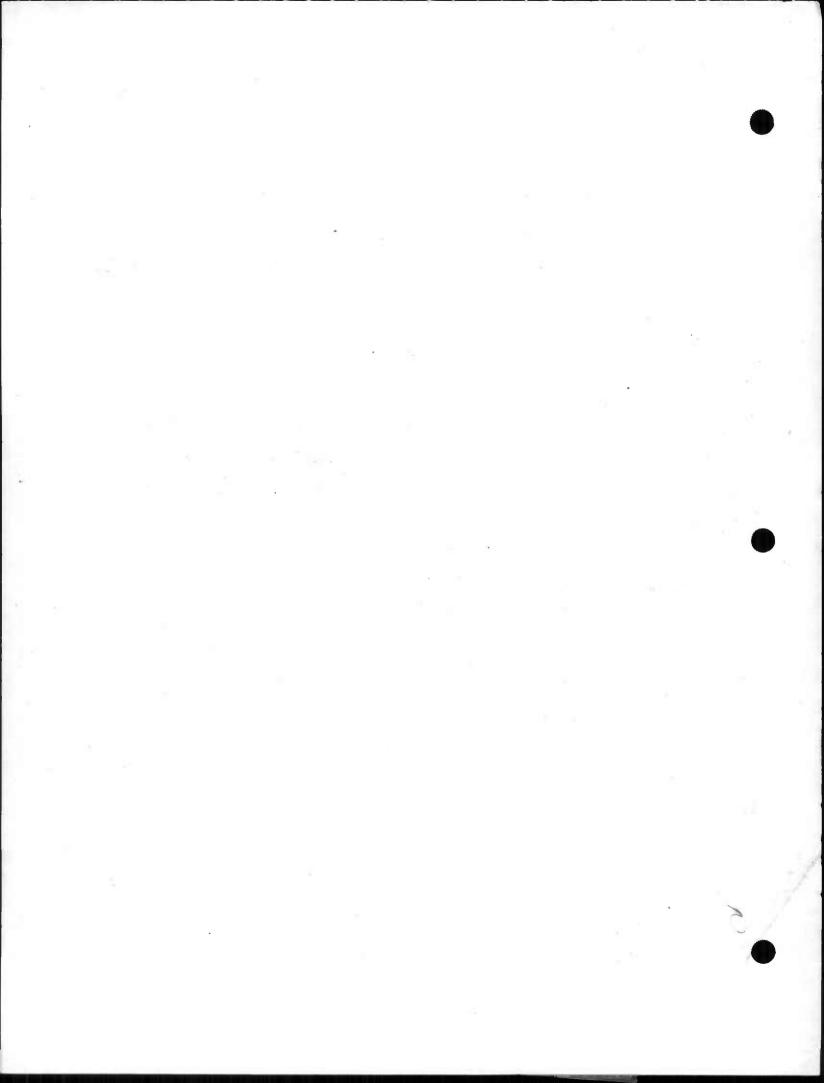
STATE OF	MARYLAND .	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	TH		DEC NO

FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIE		4 04849
1. DECEDENT'S NAME (First, Middle, Last June 4. SOCIAL SECURITY NUMBER	NMN  5. SEX 6. AGE		GUSON FUNDER 1 YEAR   IF UNDER 24 HRS.	FEBRUARY	18 190	3. TIME OF DEATH  5
215-22-3071 90. FACILITY NAME (If not institution, given Good Samaritan H		5 YRS.	b. CITY, TOWH OR LOCATION OF D  Baltimore		9 T	WEST VIRGINIA
RESIDENCE OF DECEDENT 100. STATE 10b. COUN			OWN DR LOCATION OWSON	CILY		10d. INSIDE CITY LIMITS? 1 YES 2 TYNO
100. STREET AND NUMBER 500 Virginia Ave		. 409	101. ZIP CODE 21.286		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (	IN U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Spec	en, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12) 8th Grade	UCATION de completed) College (1-4 or 5+)	16s. DECEDENT'S US (Give kind of work life. Do NOT use in	k done during most of working etired.)	16b, KIND OF B	USINESS/INDUST	RY
17. FATHER'S NAME (First, Middle, Last)  Porter Williams  190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	18. MOTHER'S N Zeppa F DDRESS (Street and Number or Rura			(o)
Glenda Joan Jack  20e. METHOD OF DISPOSITION  1 1 Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State 20	P.O. E	Box 387 Bethar	y Beach, 1	DE 1993 OCATION — City	Or Town, State
21. SIGNATURE OF FUNERAL SERVICE I		Marshville	22. NAME AND ADDRESS OF F Johnson Funer 8521 Loch Ray	cal Home		White way
23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause on a Lun G	ed the desth. Do not each line.	enter the mode of dying, su	ch ss cardiac or rea	piratory srrest,	Approximats Interval Between Onset and Death 2 YEARS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CHRONIC DUE TO FOR AS	A CONSEDUENCE OF):  A CONSEDUENCE OF):	UCTIVE PUL	MONARY	DIST	KE 10 YEARS
PART II. Other significant condition	ons contributing to death	but not resulting in	the underlying cause given in	n Part I. 24a. WAS A PERFT 1 TYES	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 \( \subseteq \text{NO} \)
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (C) THER:  Nursing Home 5 Residence			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		28b. TIME C	WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURI	ED
3 Suicide 8 Could not b determined	building, etc. (Spe			261, LOCATION (Stree City or Town, Stail	•)	tural Route Number,
(Check only CERTIFYING PHY	VER: On the basis of examination		of the time, date and place, end du in my opinion, death occured at the 29c. LICENSE NI	e time, dete and place,	and due to the ce	use(e) and manner ee stated.
30. NAME AND ADDRESS OF PERSON V	m	EATH (ITEM 27) (Type, Pr	P-0	7608	▶ FEB	RUARY 18th 1994
JAMES APPIAH -P 31. DATE FILED (MONTH, Day, Year)	1PPM, GOOD		an HOSPITAL	,5601 LCC	H RAVE	N BLVD BALTIN
FEB 2 2 1994	Julie Builder	Poplar				DHMH-16 Rev 1/89



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hospit	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospit
BALLIMORE, MARYLAND	DIVISION OF VIAL RECORDS, F.O. BOX 88180,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIENE	91.	01.850
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH
	Lewis	Foc				02 19	94	23.20 PM
				ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)	6. BIRTI Count	
	237-22-0681 1 9a. FACILITY NAME (If not institution, give street	44		IN CITY TOWN O	OR LOCATION OF DE	1-9-17		N.C.
DIRECTOR	Union Memorial Ho				ore City		9c. COUNTY OF C	
REC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION	-		10d. INSIDE CITY
	MD N/	A	BA	LTIMORE	Ξ			LIMITS?  1 TX YES 2 NO
FUNERAL	100. STREET AND NUMBER 401 E. 25th STREE	${f T}$		101	21218		10g, CITIZEN OF	WHAT COUNTRY?
S	11. MARITAL STATUS 12	WAS DECEDENT EVER IN II S	ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		E — American Indian, k, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	XNO		2 NO Specify	n, Puerto Ricen, etc.)	Spec	tty:
	15. DECEDENT'S EDUCATI	ION 164	. DECEDENT'S US	MIAL OCCUPATIO		Last Marin on Bride		BLACK
ETE	(Specify only highest grade con	npleted) College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during ma	st of working	16b. KIND OF BUS	NESS/INDUSTRY	
COMPLETED	12th		BAKER CH	IEF		N/A		
00	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden S	iumame)	
BE	UNKNOWN  19a. INFORMANT'S NAME (Type/Print)		401 000 000		ELLA E			
2	FLORENCE FOOTE					Noute Number, City or Town		MD 21218
	20a. METHOD OF DISPOSITION	20b. PL/	CEAND DATE OF	25th S			ATION — City or To	
	1 X Burial 2 Cremation 3 Removal 4 Donation 8 Other (Specify)	I from State cemetery	, crematory or othe	r placel	HURCH CEN			TH CAROLINA
	21. SIGNATURE OF FUNERAL SERVICE LICENS				D ADDRESS OF FAC			
	Hara can	turk		WM.C.	MARCH F.	H./1101 E.	NORTH CA	AROLINA
	23. PART I. Enter the diseasea, or comshock, or heart fallure. List	iplicatione that caused the	death. Do not	enter the mo	de of dying, suct	as cerdiac or respir	story arrest,	Approximate
	IMMEDIATE CAUSE (Finel	BI VI L			20	-		Interval Batween Onset and Desth
	disease or condition resulting in death) e	Elevent	- Dust	woon	2 20.	T-		24hr
_		DUE TO (OR AS A CON	SECUENCE OF):	0,0				54.
OL	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE OF):	<b>ООО</b> Ф				100
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	1D (ab	els 1	ueled	us,			1040
TIE	thet initieted events	DUE TO (OR AS A COM	SEQUENCE OF):					
CERTIFICATION	d							
AP.	PART II. Other algnificent conditions c	ontributing to death but n	ot resulting in	the underlying	ceuse given in	Pert i. 24a. WAS AN A		. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDIC	Hyperress	ov 11100;	epsi	, Ar	aenio	1 - YES 2	NO	COMPLETION OF CAUSE OF DEATH?
M	Peiperel	Vasules 1	Snee	٩			`	1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	s liller						
SC	EXAMINER?	OSPITAL:		THER:	ACE OF DEATH (Che			
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME (	OF 28c. INJ		28d. DESCRIBE HOW IN	JURY OCCURED	
ВУР	1 Ratural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK?			
E D B	3 Suicide 8 Could not be	26a. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, stre	et, factory, office		261. LOCATION (Street ar City or Town, State)	nd Number or Rural i	Poute Number,
	4 Homicide determined							
COMPL		N: To the best of my knowledge						
Ö	2 MEDICAL EXAMINER: C	On the basis of examination and	l/or Investigation,	In my opinion, de	eath occured at the	lime, data and place, and	due to the cause(s	a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	- 11.1			AU 4	76435	29d. DATE SIGNED	(Morith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH						1,14
	MAYERIEDA	on a		MH	/BC	enth	e	
	FEB 22 1994 7	1.23 FEEDINGS WALL						



FOR STATE REGISTRAR 1 -

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)				07112	<u> </u>	DEA		2. DATE OF DEATH			3. TIME OF DEATH
	DOMENICA	MAE	G	RDEN	1				2º 19 º	199	4 YEAR	9:30 A
1	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last	birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS	7 DATE OF BIRTH			IPLACE (State or Foreign
	190-140025	1 M 2 52 F	80	YRS.		DAYS	HOURS	MIN.	oct 26,19	112	Counti	ry)
	9s. FACILITY NAME (If not institution, give		0.5		9b. CITY, T	2000				_		Pa.
000	1400 Broening								ATH	9c. COU	INTY OF O	EATH
2	RESIDENCE OF DECEDENT	птапмау			Ва	Lt.	imoı	ce				
E	10a. STATE 10b. COUNT	Υ		10c. CITY	r, TOWN OR	LOCATI	ON					10d. INSIDE CITY
DIRECTOR	Maryland			Bal	timo	re						LIMITS?
	10e. STREET AND NUMBER					10t.	ZIP CODI	F		I 100 CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	1400 Broening	Highway					1224					
X	11. MARITAL STATUS	12. WAS DECEDENT E	VED IN ITS ADD	MEO	12 140				IC ORIGIN? (Specify Yes		J.S.	
_	1 Never Married 2 Married	FORCES? 1	YES 2 XN		If y	es, spe	cify Cubs	n, Maxicai	n, Puerto Rican, etc.)	or No-	Black	E — American Indien, k, Whita, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OH OATES		1 1	YES	2 K NO	Specify			Spec	"White
	15. DECEDENT'S EDI	CATION	16a. OE	CEDENT'S	USUAL OCC	UPATIO	N		16b. KIND OF BUS	SINESS/IN	•	
1	(Specify only highest grad	College (1-4 or 5+)	(Gh	ve kind of w Do NOT us	rork done dur e retired.)	ing mos	it of working	g				
.   로	12th		Sal	Les1	adv				Irv	ins		
COMPLET	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NAI	ME (First, Middle, Maiden			
	Samuel	Ver	gari				P	del	a	,		
BE	19a. INFORMANT'S NAME (Type/Print)			MAILING	ADDRESS (S	Street an	_		loute Number, City or Town	n. State. Zi	(a Code)	
은	Frank B. Grde	en		1400	Bro	en:	ing	Hiq	hway Bal	to.	Md.	21224
	20a. METHOO OF DISPOSITION		20b. PLACE A	ND DATE O	F DISPOSITI	ON (Nar	ne of		OATE 20c. LO		City or To	
	1 Burlei 2 Cremation 3 Ram 4 Donetion 5 Other (Specify)	noval from Stata	Stetery, ord	Thir!	S' P'Ita	ali	an	Ceme	etery Ja	ssu)	p, P	a.
	21. SIGNATURE OF TWEEPAL SERVICE LI	CENSEE 5						SS OF FAC				
	> Charle	1/2/			JO	SEF	H N		ANNINO J	R. F	'UNE	RAL HOME
	23. PART I. Enter the diseases at	formilies three that o	august the dec	ath Do o	20	<b>3</b> 3	do of du	onk	ling St.	ва.	Lto.	Md.21224
	23. PART I. Enter the diseesea, que ehock, or heert faillure.	anly and ceuse	on each line.	one, DO 11	or emer tr	e moc	ie oi uyi	ng, suct	as cardiec or respi	reiory ar	теет,	Approximata Interval Between
	IMMEDIATE CAUSE (Fine)	V/n.	4 2			- 1	2 .	1	0	L		Oneet and Death
	resulting in death)	a. y accid	R AS A CONSTO	POC 6	rede	at	ny	tare	ten du	200		minutes.
_			rang (	. 6				al				1/amil
CERTIFICATION	Sequentially list conditions, If eny, leeding to immediate		R AS A CONSEQ			er,	nea	ak				yeurs
¥	cause. Enter UNDERLYING	. hu	uc fre		/							years.
Ē	CAUSE (Disease or Injury that initiated events	DUE TO TO	AS A CONSEQ	UENCE OF	71							7
E	resulting in deeth) LAST											
1 8	<u> </u>	7							-60			
A	PART II. Other eignificent condition			00	0	rlying	ceuee (	given in	Part I. 24a, WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS
EDICAL	Ostropan	sis, and	(mu	lly	le '	Cal	Raj	reo	1 D YES 2	X) NO		COMPLETION OF CAUSE OF DEATH?
ME	Verteling	l e								,		1 YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				28. PL/	ACE OF D	EATH (Che	ck only one)			
YS!	1 TYES 2 NO	1   Inpetient 2   El	R/Outpatient 3	□ DOA	OTHER:	g Homa	5 🗆 Ra	aldence	6 Other (Specify)			
PHYSICIAN:	7. MANNER OF OEATH	20e. OATE OF IN. (Month, Day,		28b. TIME INJU		Bc. INJU			28d. OESCRIBE HOW II	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation						ES 2	NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF If building, etc	NJURY — At hor (Specify)	ne, ferm, s	treet, factory	, office			281. LOCATION (Street a City or Town, State)	ind Numbe	r or Rural F	Route Number,
	4 Homicide determined											
COMPLETED		ICIAN: To the best of my										
O	One) 2 MEDICAL EXAMIN	ER: On the basis of small	hination and/or in	rvestigation	n, in my opir	ilon, de	ath occur	ed at the	time, data and place, an	d due to ti	ha cause(s	and menner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	2/19	1			4	29c. LICE	NSE NUM	BER	29d. DAT	TE SIGNED	(Month, Day, Year)
0	Starle	ab for	Ru	, 1	LD,		D	OZI	91	<b>&gt;</b> :	2-2	1-94
2	130. NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAÓSE		1 27) (Type,	Print)					_	,	2 -
	ATAOLLAH	GOLPIR	24 Mi	),	302	92	Dus	rda	ekane	Ba	eto	, Md. 21222
	31. OATE FEB 2 2 1994	St. DF ST. BANG	SICH CUBE	L.								
	1 [ [ [ ] ] ] ]	0										

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a burs after death. Page 6 may be retained by the hospital or attending physician.

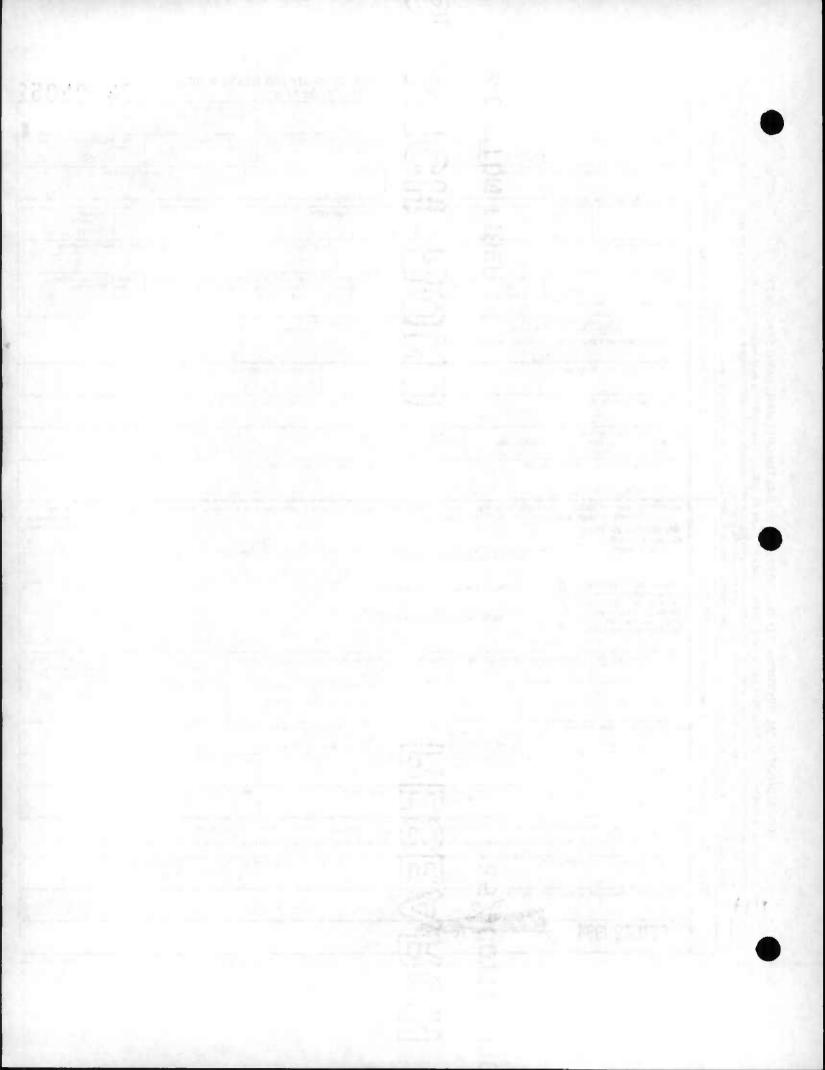
TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

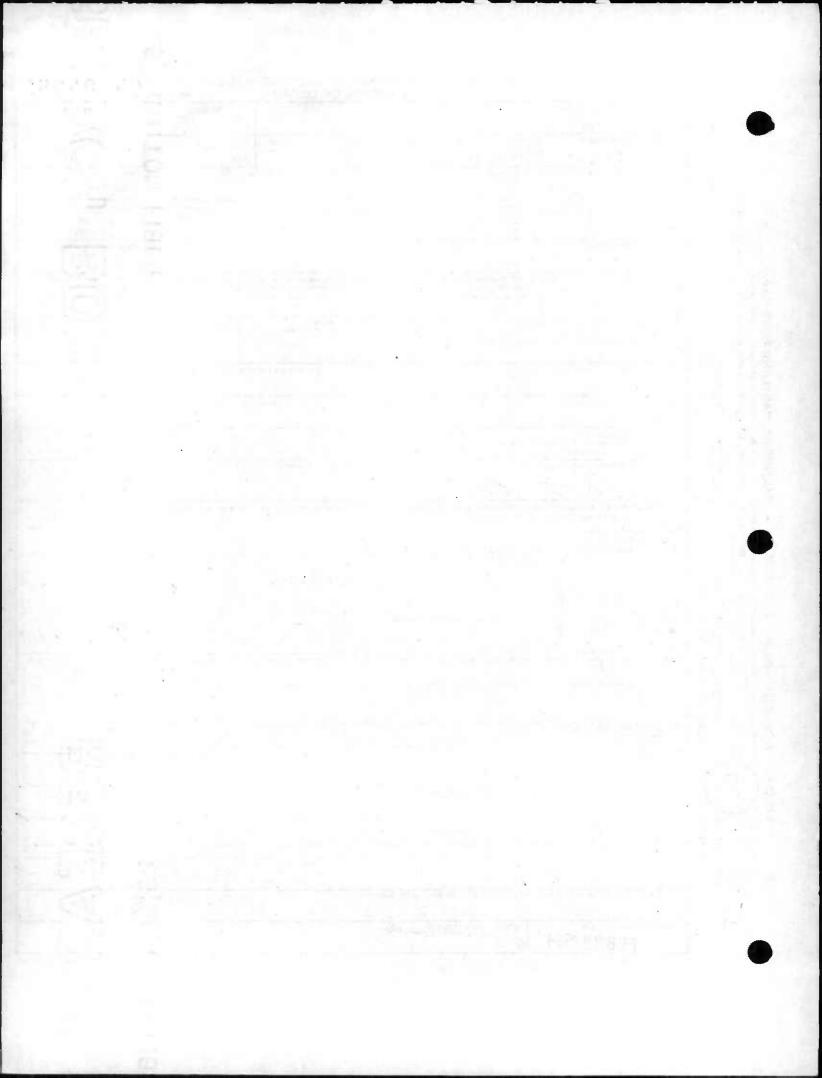
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may.	c, pa	#
9 9	recto	E
Pag	al di	ine
beath	fune	mex
TO THE HOSPTOL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z4 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached an extension of named and second to build committee. The first wintin 72 hours after death with the State Deat of Health and Mental Horiene prior to build. Committee, or named	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SUUC	inb	peu
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2	22	=

1 - STATE REGISTRAR	SIAIE UF MANTL		MENT OF HEALTH AND CATE OF DEATH			14 0485
1. DECEDENT'S NAME (First, Middle, I	Lest)			2. DATE OF DEATH	AY YE	3. TIME OF DEATH
JAMES Edv	ward GRANT			FEBRUARY	18,199	
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR   IF UNDER 24 H	IRS. 7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
251-24-3911  Se. FACILITY NAME (If not institution,	XXM 2 □ F	66 YRS.	b. CITY, TOWN OR LOCATION O	June 27	1927 S	outh Carolina
THE JOHNS HOP	PKINS HOSPITAL	processor to	BALTIMORE CIT		9c. COUNTY	OF DEATH
Maryland 106. CO	YTAUC		altimore			10d. INSIDE CITY LIMITS?  1) YES 2 NO
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
211 North Den	nison Street		2122	29	US	SA
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1X XVES IF YES, GIVE WAR OR DO KOYEAN CO	2 NO		ISPANIC ORIGIN? (Specify Yelexican, Puerto Rican, etc.) Specify:		RACE — American Indian, Black, White, atc. Specify: Black
15. DECEDENT'S (Specify only highest	EDUCATION	16a. DECEDENT'S US	k done during most of working	16b. KIND OF BU	SINESS/INDUST	
Elementary/Secondary (0-12)	College (1-4 or 5+) Col. 1. ege	Super	intendent	Dept Re	creatio	on & Parks
17. FATHER'S NAME (First, Middle, Las	n)			'S NAME (First, Middle, Meiden		
Mingo Grant			Rit	tie Bethea	a	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or F	Rural Route Number, City or Tow	vn, State, Zip Coo	fe)
Kathryn C. Gr	cant	211 N	orth Denisc	on Street	Balt	o, MD 2122
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 4 Donation 5 Other (Specify)	Entonbment Com	PLACE AND DATE OF petery, crematory or other Arbutus	Memorial Pa	ark 2/23 Ba	1.to.	County, MD
21. SIGNATURE OF FUNERAL SERVICE	ce licensee to the	^	2501 Gwynn	ns Falls Pa	arkway	
OR DARKE I HAT IN ALL			Baltimore,	Maryland	21.21	6
	a. O mayn	ach line.	enter the mode of dying,	such as cardiac or resp		Approximata Interval Between Onset and Deat
shock, or heart fall iMMEDIATE CAUSE (Final disease or condition	a. O MAM OUE TO (OR AS A  C.	ach line.		such as cardiac or resp		Approximata Interval Betwee Onset and Deat
shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A d.	A CONSEQUENCE OF):  A CONSEQUENCE OF):	ng cholang	such as cardiac or resp	I AUTOPSY	Approximate Interval Between Onset and Deat Syland
shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d. DUE TO (OR AS A  HQSPITAL:	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in	the underlying cause give	in in Part I. 24a. WAS AN PERFOI 1 YES:	I AUTOPSY	Approximata Interval Betwee Onset and Deat S Year 2  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO CAUSE
shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a. DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in	the underlying cause give  26. PLACE OF DEATH  Nursing Home 5   Reside  DF   28c. INJURY AT	in in Part I. 24a. WAS AN PERFO! 1 YES:  H (Check only one)  28d. DESCRIBE HOW	I AUTOPSY RMED?	Approximata interval Betwee Onset and Deat S year.  24b. WERE AUTOPSY FINDING AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending	a. DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d. DUE TO (O	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  patient 3 □ DOA 4  26b. TIME ( INJUE)	the underlying cause give  26. PLACE OF DEATH  Nursing Home 5   Reside  Nursing Home 5   Reside  Nursing Home 5   Reside  Nursing Home 5   Reside  Nursing Home 5   Reside	in in Part I. 24a. WAS AN PERFO! 1 YES:  H (Check only one)  28d. DESCRIBE HOW	I AUTOPSY RMED? 2 NO	Approximate Interval Betwee Onset and Deat S Years  24b. WERE AUTOPSY FINDINGS AWARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant cond  25. WAS CASE REFERRED TO MEDICE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending investigat 3 Suicide 6 Could not determined.  29a. CERTIFIER Check only CERTIFYING F	a. DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d. DUE TO (O	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  patient 3 DOA 4  26b. TIME (1)  INJUF  T — At home, farm, streetly)	the underlying cause give  26. PLACE OF DEATH  THER:  Nursing Home 5   Reside  NURSING HOME?  1   YES 2   NO  set, fectory, office	in in Part I. 24a. WAS AN PERFOI 1 YES:  H (Check only one)  26d. DESCRIBE HOW  25f. LOCATION (Street City or Town, State) d due to the cause(e) and ma	I AUTOPSY RMED? 2 NO	Approximata Interval Between Onset and Deat S Years Years Years S Years S Years S Years S Year
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DIVISION OF VITAL RECORDS, P.O. BOX 6876	The law requires that the death certificate be executed
DIVISION OF VITA	TO THE HOSPITAL OR ATTENDIFICATIONS CIAN: The

	1. OECEDENT'S NAME (First, Middle,	Last)		FICATE OF	22,3111	2. DATE O		-	3	O 4 8
	Mary ann	Gosnell				Feb.	18,	1994	PAS	1:41
a	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)	-	BIRTHPL Country)	LACE (State or I
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BE C	John	Rada			Jenny			rens		
TO	19a. INFORMANT'S NAME (Type/Print) George R. Gosn				and Number or Rural n Drive,				040	
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3		206. PLACE AND DATE	E OF DISPOSITION (A	Vame of	DATE	20c. LOC	CATION — City	or Town	n, Stata
	1 N Buriel 2 Cremation 3 4 Donation 5 Other (Specify)		Gardens	of Faith	n Cemeter	y 2/2	2 Ba	ltimor	e, l	Maryla
14	21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE		22. NAME A	AND ADDRESS OF FA	ACILITY				
	SIL-	To file	'		Belair					21236
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	lure. List only one cause	on each line.	not enter the m	ode of dying, suc	ch as cardi	ac or reapir	ratory arreat	•	Approxi
TIFICATION	disease or condition	a. DUE TO (OR DUE TO (OR c.	der an AS A CONSEQUENCE	est.  OF:  Conformation		ch as cardi	nc or reapir	ratory arreat	•	Approxi
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DIRECTOR: After this c hours after death with

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Oueenie 5:30 P 2-18-1994 Garstin 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) IL BIRTHPLACE (State or Foreign 1 M 2 F YRS. 216-58-4954 98 8-5-1895 India 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 6624 Marne Ave., Baltimore RESIDENCE OF DECEDENT ton. STATE tob. COUNTY 10c. CITY, TOWN OR LOCATION **Baltimore** YES 2 NO FUNERAL 10e. STREET AND NUMBER tot. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6624 Marne Avenue 21224 India 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. t Never Married 2 Married 3 Wildowed 4 Divorced t 🗆 YES 2 🗔 NO Specify BY Specify: White COMPLETED 15. DECEDENT'S EDUCATION tea. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Ret.Factory Worker 17. FATHER'S NAME (First, Middle, Lest) Factory once. 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Billings Ħ Millicent Dorton BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 Doreen Collins 6624 Marne Ave., Baltimore, Maryland21224 9 20e. METHOD OF DISPOSITION
1. Burlel 2 Cremation 3 Removal from State
4. Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, Stata must Stanis 2 NAME AND KODNESS OF PACILITY Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Methologomessoractua Bradley-Ashton Funeral Home, R.Phillip STacks Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, medical shock, or haart failure. List only one cause on sech lina. interval Between **IMMEDIATE CAUSE (Final Onast and Death** disease or condition the weeks neumonia resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL None any 1 - YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ltem. **EXAMINER?** HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: t TYES 2 NO 4 - Nursing Home 5 Residence 6 - Other (Specify) 6 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY Investigation Accident 28e. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 99 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED datarmined 4 Homicide 28 29e. CERTIFIER (Check only 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNETAL D TO THE FUNETAL D be filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0 SE OF DEATH (ITEM 27) (Type, Print) DUNALK AVE BACTO FEB 2 2 1994

DHMH-16 Rev 1/89

5. SEX

1 M 2 XXF

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS. DAYE

HOURS

6. AGE (In yrs. last birthday)

YRS.

87

REG. NO.

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1, DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Helen M. Garlitz

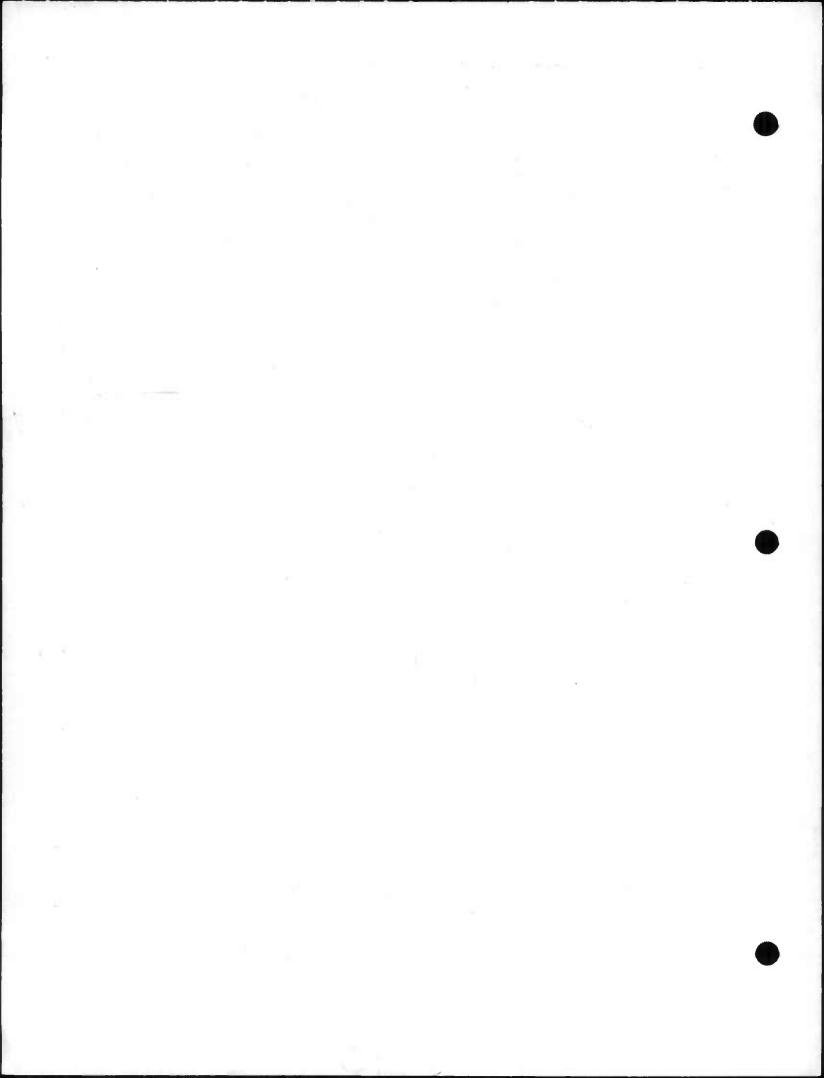
BALTIMORE, MARYLAND 21215-0020

DWISION OF VITAL RECORDS, P.O. BOX 68760.

7. DATE OF BIRTH (Month, Day, Year) 7-15-1906 215-07-2562 and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be burial, cremation, or removal. 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH DIRECTOR Sykesville Elder Care Center Sykesville RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Carrol1 Sykesville FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 7309 2nd Avenue 21704 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No— If yes, specify Cuban, Mexican, Puarto Rican, etc.)

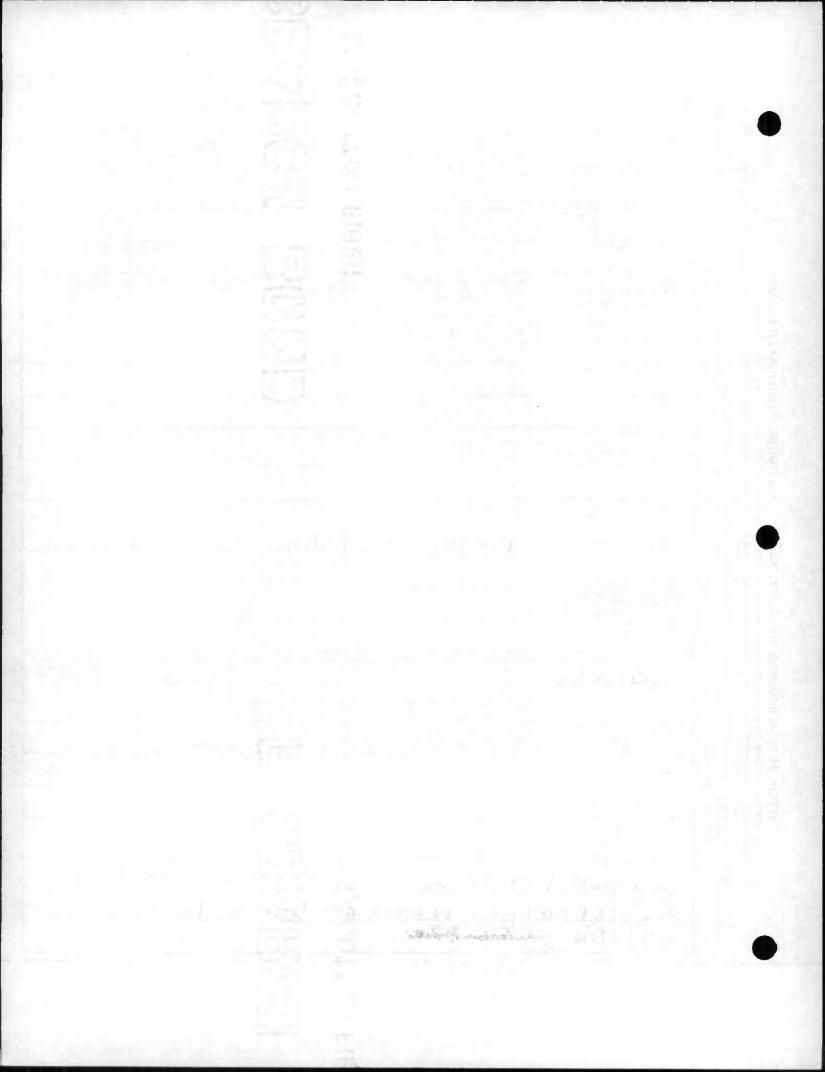
14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 22
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried В 1 YES 2 NO Specify: 3 X Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 11th Home Home Maker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Harry Ħ Wolfe Elsie Jane Dietz Deitz BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Patricia Mangano 8613 Silver Knoll Dr. Perry Hall, Maryland-21128 pe 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removal from State must metery, cremetory or other place) Gardens of Faith Cem. 4 Donation 5 Other (Specify) 2-22 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY ours after death. John C. Miller, Inc. Murrodes medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fallure. List only one cause on eech line. IMMEDIATE CAUSE (Finel the disease or condition Atleroscherotic Coronn Vascalas resulting in daeth) event. the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) the attending physician a Mental Hygiene prior to if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 9 PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? been signed by th Demon for ашу requires that 1 TYES 2 NO has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate to field within 72 hours after death with the State iMPORTANT: If Hem 28 is marked, or Hem HOSPITAL:
1 | Inpetiant 2 | ER/Outpetient 3 | DDA OTHER: 1 YES 2 NO 4 Nursing Home 5 - Rasidenca 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation t YES 2 NO В 28a. PLACE OF INJURY -- At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide ETED. 6 Could not be 4 Homicide determined 29e. CERTIFIER (Check only (Ch R COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner so stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 032882 Mon J. MD 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Reistantonn, Md Briness Canton Drive FEB 2 2 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FEb. 19,1994 YEAR 8. BIRTHPLACE (State or Foreign Maryland 9c. COUNTY OF DEATH Carroll Co. 10d. INSIDE CITY 1 YES 2 NO 10a. CITIZEN OF WHAT COUNTRY? U.S.A. Specify: White 16b. KIND OF BUSINESS/INDUSTRY 20c. LOCATION - City or Town, State Baltimore, Md. 6415 BElair Road Balto. MD.-21206 Approximate Intarval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 26I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month! Day, Year) 2/21/84



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	121-22-5730 1 M 2 1 F 67 YRS. WONTHS DAYS MIN. Jan. 16, 1927 1 90. FACILITY NAME (If not institution, give street and number) 90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF										
TOR	Northwest Hopsital Randallstown Baltimore										
DIRECTOR	10a. STATE 10b. COUNT		10c.	CITY, TOWN OR	dersburg				10d. INSIDE CITY LIMITS? 1 YES 2 X		
FUNERAL	6217 W. Hemloo				10f. ZIP CODE 21784				S.A.		
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 NO	lf y	AS DECENDENT OF HISPA yes, specify Cuban, Mexic YES 2 X NO Speci	an, Puerto R	r? (Specify Yea o		RACE — American India Black, White, etc. Specify: White		
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind	OT use retired.)	ring most of working	16b.	KIND OF BUSI	NESS/INDUST			
COMPL	12 17. FATHER'S NAME (First, Middle, Last)			Homemal	Ker 18. MOTHER'S N	AME /Elmt A	Aiddo Afridan C	Dome	stic		
i u	John Thomas M	Maguire	10h MAII	I INO ADODESS /		Mary S	Seckett				
TO B	Miss. Teresa Gil	lhert			emlock Driv						
200	20a. METHOD OF DISPOSITION  1 Special 2 Cremation 3 Ren	2	20b. PLACE AND DA	ATE OF DISPOSITI		DATE			or Town, State		
	4 Donation 5 Other (Specify)		cemetery, cremetory Calvar	ry Cemet		Teb. 23	3,1994	Ourens	New York		
a series	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			AME AND ADDRESS OF F		JAMES (D	O Bo	v 105)		
6	HAIGHT FUNERAL HOME (P.O. Box 195) Sykesville, MD 21784 (410)-795-1400										
	23. PART I. Enter tha diseasea, or shoek, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. BIVE	sed the death, in each line.  The cults a consequence	Do not enter th	vkesville.	MD 21	1784 (4	110) -7 story arrest,	95-1400		
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition	a. DUE TO (OR AS	n sach line.	Do not entar the Cartesian Company of the Cartesian Company of the Cartesian	vkesville, na moda of dylng, au	MD 21	1784 (4	110) -7 story arrest,	95-1400 Approximatintarval Be Onset and		
CERTIFICATION	immediate cause (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS	S A CONSEQUENCES A CONSEQUENCES	Do not entar the CE OF):	vkesville, ne mode of dying, au  aulure	MD 21 ch as card	1784 (4	110) -7 etory arreat	95–1400 Approximation interval Be Onset and		
DICAL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE TO (OR AS	S A CONSEQUENCES A CONSEQUENCES	Do not entar the CE OF):	vkesville, ne mode of dying, au  aulure	MD 21 ch as card	1784 (4	atory arrest	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH?		
MEDICAL CERTIFICATION	immediate cause (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS	S A CONSEQUENCES A CONSEQUENCES	Do not entar the CE OF):	vkesville, he mode of dying, au	MD 21 ch sa card	1784 (4 liac or reapire 24a, WAS AN A PERFORM 1 □ YES 2 [	atory arrest	95–1400 Approximatinterval Ba Onset and Onset		
SICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. DUE TO (OR AS	S A CONSEQUENCES A CO	Do not entar the company of the comp	vkesville, ne mode of dying, au  aulure	MD 21 ch as card	24a. WAS AN A PERFORM 1 USS 2	atory arrest	24b. WERE AUTOPSY FILAMALABLE PRIOR COMPLETION OF COF DEATH?		
1YSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions are conditions. In the conditions of the conditions of the cause of the	B. DUE TO (OR AS  DUE	S A CONSEQUENCES A CO	Do not entar the company of the comp	vkesville, na moda of dying, au  faulure  ariying cause given in	MD 21 ch as card	24a. WAS AN A PERFORM 1 USS 2	autopsy MED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COF DEATH?		
TED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions of the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the cause o	B. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS)	S A CONSEQUENCES A CO	Do not entar the company of the comp	ariying cause given in 26. PLACE OF DEATH (C. INJURY AT WORK?	MD 21 ch as card	24s. WAS AN A PERFORM 1 YES 2 (	uttopsy led? No	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COMPLET		
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in death LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	a. DUE TO (OR AS  DUE	S A CONSEQUENCES A CO	Do not entar the second at the time coursed at	ariying cause given in  26. PLACE OF DEATH (C)  19 Home 5   Residence  10 Home 5   No Home  10 Home 5   No Home  11 YES 2   No  12 Home  13 Home  14 Home  15 Home  16 Home  17 Home  17 Home  18 Home  1	m Part I.  Check only on  5 Other  28d. DES	24s. WAS AN A PERFORM 1 YES 2 [ or (Specify) CRIBE HOW IN. ATION (Street an	STORY AFTER STATE OF THE STATE	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2 N		
PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in death LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	B. DUE TO (OR AS  DUE	S A CONSEQUENCES A CO	Do not entar the second at the time coursed at	ariying cause given in  26. PLACE OF DEATH (C)  19 Home 5   Residence  10 Home 5   No Home  10 Home 5   No Home  11 YES 2   No  12 Home  13 Home  14 Home  15 Home  16 Home  17 Home  17 Home  18 Home  1	MD 21 ch as card  Part I.  Check only on  S  Other  28d. DES  28f. LOCy City of	24a. WAS AN A PERFORM 1 VES 2 [  OF (Specify) CRIBE HOW IN.  ATION (Street an or Town, State)	uttopsy arrest leb?  JURY OCCURI	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2 N		



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THAL OR ALCOUNTY FILLS CHAIR THE LAW requires that the beautiful be executed within 24 hours after death. Tage 6 may be retained by the nospital	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	F. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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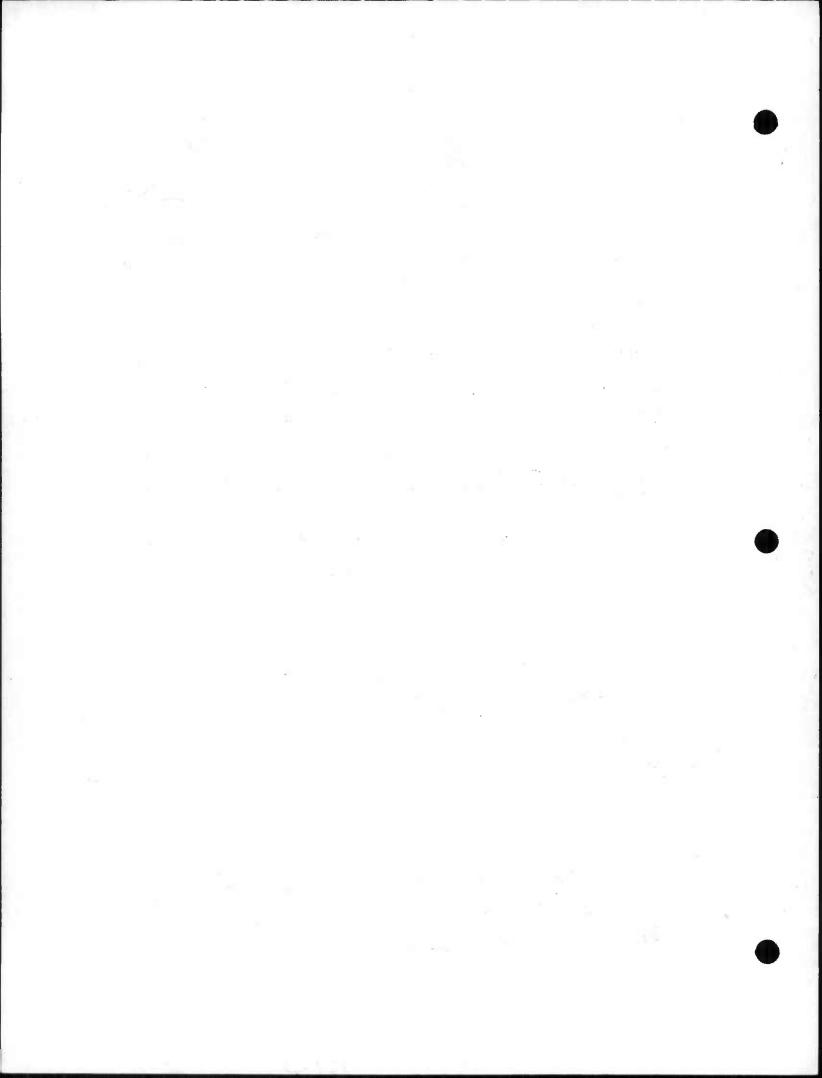
31. DATE FILED (Month, Day, Year) FEB 2 2 1994

32. PEGISTRAPIS SIGNATUR

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Feb. 18 Mary Herring 7:01 7. DATE OF BIRTH (Month, Day, Year 4 SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAY8 HOURS 219-16-3765 1 M 2 F YRS. November 15. 1924 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH DIRECTOR 412 Cedarcroft Rd. Baltimore RESIDENCE OF DECEDENT 10a, STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 412 Cedarcroft Rd. 21239 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yee, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried 1 TES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementery/Secondary (0-12) College (1-4 or 5+) 12 years Hememaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Christian Hoerl Margaret Byrnes 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 412 Cedarcroft Rd. Baltimore, Md. 21212 August Herring 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Holy Redeemer Cem. February 21, 4 Donation 5 Other (Specify) 1994 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home Inc. Robert M. Kratz Buca 6500 York Rd. 21212 23. PART I. Enter the diseases, or complications that caused the death. De not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallura. List only one cause on each line intarval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) onestino DUE TO (OH AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL DE DEATHS 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one, **EXAMINER?** HOSPITAL 1 YES NO OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED O Natural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(e) end memore se stated. 2 📗 MEDICAL EXAMINER: On the beele of exemination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner 29b. SIGNATURE AND TITLE OF CERTIFIER BE 06 0 9 SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) George TaRocco MD 7505 OslerDrive Towson, Mtl. 21204

TO THE HIGHER OF A CHARLIAN PAYSICIAN: The law requires that the death certificate be executed within. Frours after death, Page 6 may be retained by the hoss TO THE FUNCHAL DIRECTOR. Are it certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 from an order of the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If term 25 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	P P 8 W
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN REG. NO.	_	11 01.858	
	1. DECEDENT'S NAME (First, Middle, Leist) ROMIE JA	CKSON	HALS	EY	(	2. DATE OF DEATH 2 MONTH 21	* 94 *	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER  233-14-3733	1⊠M2□F 78	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Month, Day, Year) JAN 26, 1	916 V	BIRTHPLACE (State or Foreign Country) VEST VIRGINIA	
CTOR	98. FACILITY NAME (If not institution, give street and number)  NORTH ARUNDEL HOSPITAL ASSOCIATION  GLEN BURNIE  A.A. CORRESIDENCE OF DECEDENT								
DIRECTOR		ARUNDEL		TOWN OR LOCAT			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 7559 BALTIMORE—A	NNAPOLIS BLV	D	10f	21060		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	If yes, spe	ENDENT OF HISPAN Helfy Cuban, Maxican 2 A NO Specify	IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No- 14	. RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 11th	JCATION e completed) College (1-4 or 5+)		k done during mo. retired.)	N st of working	16b. KIND OF BUS	SINESS/INDUS	TRY	
SOME	17. FATHER'S NAME (First, Middle, Last)		COAL MIN	EK	18. MOTHER'S NAI	O * BOYLE	Surname)		
BE	WALTER WATSON HA	LSEY	100 110 110 11	200500 (0)		IZABETH SA			
2	HELEN V. HALSEY					loute Number, City or Town		JRNIE,MD 21060	
	20e. METHOD OF DISPOSITION 1   XBuriel   2	novel from State Cerr	PLACE AND DATE OF	DISPOSITION (Na	me of		CATION - CITY	y or Town, Stata	
	21. SIGNATURE OF EUNERAL SERVICE LI	g Oda	nul	22. NAME AN	D ADDRESS OF FAC	RITY	ON FUN	NERAL HOME	
	23. PART I. Entar the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cereb	the death Do not ech line.	tur the pro	e of dying, auch	as cardiac or reaple	ratory arrest	t, Approximate Interval Between	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Carole DUE TO JOR AS A	CONSEQUENCE OF:	Dice	CT CO	TED			
CAL	PART II 9ther significant sondition	AUTOPSY MED?	24b. WERE AUTOPSY FRIDINGS ANALASEE PRIOR TO COMPLETION OF CAUSE OF DEATHY						
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL	reall	02	26. PL	ACE OF DEATH (Chi	ck only one)		1 YES 2 NO	
YSIC	EXAMINERY 1 VES 2 HO	HOSPITAL: 1 ☐ Inpatient 2 DefCouts		THER:	5 🗆 Residence	6 ☐ Other (Specify)			
	27. MANNES OF DEATH  1 Pleature 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	ED						
TEDE	3 Suicide 6 Could not building, etc. (Specify)  286. PLACE OF INJURY — At home, farm, street, factory, office  287. LOCATION (Street and Number or Rural Route Number  City or Seen, State)								
COMPLETED BY		IICIAN: To the best of my know ER: Out the basis of examination						ause(s) and manner as stated.	
H	29b. SHOWATURE AND TITLE OF CEBTIFIE		1/		29c. LICENSE NUM			GNED (Month Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WITH	ONG, M.D./206	CRAIN HI	GHWAY,S	W/GLEN B	URNIE, MAR	YLAND	21061	
	31. DATE FILED (Month, Day, Year) FFR 2.2. 1994	32. PERSTARIS AND	Merch						



retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

funeral director, page 5 should be detached for use as the burial-transit

completely filled in by the rial, cremation, or removal.

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attending physician prior

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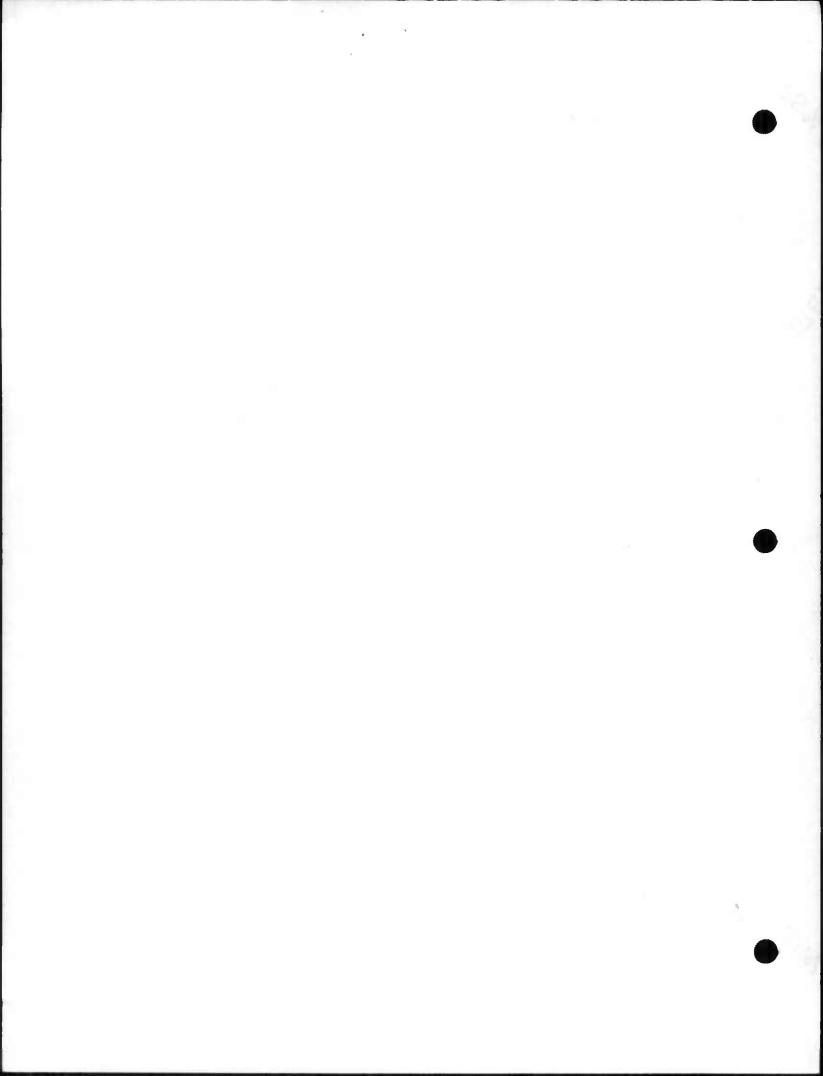
permit. Pages 1, 2, 3 should

BOX 68760 DIVISION OF VITAL RECORDS, P.O.

ours after death. Page 6 may be requires that the death certificate be executed will signed by the attending phy Health and Mental Hygiene AM. L OR ATTENDING PHYSICIAN: Th L DIRECTOR: After this certificate I hours after death with the State HOSPITAL ( FUNERAL I within 72 h

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH VEAD HARRIS CONRAD 94 7:50 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 1 M 2 F 213-09-0475 88 North Carolina 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Levindale Geriatric Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Randallstown Maryland YES 2 NO FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8831 Sigrid Road 21133 USA 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yee, specify Cuben, Mexicen, Puerto Ricen, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried Specify: BY Specify: 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) High School Steel Worker Bethlehem Steel Corporation 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Oscar Harris Lona Clay BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Della Harris 8831 Sigrid Road Randallstown, MD 21133 must be 20e, METNOD OF DISPOSITION
1 M Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE 4 Donation 5 Other (Specify). Arbutus Memorial Park 2/25 Baltimore Co. MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Deven arker Baltimore, Maryland 21216 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haart fallure. List only one cause on each line. Intarvai Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition PROSTATE WITH METASTASIS . CARCINOMA reaulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 0 iniury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO HISTORY MYOCARDIAL INFARCTION any COMPLETION OF CAUSE 1 TES 2 NO OF OEATH? MELLITUS Shows 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA me 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATN 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending 1 YES 2 NO ΒY Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 41 8 Could not be COMPLETED 4 Nomicide 28 29e. CERTIFIER (Check only Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee atsted. = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 2 MEDICAL EXAMINER: On the investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER > Ey two ATTENDING 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D 25610 PHYSICIAN 2.19.94 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SET HTWAR LEVINDALE 2434 W. BELVER DERE AVENUE BALTIMORE 21215 FEB 2 2 1994 32. REGISTHAR'S SIGNATURE

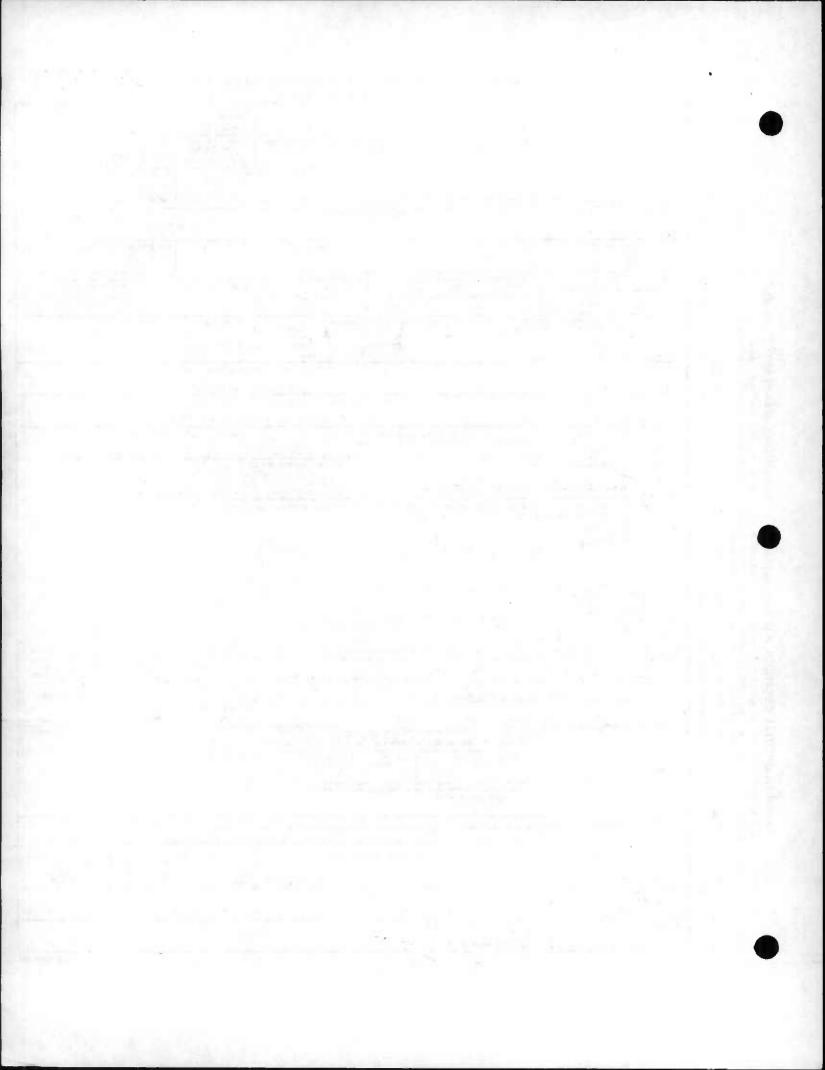
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



. Pages 1, 2, 3 should

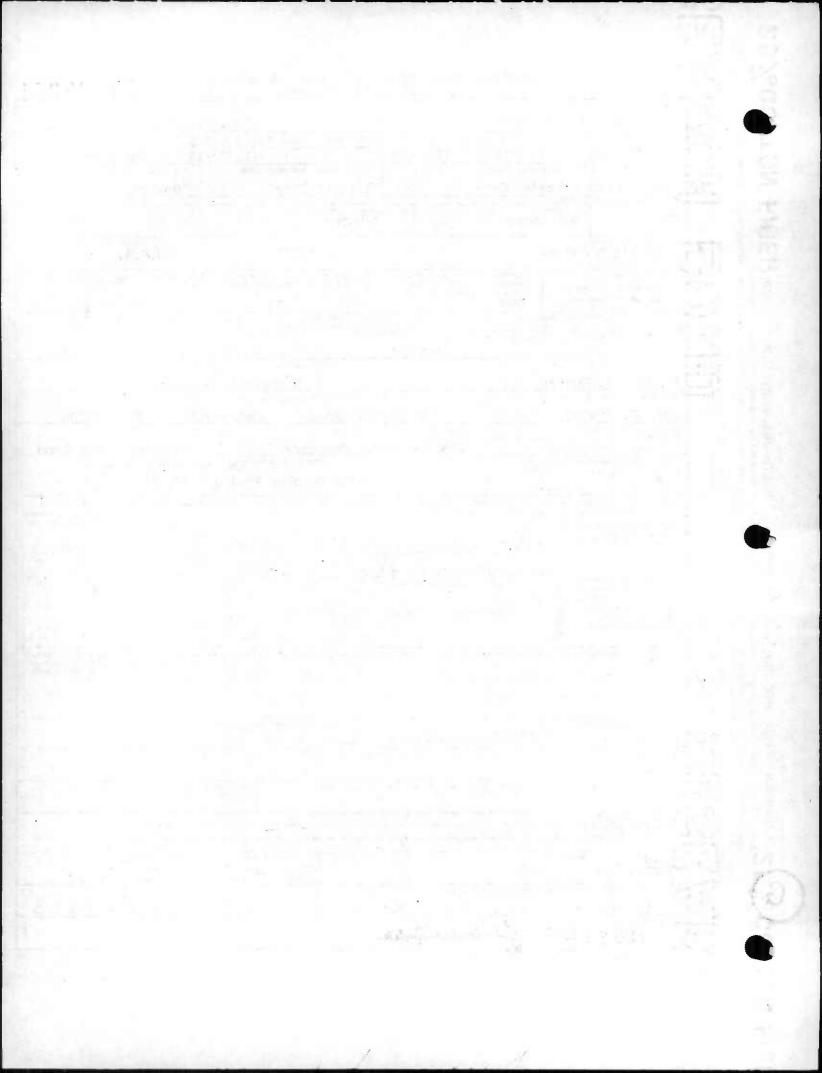
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2] 00. FA FI RES: 100. S' M6 100. S' 9] 11. MA 1		Hospital v ltimore	e. AGE (In yrs. 48	YRS.	IF UNDER	TOWN C	F UNDER HOURS	MIN, ON OF DE	7. DATE (Month Sep	oruary of Birth th, Day, Near) t. 28, 1	13, 1945	Mai Mai	PLACE (State or Foreign ryland
2] 00. FA FI RES: 100. S' M6 100. S' 9] 11. MA 1	L2-42-7371  CILITY NAME (If not institution, give a canklin Square idence of decedent tate idence of decedent idence of decedent idence of decedent idence of decedent idence idence identification ident	1   M 2   F	48	YRS.	9b. CITY,	TOWN C	HOURS OR LOCATI	MIN, ON OF DE	Sep	of BIRTH h, Day, Wass) t.28,1	9c. COU	Mai Mai	ryland
Fr RESI 10e. S' 10e. S' 9] 11. MA 1	ranklin Square  IDENCE OF DECEDENT  TATE 10b. COUNT  BY 10b. COUNT	Hospital  timore  d.  12. WAS DECEDEN FORCES?	T EVER IN U.S. /	10c. CIT		Ros	svil			0.20,1	9c. COU	NTY OF DI	,
10e. \$' 10e. \$' 10e. \$' 10e. \$' 11. MA 1	TREET AND NUMBER  LS Sandalwood R  IRITAL STATUS Never Married A Merried  Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade	d.  12. WAS DECEDENT FORCES?		10c. C/1	Y, TOWN O	R LOCAT		le					
10e. \$' Ma 10e. \$' 91 11. MA 1	TATE 10b. COUNT BY JAND BA TREET AND NUMBER L5 Sandalwood R IRITAL STATUS Never Married A Divorced  15. DECEDENT'S EDU (Specify only highest grade	d.  12. WAS DECEDENT FORCES?		10c. CIT	Y, TOWN O							timo	**
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9] 11. MA 1	L5 Sandalwood R  IRITAL STATUS  Never Married	12. WAS DECEDEN FORCES? \$				Ess							10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
1   1   1   3   1   1   1   1   1   1	Never Married  Merried Midowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade	FORCES?				101	2 zip coo	1221				USA	VHAT COUNTRY?
12. FAT	(Specify only highest grade				11	yes, sp	ENDENT Code	n, Mexicar	n, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RACE Black Specif	- American Indian, K. White, atc.
12. FAT			16a, 1	DECEDENT'S	USUAL OC	CUPATIO	ON and the second		161	. KIND OF BUS	SINESS/IND	USTRY	200
	2th grade	College (1-4 or 5 -	•)	(Give kind of the Do NOT u	stom			·v		Tail	or		
II Da	THER'S NAME (First, Middle, Lest)						18. MOT	HER'S NAI	ME (First,	Middle, Meiden	Surname)		
	ailey E. Hershm	an, Sr.								Hebb			
	FORMANT'S NAME (Type/Print)	man								o. Md			
20a. M	ETHOD OF DISPOSITION		20b. PLAC	EANDDATE			_	10.	DATE	<u> </u>	CATION —		wn State
	(uriel 2 Cremation 3 Remodenation 5 Other (Specify)	oval from State	cametery c	remetory or o	ther place)			7_01			imore		P. C. Sales
	ONATURE OF FUNERAL SERVICE LIC	CENSEE	1 1101	TA 11T	22. N	NAME A	ahn	SS OF FAC	CILITY	Dair	TIIIOT	3. I'IL	
1	Tasselw Fee	nerel	Home							Home Balto.	Md	271	236
23. P	ART L Enter the diseases, or	complications the	t caused the	death. Do									Approximate
	shock, or heart fellure. EDIATE CAUSE (Finel	List only one cau	se on each ili	ne.									Interval Between Onset and Des
disee	ting in death)		Tischo	mi C	Car	dia	anda I -	the.					
resur	ung in openin	DUE TO	(OR AS A CONS	EQUENCE O	F):	0101	1000	7					
	and the line and the same of t	b						J					
if eny	rentielly list conditions, y, leeding to immediate e. Enter UNDERLYING SE (Disease or injury	DUE TO	(OR AS A CONS	EQUENCE O	<b>ም</b> ):								
that I	initiated events ting in death) LAST	OT 3UG	(OR AS A CONS	EOUENCE O	F):								
PART	II. Other eignificant condition	a contributing to	death but not	resulting	In the unc	derivin	n cause (	alven in i	Dart I	240 MMC AN	Almoney	245	WERE AUTOPSY FINDING
	Ahrid Fibrillati	wit		Ven						PERFOR	RMED?	240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Pulmen	ac Fi	hoses		010-01		1			1   YES 2	: [ <u>[</u> ]-NO		OF DEATH?
		9 /							_				1 NES 2 NO
	AS CASE REFERRED TO MEDICAL	/					ACE DF D	EATH (Che	ack only o	ne)			
	YES 2 NO	HOSPITAL:	ER/Outpetient	3 DOA	4 Nursi		6 5 🗆 Re	aldence	6 🗆 Oth	er (Specify)			
	NNER OF DEATH	28e. DATE OF (Month, D		28b. TIN	E OF	28c. INJ WO	URY AT		28d. DE	SCRIBE HOW I	NJURY OCC	CURED	
D	Natural 5   Pending   Accident   Investigation		M 1 YES 2 NO										
100	Suicide 8 Could not be determined	28e, PLACE O building,	F INJURY — At I etc. (Specify)	home, farm,	street, facto	ory, offic	•			CATION (Street of Town, Stete)		or Rural A	toute Number,
	ERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledne	death accur	ad at the sir	me data	and stace	and due	to the co	une(e) and ma	DDD/ on also	ad	
	thock only 2 MEDICAL EXAMINE	PROPERTY AND ADDRESS OF											) and manner as stated.



MARYLAND 2 retained by the hospital 5 should be detached for notified at once.	TO BE COMPLE	Elementary/Secondary (0-12)
AN the hos detach	ő	17. FATHER'S NAME (First, Middle, Last)
Y Y De day	EC	William J. Huster
A A Bained house	B	19a. INFORMANT'S NAME (Type/Print)
M Se rett	F	John C. Huster
BALTIMORE, MARYLAND 2 is after death. Page 6 may be retained by the hospital in by the funeral director, page 5 should be detached for removal.		20s METHOD OF DISPOSITION 1  Burlel 2  Cremation 3  Rem 4  Donation 5  Other (Specify)
BALTIMOR BALTIMOR  In by the funeral director, r removal.		21. SIGNATURE OF FUNERAL SERVICE LIC
S S S S S S S S S S S S S S S S S S S		To to
B, hours after or removal or removal		23. PART i. Enter the diseases, or o shock, Dr heart failure.
0 0 E		IMMEDIATE CAUSE (Finel
ont, th		disease or condition resulting in death)
THE HIZPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with pours after death. Page 6 may be retained by the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement med in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, or removal.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent condition
AL law has b Dept. 23	AN	25. WAS CASE REFERRED TO MEDICAL
//TA	SICI	EXAMINER?
SICIA Certif	H	27. MANNER OF DEATN
ISION OF VITA TTENDING PHYSICIAN: The TOTAL After this certificate ha after death with the State D State D State D State D State D State D	4 7	1 Netural 5 Pending Investigation
ON OF OFFICE After death death	9	3 Suicide 8 Could not be
VISI ATTEN ECTOR S after	TE	4 Homicide detarmined
DIVISION OF V TO THE HERPITAL OR ATTENDING PHYSICIAL TO THE FUNERAL DIRECTOR: After this cardi be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, or	PLE	29a. CERTIFIER 1 CERTIFYING PHYSI
SPITE INERA Inio 7.	ON	2 MEDICAL EXAMINE
DRTA WE	E C	294/SUMMITTEE AND TITLE OF CERTIFIE
6 5 8 M	OE	MULT
	F	30. NAME AND ADDRESS OF PERSON WN

1. DECEDENT'S NAME (First, Middle, Las			MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO		0486
Charles (				2. DATE OF DEATH DATE OF PERSON DEATH DATE OF DATE OF DATE	994 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-07-1968  98. FACILITY NAME (If not institution, give	1 □XM 2 □ F	77 YRS. MO	UNDER 1 YEAR F UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 11/20/16	Mar	yland
Bon Secours Exte			llicott City		9c. COUNTY OF	DEAIN
MD 100. STATE Balt	timore		own or location rbutus			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
1327 Birch Avenu	ie		10f. ZIP CODE 21227		U.S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR NONE	S 2 NO	13. WAS DECENDENT OF NISP If yes, specify Cuben, Maxi 1 YES 2 NO Spec	can, Puarto Rican, atc.)	Black	CE — American Indian, ok, White, atc.
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	Auto Sa	siness/industry	
17. FATHER'S NAME (First, Middle, Last)			16. MOTNER'S I	NAME (First, Middle, Maiden		
William J. Huste	er	406 1111 1115 1-		ra A. Gumpr		
John C. Huster			DRESS (Street and Number or Rura DII Road			27.220
209. METHOD OF DISPOSITION	2	0b. PLACE AND DATE OF		Catonsville	CATION — City or 1	21228 Town, State
1 A Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)		emetery, crematory or other ew Cathedra	al Cemetery	2/23 Ba	altimore	Maryland
21. SIGNATURE OF FUNERAL SERVICE			22. NAME AND ADDRESS OF	FACILA Morose I	Tuneral F	Home
100	El Te	2	1328 Sulphur	Spring Road	, Arbuti	us,Md
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	- Conom		T. D. Cons	C C		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	CDUE TO (OR AS	A CONSEQUENCE OF):				
If any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	cDUE TO (OR AS	A CONSEQUENCE OF):	he underlying ceuse given l	in Part I. 24a. WAS AN PERFOI	RMED?	Ib. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, laading to immedieta cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  PART II. Other significent conditions to the condition of the condi	d	A CONSEQUENCE OF):	the underlying ceuse given in the un	1 TYES 2	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, laading to immedieta cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	d	but not resulting in t		PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, laading to immedieta cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  PART II. Other significent conditions are conditionally as a case reference to medical examiner?  1   YES 2   NO  27. MANNER OF DEATN	DUE TO (OR AS  d.    DIE TO (OR AS  d.   DIE TO (OR AS    DIE TO (OR AS	but not resulting in t	28. PLACE OF DEATN ( THER:  Nursing Nome 5 Residence F 28c. INJURY AT	PERFOI	RMED? ≥ □ NO	AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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If any, laading to immedieta cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  PART II. Other significent conditions and the conditions of the co	DUE TO (OR AS  d.  IDDS contributing to deeth  HOSPITAL: 1   Inpatient 2   ER/Or  28a. DATE OF INJURY (Month, Day, Vear  be 28b. PLACE OF INJURY building, atc. (S)	but not resulting in to support the support of the	28. PLACE OF DEATN ( THER: Nursing Noma 5   Residence F 28c. INJURY AT WORK? M 1   YES 2   NO	PERFORM  The Check only one)  6 Other (Specify)  28d. DESCRIBE NOW (Street City or Town, State)  ue to the cause(a) and ma	INJURY OCCURED  and Number or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO  ! Route Number,
If any, laading to immedieta cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST  PART II. Other significent conditions and the conditions are set of the conditions and the conditions are set of the conditions and the conditions are set of the conditions are s	DUE TO (OR AS  d.    DIDE TO (OR AS  d.   DIDE TO (	but not resulting in to stand the stand of t	26. PLACE OF DEATN (1) THER: Nursing Noma 5   Rasidence of 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, offica  In the time, data and place, and do in my opinion, death occured at time.	Check only one)  e 6 Other (Specify)  28d. DESCRIBE NOW 1  28t. LOCATION (Street City or Town, State)  ue to the cause(a) and make time, data and place, ar	and Number or Rural nner as stated, and due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
If any, laading to immedieta cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  PART II. Other significent conditions and the conditions are supported by the conditions are sup	DUE TO (OR AS  d.    DIDE TO (OR AS  d.   DIDE TO (	but not resulting in to support the support of the	26. PLACE OF DEATN (1) THER: Nursing Noma 5   Rasidence of 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, offica  In the time, data and place, and do in my opinion, death occured at time.	Check only one)  6 G Other (Specify)  28d. DESCRIBE NOW  28d. LOCATION (Street City or Town, State)  ue to the cause(a) and ma the time, data and placa, ar	and Number or Rural nner as stated, and due to the cause	AMPLIABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO    Route Number,



	1 - STATE REGISTRAR	STATE OF MARYLAND			F HEALTH AND OF DEATH	MENTA	L HYGIENI REG. NO.	E 94	n	4862
	1. DECEOENT'S NAME (First, Middle, Lest)	Donald Wesl	ev	Hood,	III	2. DATE MONT	of DEATH	1992	EAD	1:30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I		IF UNDER 1 YE		7 DATE	OF BIRTH			CE (State or Foreign
	213-11-6621	¹X M 2 □ F 17	YRS.	MONTHS DA	YS HOURS MIN.	0.7	/10/7	5	Country)	vland
	9a. FACILITY NAME (If not institution, give str	set and number)		9b. CITY, TO	VN OR LOCATION OF D	_	, 10, ,	9c. COUNTY		/
HC.	8102 Foxberry	Lane, Apt. 1	407		Pasadena			Anne	Ar	undel
رځ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY							111111		
DIRECTOR		a A	10c. CIT	Y, TOWN OR LO						I. INSIDE CITY LIMITS?
	Maryland Anno	e Arundel			Pasa	dena	1			YES 2X NO
RA	8102 Foxberry	I and Ant 1	407			2112		10g. CITIZE		COUNTRY?
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A	ARMED	13. WAS	DECENDENT OF HISPA			or No.— 14	USA	American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2	NO	II yes	yes 2 XNO Specific	en, Puerto	Rican, atc.)		Black, Wi Specify:	nite, etc.
ВУ	3 Widowed 4 Divorced				X. special	· ·		1	opecity.	White
	15. DECEDENT'S EDUCA (Specify only highest grade of	completed) (	Give kind of	USUAL OCCUI	ATION most of working	168	. KIND OF BUS	INESS/INDUS	TRY	
Ž.	Elementary/Secondary (0-12)	College (1-4 or 5 +)	fe. Do NOT u				100			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		S	tuden				igh S	scho	ol
2		alow Hood I			16. MOTHER'S NA					
BE	19a. INFORMANT'S NAME (Type/Print)	sley Hood. J		ADORESS (Str	eet end Number or Rural		ricia			
2	Patricia L. Ho				ry Lane, A				,	0 21122
	20a. METHOD OF DISPOSITION	20h BLACI	EAND OATE	OF DISPOSITION		DAT		CATION — City		
	1 Burial 2 Coremation 3 Remon	Met	rematory or o	emator	, Inc. 2	/19	В	altin	nore	, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	The The		22. NAM	mation S	CILITY	otw of	F Md	To	
	George E.	MacNabb		299	Frederi	ck 1	Road I	Ralto	, III	D 21228
	23. PART I. Enter the diseeses, or co	emplications that caused the co	lesth. Do	not enter the	mode of dying, suc	h ss cen	dlec or reaple	ratory srrest	,	Approximate
	IMMEDIATE CAUSE (Finel	lst only one ceusa on sech IIr							į	Intarval Between Onset and Daath
	disease or condition reaulting in desth)	Muscula	1 Di	15 40	p hy					10 yrs
		DUE TO (OR AS A CONS.	EQUENCE O	F):	4					
S	Sequentially list conditions, 6.	0115 70 (00 10 1 00 10								
CERTIFICATION	If any, leading to immediata ceuse. Enter UNDERLYING	OUE TO (OR AS A CONS	EOUENCE O	r):						
윤	CAUSE (Diseese or Injury that initieted events	DUE TO (OR AS A CONS	EOUENCE O	F):		+			-	
E	resulting in death) LAST									
	PART II. Other significent conditions	contributing to death but not	consisting	In the under	ulan assas at a t	0-41				20000
CAL	PART II. Other aigninicent conditions	contributing to death but not	resulting	in the under	ying ceuse given in	Part I.	24a. WAS AN A PERFORI		AVA	RE AUTOPSY FINOINGS ILABLE PRIOR TO APLETION OF CAUSE
							1   YES 2	NO	OF	DEATH?
Σ									1 🗆	YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL			2	3. PLACE OF DEATH (C)	neck only o	nel			
Sic		HOSPITAL: 1   Inpetiant 2   ER/Outpetiant	3 DOA	OTHER:	Home 5 Residence					
Ĭ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF 28c	INJURY AT		SCRIBE HOW IN	JURY OCCUR	RED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	JURY M 1	WORK? YES 2 NO					- 1
	3 Suicide 6 Could not be	26a. PLACE OF INJURY — All Inbuilding, atc. (Specify)	nome, farm,	street, factory,	offica	26f. LOC	CATION (Street a.	nd Number or	Rural Route	Number,
	4 Homicide determined					Only	or lown, state)			
COMPLETED	29a. CERTIFIER (Check only	IAN: To the best of my knowledge, o	death occurr	ed at the time,	date end place, and due	to the ca	use(e) end man	ner as stated.		
NO.		On the basis of examination and/or							ause(a) and	I manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NU	MBER		29d. DATE S	IGNED (Mor	nth, Day, Year)
m	Coram a.	( Duch			VD3	856	-3	▶ 02	/18/	/94
2	30. NAME AND ADDRESS OF PERSON WHO									/
	Wayne D. Bierba	um, M.D. 1:	34 Ov	vensvi	lle Road	l W	est R	iver,	MD	20778
	FEB 22 1994	PEGISTAR'S SIGNATURE	ALL							
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CERTIFICATION

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signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal.

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permit. Pages 1, 2, 3 should

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FOR 94 04863 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Hamilton Vincent Huster FEB 20. 1994 2:25 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) DAYS 1 X M 2 - F HOURS MIN. 214-03-5884 YRS. 02/28/18 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 X NO Catonsville FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1317 Ridge Road 21228 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yee, specify Cuben, Maxicon, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 1 TYES 2 NO Specify. Specify: 3 Widowed 4 Divorced WW II White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 Cryptologist National Security Agency 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Norman BE Huster Myrtle Chalmers 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary C. Huster Ridge Road Catonsville. MD 21228 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Metro Crematory, Inc. 2/21 Baltimore, MD 21. SIGNATURE OF FUNDAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc. George E. MacNabb 299 Frederick Road Balto., MD 21228 23. PART I. Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death of Lear a Repote real Spoon disease or condition resulting in death)

auto Lana Sequentially list conditions, DUE TO JOR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING Inn -20 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not reautiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

25. WAS CASE REFERE	RED TO MEDICAL				26. PLACE OF DEATH (Ch	neck only one)
1 YES 2 N	0	HOSPITAL: 1 It inpetient 2 - ER/Outpetient		OTHE	R: Irsing Home 5 - Residence	8 Other (Specify)
27. MANNER OF OEATH  1 Natural  2 Accident	5 Pending Investigation	28e. DATE OF INJURY (Month. Day, Year)	28b. TIME INJU		28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
3 Suicide 4 Homicide	8 Could not be determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, ferm, str	reet, fed	ctory, office	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) and menner ee stated.

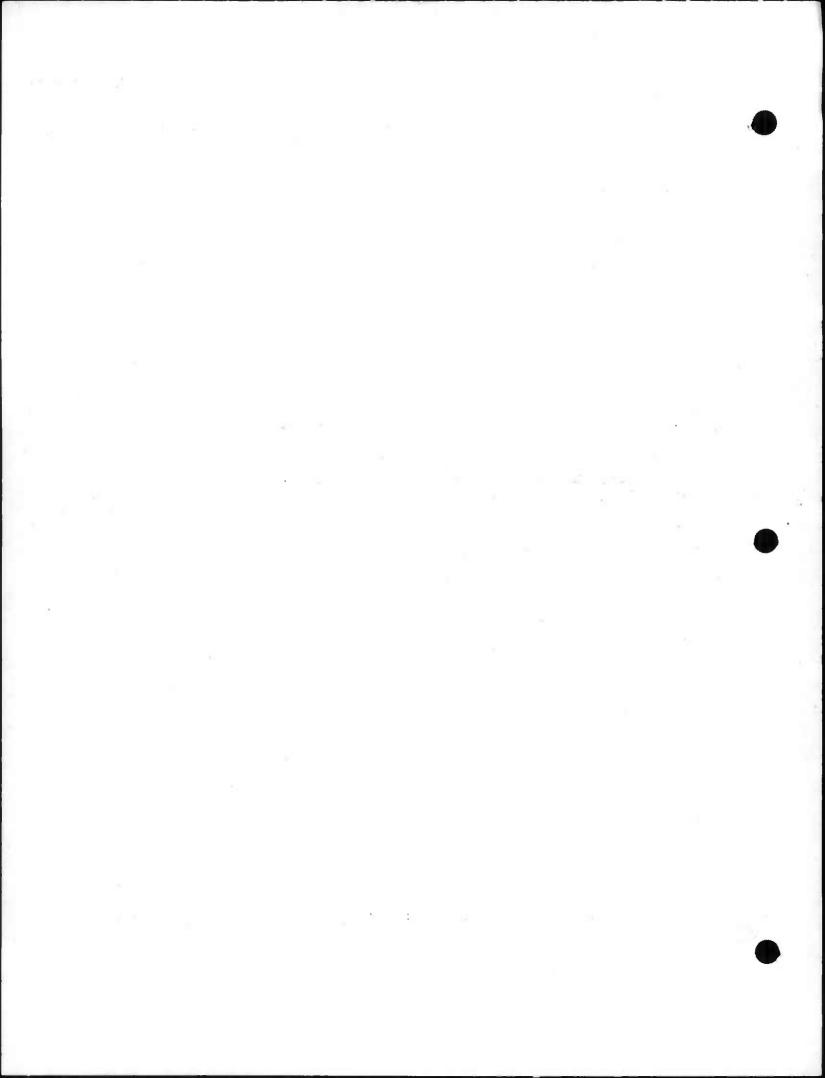
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated	sted.
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No. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
John Hay no	001596	02/20/94

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plant)

JOHN	HEALYMD900 S.	Caton	Avenue	Balto	MD 21229
FEB 2 2 1994	32 REGISTRAR'S STUNATURE				

OF DEATH? t TYES 2 NO



FOR STATE REGISTRAR

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31. DATE FILED (Month, Day, Year) FEB 2 2 1994

•		1. DECEDENT'S NAME (First, Middle, Last)	Miles	5 I	larvin		J. D.		MONTH		AY	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	as biothetasi	IF UNDER 1 YE		UNDER 24 HRS.		19/94			1:05 Am m
		214 56 5619	1 ∰ M 2 □ F	41		ONTHS DA		URS MIN.	(Month	of Birth - Pay, Year) - 18/52		8. BIRTH Countr	PLACE (State or Foreign Y) MD
3 should		9e. FACILITY NAME (If not institution, give at	reet and number)		- 1	b. CITY, TO	WN OR LO	CATION OF DE		/ 10/32	9c. COUN	ITY OF D	
2,3	OR		Coldspri	ing Lane	9	В	alti	more					
-	ECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY			Inc CITY	TOWN OR L	OCATION			-			
mit. Pag	L DIR	MD .				Balti	more						10d. INSIDE CITY  LIMITS?  1 W YES 2 NO
buñal-transit permit. Pages	NERA	101 West 29tl	Street				10f, ZIP	21218			10g. CITI		SA
the	BY FU	11. MARITAL STATUS 1 Heaver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 21		II yes	s, specify	Cuban, Mexican NO Specify	n, Puerto R		or No-		- American Indian, White, etc.
USe as	ED	15. DECEDENT'S EDUC (Specify only highest grade		18a, DE	ECEDENT'S US	BUAL OCCUI	PATION a most of a	working	16b.	KIND OF BUS	INESS/IND	USTRY	
\$	OMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	Jida	. Do NOT use	abili		working		Harbo	ur Vi	ew :	[nn.
d be detached	U U	17. FATHER'S NAME (First, Middle, Lest) Sam I	larvin				18.	MOTHER'S NAM	ME (First, M			rvi	n
5 should notified	TO B	190. INFORMANT'S NAME (Type/Print) Sammie Har	vin	19				umber or Aurel A eder St					2
ector, page must be		20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remo	eval from State	cemetery cre	AND DATE OF	DISPOSITIO	N (Name of		DATE	_	CATION — C		
		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //	Ar	butus			23/94	CHITY	A:	rbutu	s, N	D.
the funeral dival.		· Gal (	1 de	lege		Es	step 1300	Brothe	ers F w Pl.	Balte	o. MD	. 21	A. 1217
tely filled in by the mation, or remove it, the medical		23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Only one ceus	se on sech line	R.								Approximate interval Between Onset and Death
signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. ws any Injury, or other traumatic event, the medical e	CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	A SUN DUE TO (	OR AS A CONSE	OUENCE OF):	wd s;	lef	im	V	irus			
n signed by the att f Health and Menta lows any Injury,	MEDICAL	PART II. Other significant conditions	contributing to	deeth but not r	resulting in	the under	lying cau	use given in I	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
as been Dept. of 23 sho													-MA
State	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YOU	HOSPITAL:	ER/Outpatient 3		THER:	1	OF DEATH (Che					
arked,	ву рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, Da		28b. TIME (	Y	INJURY /	A		CRIBE HOW IN	JURY OCC	URED	
ECTOR: Afters after dea	ETED B	3 Suicide 8 Could not be determined	28s. PLACE OF building, s	INJURY — AI ho nc. (Specify)	me, larm, stre	et, fectory, o	office			TION (Street e. r Town, State)	nd Number o	or Rural A	Oute Number,
THE FUNERAL DIRECTOR: Affiliated within 72 hours after deat PORTANT: If Item 28 is m	COMPLE		IAN: To the best of r										end manner se stated.
TO THE FUNER be filed within 7	TO BE C	296, SIGNATURE AND TITLE OF CERTIFIER	m	5- thy	250	~~	29c.	LICENSE NUM	BER C		29d. DATE	SIGNED (	(Mogth, Day, Year)
5	F	MODE FUELD	COMPLETED CAUSE	MAN L	M 27) (Type, Pr	int)	70	is E	Lor	nbar	d 5	-B	author

A REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Durs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremoral. DIVISION OF VITAL RECORDS, P.O. BOX 6870

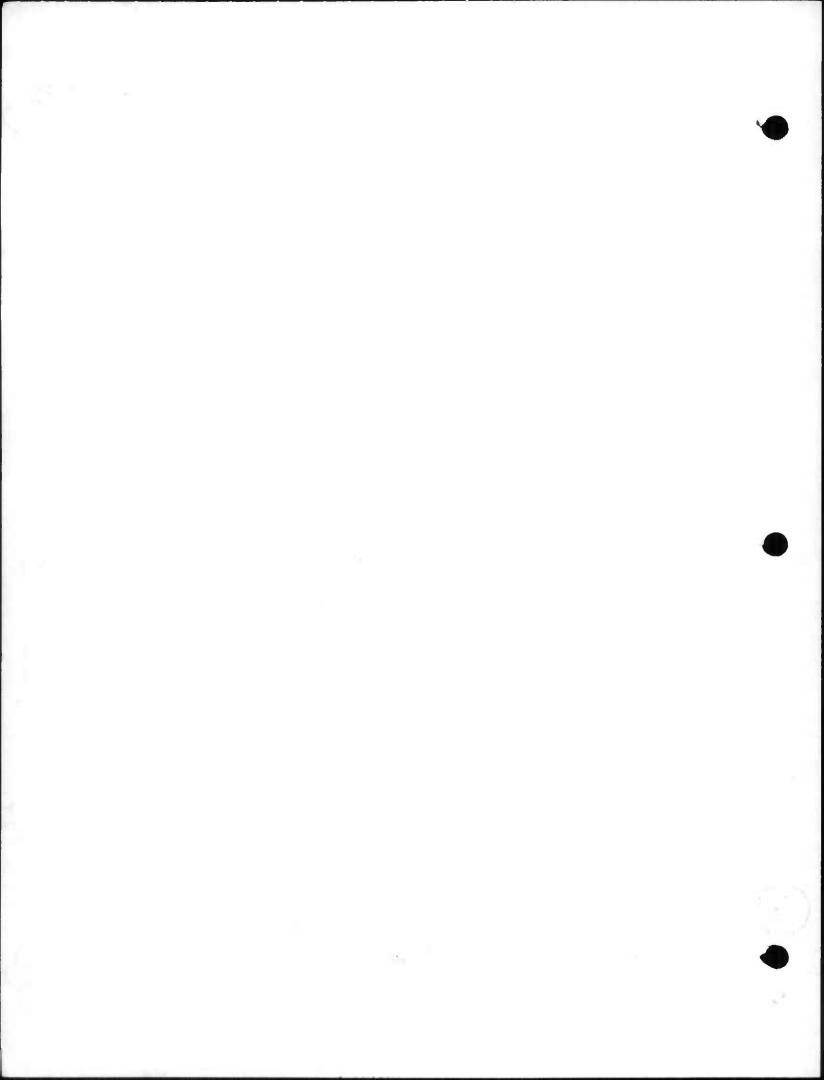
		CERTIFIC	ATE OF DEATH	H REG. NO	Q1.
1. DECEDENT'S NAME (First, Middle, La	st)			2. DATE OF DEATH	3. TIME OF DEATH
GEORGE	Н		DGSON	02	15 94 03:30 AM
4. SOCIAL SECURITY NUMBER		140	UNDER 1 YEAR IF UNDER 24 NTHS DAYS HOURS	MIN (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
215 01 3242  Sa. FACILITY NAME (If not institution, give	20.	81 YRS.	0177 70701 00 1 00 170	08/29/19	
The second second			GLEN BURN		9c. COUNTY OF DEATN
NORTH ARUNDEL RESIDENCE OF DECEDENT 100. STATE 10b. COU			OWN OR LOCATION	I.F.	A.A. COUNTY
	nne Arundel		timore		10d. INSIDE CITY LIMITS? 1 □ YES 2 □ NO
10e. STREET AND NUMBER	ane Alunder	Dai	10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
4021 Belle Gr	ove Road		212	25	U.S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DECENDENT OF	NISPANIC ORIGIN? (Specify Ye Maxican, Puarto Rican, etc.)	es or No— 14. RACE — American Indian, Black, White, etc.
1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TES 2 NO		Specify:
15. DECEDENT'S E	DUCATION	18a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BU	White
(Specify only highest gri	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working tired.)		
		Ship Fi	tter	Key Hwy	. Bethlehem Steel
17. FATHER'S NAME (First, Middle, Last)	B - 1 - 1 - 1	** 7	18, MOTNE	R'S NAME (First, Middle, Maide	
	Frederick W.			Mary J. Jack	
19a. INFORMANT'S NAME (Type/Print)  Irene Hodgson				Rural Route Number, City or To	wn, State, Zip Code) re, Maryland 21225
20a, METHOD OF DISPOSITION  1 String 2 Cremation 3 R  4 Donation 5 Other (Specify)	amoval from State	p. PLACE AND DATE OF Connectory, cremetory or other Cedar Hill	place)		OCATION — City or Town, State
21. SIGNATURE OF FUNERAL SERVICE		edar HIII	22. NAME AND ADDRESS		altimore, Maryland
1 Q	2	1_	George J.	Gonce Funera	
23. PART I. Enter the diseases, of	or complications that sauce	d the death De set	4001 Ritch	ie Hwy. Bal	timore, Md. 21225  Plratory arrest,   Approximate
disease or condition resulting in death)	Our to jon as	CONSEQUENCE OF:	n pano	Ilmonis	nucre.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Severy Due to ion as a Diagram	CONSEQUENCE OF:	Repose Mell	le rafic	Candioval
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Severy OUE TO FOR ASS	Sponsequence for s	Medical Medica		PRMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condit	DUE TO (OR AS A LIONE CONTributing to deeth be	Sponsequence for s		PERFO	PRIMED?  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A SILIONA CONTributing to deeth E HOSPITAL:  1 If Impetient 2 = ER/Out 28a. DATE OF INJURY	out not resulting in to	28. PLACE OF DEJ THER:  Nursing Home 5  Rasi F 28c, INJURY AT	PERFC 1 YES	PRMED?  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER, OF DEATH  1 Natural 5 Pending	BUE TO (OR AS A LIONAL CONTRIBUTION OF THE LIONAL CONTRIBUTION OF THE LIONAL CONTRIBUTION (Month, Day, Year)	out not resulting in t	26. PLACE OF DE/ THER:  Nursing Home 5  Res	ATN (Check only one)  dence 8 Other (Specify)  28d. DESCRIBE NOW	PRMED?  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL:  1   Impelient 2   ER/Out  28a. DATE OF INJURY (Month, Day, Year)  29a. PLACE OF INJURY be	put not resulting in t	28. PLACE OF DE/ THER: Nursing Home 5 Resi F 28c. INJURY AT WORK? M 1 YES 2	ATN (Check only one)  dence 8 Other (Specify)  28d. DESCRIBE NOW	PRMED?  2 NO  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  INJURY OCCURED  and Number or Rural Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation of Suicide 8 Could not detarmined  29a. CERTIFIER (Check only)  1 CERTIFYING PN	BUE TO ION AS  d	patient 3 DOA 4  28b. TIME 0 INJURY  7 — At home, farm, streetly)	26. PLACE OF DEJ THER: Nursing Home 5 Resi F 28c, NJURY AT WORK? M 1 YES 2 Del, factory, office	ATN (Check only one)  dence 8 Other (Specify)  28d. DESCRIBE NOW  NO  281. LOCATION (Street City or Town, State and due to the cause(s) and many control of the cause(s) and many cause (s) and many cause (c) and many cause (c) and many cause (c) and many cause (c) and many cause (c) and many cause (c) and many cause (c) and	PRMED?  2 NO  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  INJURY OCCURED  and Number or Rural Route Number,
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation of the condition of the	HOSPITAL:  1   Impatient 2   ER/Out  28a. DATE OF INJURY (Month, Day, Year)  29a. PLACE OF INJURY be juilding, stc. (Spe	patient 3 DOA 4  28b. TIME 0 INJURY  7 — At home, farm, streetly)	28. PLACE OF DE/ THER: Nursing Home 5 Real F 28c. INJURY AT WORK? 1 YES 2  If, factory, office  If the time, data and place, an my opinion, death occurred	ATN (Check only one)  dence 8 Other (Specify)  28d. DESCRIBE NOW  NO  281. LOCATION (Street City or Town, State and due to the cause(s) and must state time, data and place, a	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  INJURY OCCURED  and Number or Rural Route Number,  ship in the cause(s) and manner as stated.
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation of the condition of the	HOSPITAL:  1   Impetient 2   ER/Outs 28a, DATE OF INJURY (Month, Day, Year) 29a, PLACE OF INJURY building, stc. (Spe	patient 3 DOA 4  28b. TIME 0 INJURY  T — At home, farm, streecilly)	28. PLACE OF DEJ THER: Nursing Home 5   Real F	ATN (Check only one)  dence 8 Other (Specify)  28d. DESCRIBE NOW  NO  281. LOCATION (Street City or Town, State and due to the cause(s) and must state time, data and place, a	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  INJURY OCCURED  and Number or Rural Route Number,  ship of the cause(s) and manner as stated.
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation (Check only one) 2 MEDICAL EXAMINER (Check only one) 2 MEDICAL EXAMINER (Check only one) 2 MEDICAL EXAMINER (Check only one) 2 MEDICAL EXAMINER (Check only one) 2 MEDICAL EXAMINER (Check only one) 1 Pending Pince (Check only one) 2 MEDICAL EXAMINER (Check only one) 2 MEDICAL EXAMINER (Check only one) 2 MEDICAL EXAMINER (Check only one) 2 MEDICAL EXAMINER (Check only one) 1 PENDING PINCE (Check only one) 2 MEDICAL EXAMINER (Check only one) 1 PENDING PINCE (Check only one) 1 PENDING PINCE (Check only one) 1 PENDING PINCE (Check only one) 2 PENDING PINCE (Check only one) 1 PENDING P	HOSPITAL:  1   Impelient 2   ER/Out   28a. DATE OF INJURY   (Month, Day, Year)   28a. PLACE OF INJURY   be	patient 3 DOA 4  28b. TIME 0 INJURY  7 — At home, farm, strectly  riedge, death occurred a on and/or investigation, i	26. PLACE OF DEJ THER: Nursing Home 5   Rasi F 28c. INJURY AT WORK? I   YES 2   of, factory, office  at the time, data and place, an my opinion, death occurred  29c. LICEN	ATN (Check only one)  dence 8 Other (Specify)  28d. DESCRIBE NOW  NO  281. LOCATION (Street City or Town, State and due to the cause(s) and mid at the time, data and place, at the time, data and the time, data and the time, data and the time, data and the time, data and the time, data and the time, data and the time, data and the time, data and the time, data and the time, data and the time, data and the time, data and	INJURY OCCURED  INJURY OCCURED  India to the cause(s) and manner as stated.  29d. DATE SIGNIO (Month, Pay, Year)  29d. DATE SIGNIO (Month, Pay, Year)

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FOR STATE REGISTRAR	STATE OF

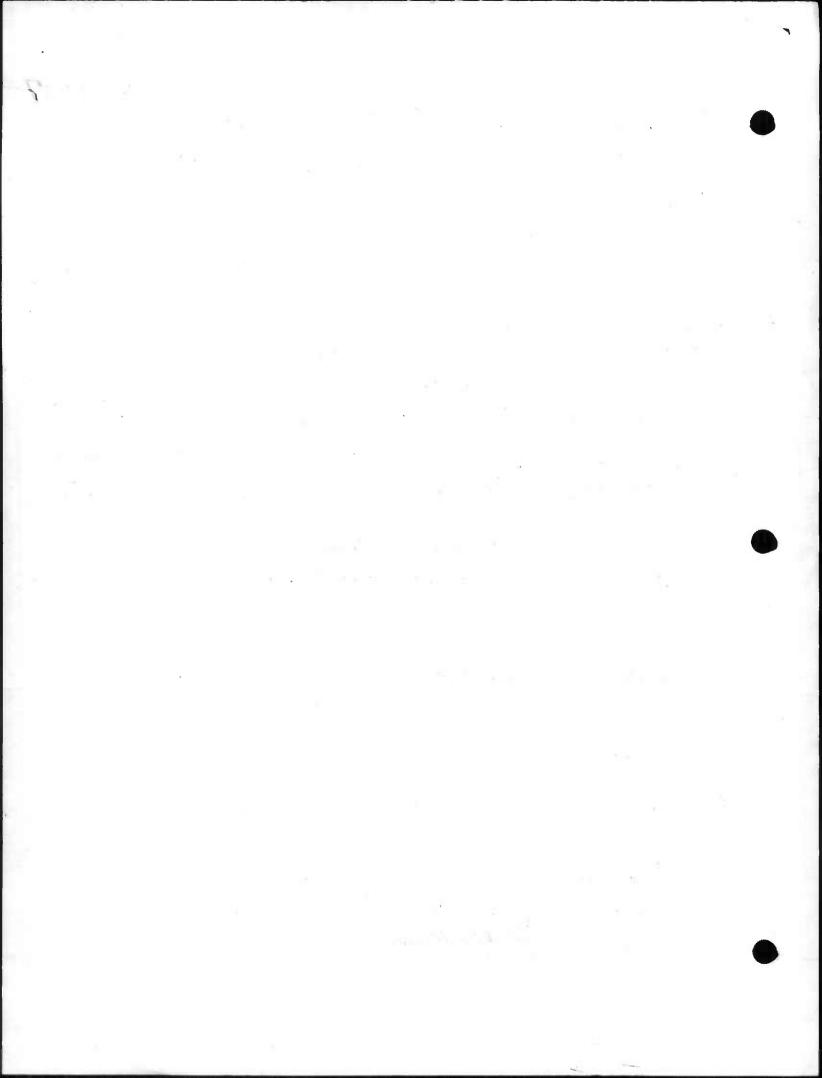
TATE	0F	MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYCIENE	
	01		EDTIFICATE				MEMINE	HIGIENE	

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. I	10.	4 04000		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF GEATH		3. TIME OF OEATN		
	WILLIAM J. HASTING	GS , Jr.				монтн 2	18 94			
			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN		IRTNPLACE (State or Foreign		
	E11 30 707E	1 🔀 M 2 🗆 F	60 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year, 03/17/3)	0	ryland		
e e	9a. FACILITY NAME (If not institution, give stree  St. Agnes Hospital  RESIDENCE OF DECEDENT	400		Baltimo	PR LOCATION OF OF	EATH	9c. COUNTY (	OF OEATN		
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY									
DIRECTOR	MD Worcest	ter	10c. CITY,	1000		10d, INSIDE CITY LIMITS?  1  YES 2 NO				
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE	01010	10g. CITIZEN	OF WHAT COUNTRY?		
Z	13210 Nantucket	21842	IU.S.A.							
BY FL	1 🖄 Never Married 2 🗌 Married	2. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR D	If yes, spe	ecify Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify n, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:			
	15. DECEOENT'S EOUCAT (Specify only highest grade co.	TION	18e. DECEDENT'S U	SUAL OCCUPATION	DN .	16b. KIND OF	BUSINESS/INDUSTF	white		
COMPLETED		College (1-4 or 5+)		ork done during mos retired.)	st or working					
NA N	17. FATHER'S NAME (First, Middle, Last)	4	Teacher		40 4407117010 111	Baltin	ore Cour	nty Governmen		
ECC	William James Hast	tings. Sr.			Gladys	ME (First, Middle, Maid	len Surname)			
00	19a. INFORMANT'S NAME (Type/Print)	criigo, pr	19b. MAILING A	ADDRESS (Street ar		Route Number, City or 1	lown, State, Zip Code	9)		
2	Charles D. Cratty	y, Sr.						nds, MD 21227		
	20a. METNOD OF DISPOSITION 1 Burlel 2 Cormation 3 Remova	200	PLACE AND DATE OF	DISPOSITION (Na			LOCATION — City of			
	4 Donation 5 Other (Specify)	M	etro Crem	atory		Catonsville, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	is a	)0					of Lansdowne		
	1		-X.	2/19 1	Hammonds	Fry. Rd.	Lansdow	me, MD 21227		
9	23. PAPT I. Enter the diseeses, or con shock, or heart failure. Lis IMMEDIATE CAUSE (Final	mplicetions that cause at only one ceuse on e	d the deeth. Do no ach line.	t enter the mod	da of dying, suci	es cerdiec or re	epiratory arrest,	Approximats Interval Between Onset and Death		
		Acute myoca						2 - 3 day		
TION	Sequentially list conditions, if any, leading to immediate	Recent thro	ombus, lei	ft anter	rior desc	ending c	oronary artery	2 - 3 days		
CERTIFICATION	that initiated events	Atheroscler DUE TO (OR AS A	Otic core		10 years					
EH.	resulting In death) LAST									
	PART II. Other significant conditions of	contributing to death b	ut not resulting in	the underlying	ceuse given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
DICAL	Hypertension, pe					PERF	ORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ME								OF DEATH? 1   YES 2 □ NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		28. PL	ACE OF OEATH (Che	ck only one)				
<u>s</u>	1 YES 2 XNO 1	OSPITAL:		I ☐ Nursing Home	5 Residence					
ву РНҮ	14 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WOF		28d. OEŞCRIBE HOY	V INJURY OCCURE	0		
	3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, str	eet, factory, offica		281. LOCATION (Stree City or Town, Sta	et and Number or Ru te)	ral Route Number,		
COMPLETED	29e. CERTIFIER (Check only one)									
ő	2 MEDICAL EXAMINER:	On the basis of examination	n and/or investigation,	In my opinion, de	eath occured at the	time, data and place,	and due to the cau	se(s) and menner as stated.		
BE	29b. SIGNATURE AND TITUL OF CERTIFIER	sim ha is	10		29c. LICENSE NUM D43453	BER	29d. DATE StOR	NED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO G		ATH (ITEM 27) (Type, F			21229		,		
		T			-,					
	TEB 2 2 1994	Julia Bavida	on Bondese							



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S, P.O	that the death
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VITAL RECORDS,	requires
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5	TTENDING PHYSICIAN:
DIVISION	ATTENDING I
=	DR
_	HOSPITAL
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		1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	867									
		1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  MONTH  DAY  VEAB  OSC  3. TIME OF  OSC  OSC  OSC  OSC  OSC  OSC  OSC  O	DEATH									
_		4. SOCIAL SECURITY WUMBER 5. SEX 6. AGE (In yrs. last birthday)   IF UNDER 1 YEAR   IF UNDER 24 HRS.   7. DATE OF BIRTH   0. BIRTHPLACE (State Country)   1	or Foreign									
2, 3 should	NC N	90. FACILITY NAME (II not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  Sinai Hospital  Baltimore  -										
7, 2	DIRECTOR	RESIDENCE OF DECEDENT										
Page	I I	id. Institut	?									
ermit.		Maryland     Baltimore     Pikesville     1 □ yes       10e. STREET AND NUMBER     10f. ZIP CODE     10g. CITIZEN OF WHAT COUNTI										
. usit p	ER/	1012 Kingston Road 21208 United State										
the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, once.	BY FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Black, White, etc.)  14. RACE — American Black, White, etc.	Indian,									
attending se as the		16. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY										
oital or att	COMPLETED	(Specify only highest grade completed)    College (1-4 or 5+)   12th grade   College (1-4 or 5+)										
the hospit detached once.	OM	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)										
3 E E	BE C	Leonard Calvin Anderson Rosalie										
	2	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Jacquelyn R. Butler  2111 Gaybrook Rd. Woodlawn, MD 21244										
page d		20p. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										
ge 6 ma irector, p		4 Donation 5 Other (Specify) Druid Ridge Cemetery Feb. 23, 1994 Pikesville, Mary	land									
death. Page 6 ma funeral director, p		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Loring Byers Funeral Directors, INC.										
after dea by the fur moval.		graph J. W. Nellner 8728 Liberty Rd Randallstown, MD 21133-4784										
with hours pletely filled in the cremation, or re-		ahock, or heert tellure. List only one cause on each lina.  IMMEDIATE CAUSE (Final  Onset	eximate ral Batween t and Deeth									
th certificate be execu ending physician and I Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events reaulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
equires that the cen signed by the of Health and Methods.	: MEDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  HTN IDDM BREAST CAT  246. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2  1 YES 2	RIOR TO									
The la	ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  DTHER:  26. PLACE OF DEATH (Check only one)										
PHYSICIAN: The this certificate with the State	IYSICI	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
PHY this with	зу РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  280. DATE OF INJURY 28b. TIME OF INJURY WORK?  Month, Day, Year)  28c. INJURY AT WORK?  M t YES 2 NO										
CTOR: A after di 28 is	TED B	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, straet, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, straet, factory, office City or Town, Stele)  281. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)										
BOUR DE	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the ceuse(e) end menner se stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) end menner.	es stated.									
TO THE HOSPITAL IN TO THE FUNERAL DE FIED WITHIN 72 h	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  MASSIMILA: FINA  296. LICENSE NUMBER  29d. DATE SIGNED (Mornin, Day)  17673  ▶ 2/21/94	Year)									
		Marshall a. June D17873 D17873  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Marshall A. Levine 4000 Old Court Rd. Pikasville, MD 21208										
		FEB 2 2 1994 Julia Maridan Andrea										

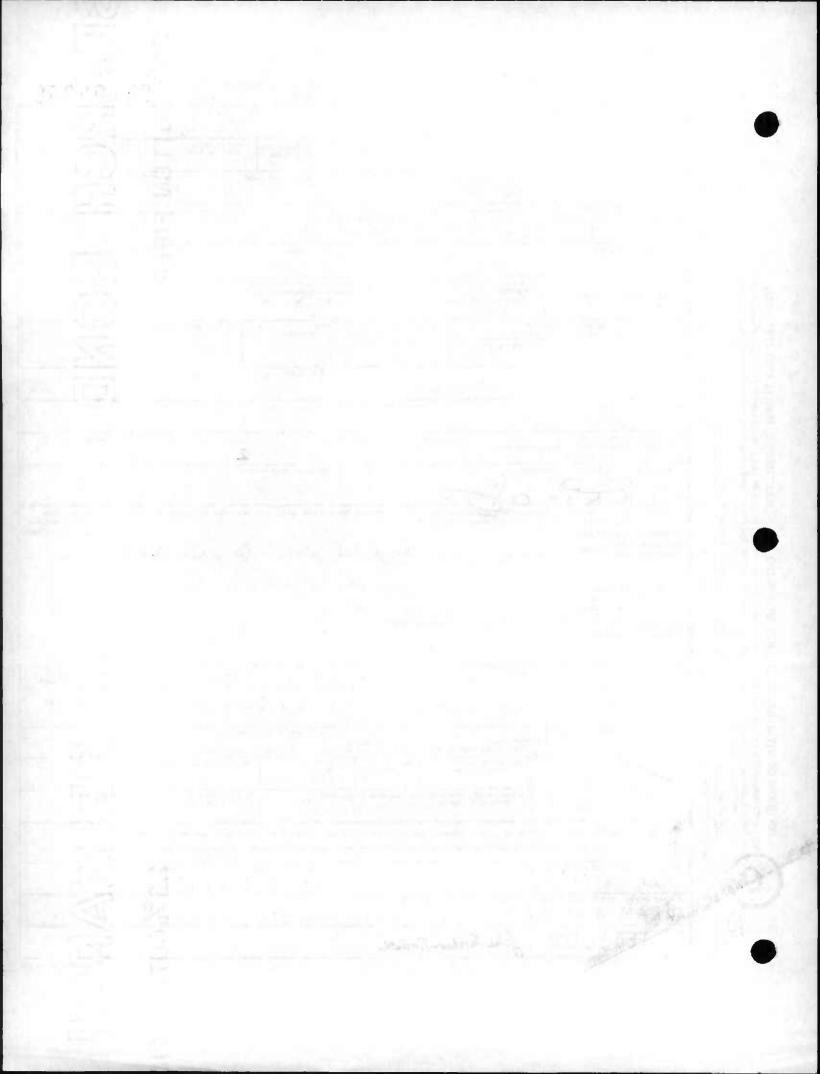


1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	Thomas E Hughes 2 18 94									3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-20-3723	5. SEX 1 1 1 2 F	8. AGE (In yrs. las		IF UNDER 1 YE	EAR IF UN	DER 24 HRS. B MIN.	7. DATE OF BIR (Month, Day, ) 11/2	bar)	6. BIRTH Country	PLACE (State or Foreign y) MD
OR	9a. FACILITY NAME (If not institution, give atreet and number)  Harbor Hospital Center  9b. city, town or Location of Death Baltimore City  9c. county of Death										
DIRECTOR	10e. STATE MD 10b. COUNTY				timo:		ty				10d. INSIDE CITY LIMITS7
FUNERAL	100. STREET AND NUMBER 1243 Hull Stre				10f. ZIP C	DOE	21230	10g. CIT		MAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Narried 3 Vidowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 AR WAR OR DATES	MED NO	If ye	DECENDEN s, specify Co YES 2	ban, Mexica	NIC ORIGIN? (Specian, Puerto Rican, a	Ify Yea or No	14. RACE Black Specif	American Indian, White, etc.
LETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12th	JCATION e completed) Cotlege (1-4 or 5	(G	live kind of w b. Do NOT use	ork done during retired.)	ng most of wo	rking	16b. KIND	Wate		ont
E COMPL	17. FATHER'S NAME (First, Middle, Last)  John A. Hughes		nong	BIIOL	10, M		MME (First, Middle, II Stank				
TO BE	19a. INFORMANT'S NAME (Type/Print) Dorothy E. Hug	19	6. MAILING 1243	ADDRESS (SI	reet and Num	ber or Rural	Route Number, City	or Town, State, Zij	p Code)	yland 212	
	20a. METHOD OF DISPOSITION    Note	noval from Stata	20b. PLACE cometery, cre HOLY	ematory or oth	FDISPOSITION PROPERTY		v	DATE 2 2/22	Balti		wn, State
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	+		chai	e and add	RESS OF FA		neral H	ome,	Inc.
CERTIFICATION	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. A CUE TO  DUE TO  C. Alco	O (OR AS A CONSE	OUENCE OF		1/1	ail	ng mi	ths	hoc	Interval Between Onset and Death
MEDICAL	PART II. Other algorificent condition	depen	death but not a	preaulting in	heinete	art art	fail	A. D. P	MS AN AUTOPSY ERFORMED? (ES 2 \(\sum \) NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSFITAL:	☐ ER/Outpetlent 3		OTHER:			neck only one)			
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE O		28b. TIME	OF 28	C. INJURY AT WORK?		8 Other (Special 28d, DESCRIBE	HOW INJURY OC	CUREO	
ETED 8	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE (building	OF INJURY At he p, etc. (Specify)	ome, farm, st	ireet, factory,	office		28f. LOCATION ( City or Town,	Street and Number State)	r or Rural R	oute Number,
DOMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	BICIAN: To the best of ER: On the basis of									) and manner as stated.
TO BE	ARRAMMA	eki,	M.D.			29c. L A S	-24	MBER 41614	-15 ≥ Z	E SIGNED	(Month, Day, Year)
	AKRAM AL-MA	KKI 3	OO (	S . H	Print)	ver	St.	Bal	timore	_ , ^	1D21225
	31. DATE FILED WOOT DO 100 1994	Julia	MENICAN-A	ander							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

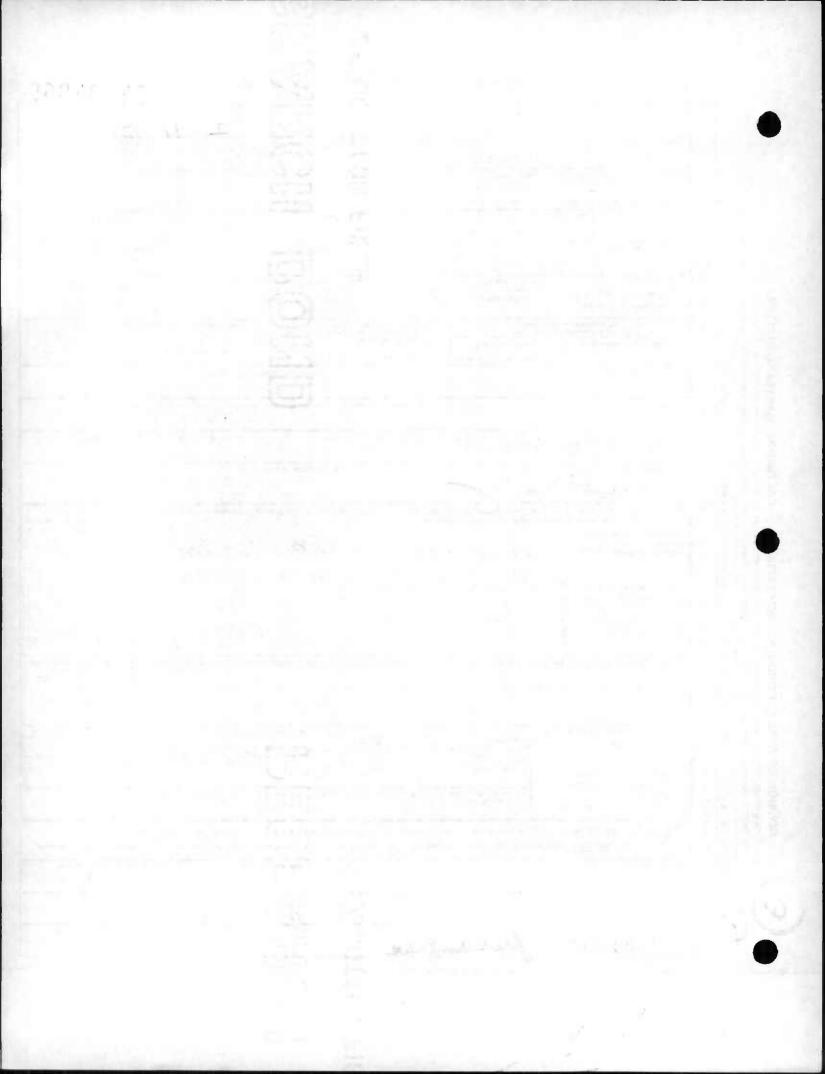


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age 6	direc	
TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a riours after death. Page 6 may be retained	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou	
after	by the	The house shoot wich the Chair Band of Martin Marines When to bearing any or commend
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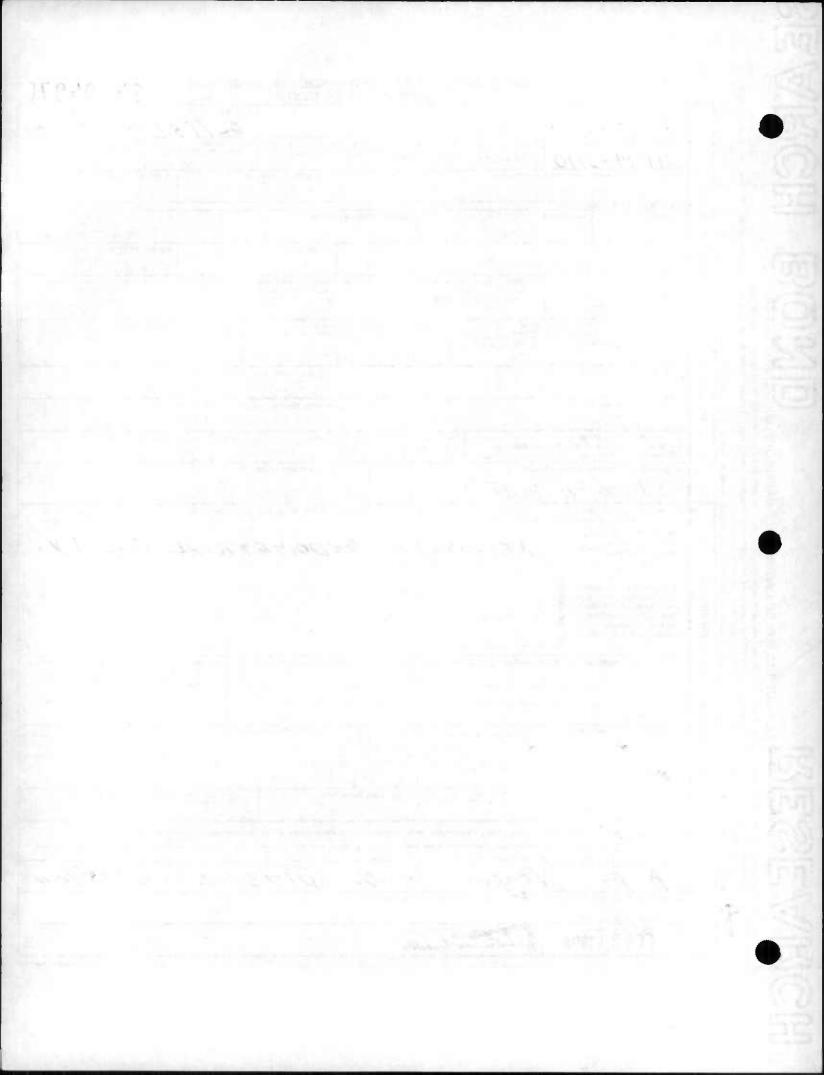
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 96 **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MARY E. HUGHES MESHES KRARIT 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year BIRTHPLACE (State or Foreign Country) 9 DAYS 214-24-1587 1 M 2 D 9/28/24 MD should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARBOR HOSPITAL CENTER BALTIMORE CITY DIRECTOR Pages 1, 2, 3 RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? ANNE ARUNDEL MD BROOKLYN 1 TES X X NO Dermit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3704 4th STREET use as the burial-transit 21225 USA d by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YEO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or NoIf yee, specify Cuban, Maxican, Puerto Rican, etc.)

1 
YES 2 [X] NO Specify: 14. RACE - American Indian, Black, White, etc. Never Merried 2 Merried Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high intary/Secondary (0-12) College (1-4 or 5+) 6th NEVER WORKED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Suma THOMAS J. HUGHES ELIZABETH ROBERTS K BE notified 19a. INFORMANT'S NAME (Type/Print) COUNTY 21225 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 KATHLEEN PUMPHREY 214 AUDREY AVENUE, BROOKLYN, A.A. Pe 20a, METHOD OF DISPOSITION
| Purisi 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must 2/23 4 Donation 5 Other (Specify) CROSS CEMETERY MARYLAND examiner 21. SIGNATURE OF PUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CHARLES L. STEVENS FUNERAL HOME, INC. 1501 E. FORT AVENUE, BALTIMORE, MD 21230 medical 23. PART I. Enter the diseases, or complication: shar caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Fine) the disease or condition resulting in death) menal Timelo: event. traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING -00 CAUSE (Disease or injury that initiated events resulting in death) LAST 50 Injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL ашу COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only or Item HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA me 5 Desidence 8 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be determined COMPLETED 4 Homicide 28 If Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE CARLOS R. 161106406 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 31/DATE FILED (Month, Day



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DIVISION OF THAL RECORDS, T.O. DOA 667 60.	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page	I BECATOD. After this cardiffects has been sinead by the offendion absolute and completely filled in he the beared dies
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	1. DECEDENT'S NAME (First, Middle, Las	st) 4				2. DATE	OF DEATH		3	. TIME OF DEATH	
	DOROTHY	HOWARD				<b>19</b>	-118	194	AR	1015,	
	4. SOCIAL SECURITY NUMBER 219-14-0790	1 🗆 M 2 💢 F	69 YRS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont)	OF BIRTH h, Day, Year)		Country)	ACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give CHURCH HOME HOS) RESIDENCE OF DECEDENT	PITAL			IMORE	EATH		N/A	DUNTY OF DEATH		
DIRECTOR	10e. STATE 10b. COUL			TOWN OR LOCA						Od. INSIDE CITY LIMITS?  XXYES 2   NO	
FUNERAL	100. STREET AND NUMBER  1730 N. BRADFORI	O STREET		10						AT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	If yes, sp	CENDENT OF HISPAI Decify Cuban, Maxica 3 2 NO Specif			RACE — Black, V Specify:	- American Indian, White, etc.			
PLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) 8TH		16a. DECEDENT'S US (Give kind of wor life. Do NOT use I	rk done during mo retired.)		16b	N/A	NESS/INDUST	RY		
E COMPL	17. FATNER'S NAME (First, Middle, Last) JOHN MURRAY	N/A	olic	16. MOTHER'S NA					1		
TO B	190. INFORMANT'S NAME (Type/Print) ANGELA JOHNSON				and Number or Rural PION CIRC					7	
100	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such ea cerdiac or reapiratory arrest, ahock, or heart feliure. List only one cause on each line.  23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such ea cerdiac or reapiratory arrest, interval Betwo Onset and De Due to (or as a consequence of):										
	23. PART I. Enter the diseases, cahock, or heart feltur iMMEDIATE CAUSE (Final disease or condition	or complications that ceused re. List only one cause on ea	I the death. Do not ech line.	WM . C .	MARCH F.	H./1	diac or reapira	tory arrest,		Approximate interval Bet Onset and	
ERTIFICATION	23. PART I. Enter the diseases, cahock, or heart feltur iMMEDIATE CAUSE (Final disease or condition	or complications that ceused re. List only one cause on ea DUE TO (OR AS A DUE TO (OR AS A C.	I the death. Do not ech line.	WM.C.	MARCH F.	H./1	diac or reapira	tory arrest,		Approximation interval Bet	
MEDICAL CERTIFICATION	23. PART I, Enter the diseases, or shock, or heart felium immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Mata ST Due to (or as a Due to (or as a d.	the death. Do not ech itne.  CONSEQUENCE OF):  CONSEQUENCE OF):	WM.C.	MARCH F.	H./1:	diac or reapira	UTOPSY ED?	24b. W	Approximatinterval Bet Onset and I Onset a	
MEDICAL	23. PART I. Enter the diseases, a shock, or heart feltur iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions.	DUE TO (OR AS A d	the death. Do not ech itne.  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	WM.C. tenter the mo	MARCH F.	H./1:	24e. WAS AN AN PERFORM 1 YES 2 6	UTOPSY ED?	24b. W	Approximate interval Bett Onset and II	
MEDICAL	23. PART I. Enter the diseases, a shock, or heart feiture immediate CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (OR AS A DUE TO (OR AS A d	I the death. Do not ech line.  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  Ut not reculting in	the underlying 26. POTHER:	MARCH F.  ode of dying, such  OOMA  g cause given in  LACE OF DEATH (Ch	H./1.  Part I.  Beck only or	24a. WAS AN AL PERFORM 1 YES 2 (	UTOPSY ED?	24b. W Al CO O 1	Approximate interval Bett Onset and II	
PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, cahock, or heart felture immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions.	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	the death. Do not ech line.  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	the underlyin  28. P  OTHER: I   Nursing Horo	MARCH F.  ode of dying, suc  OOMA	H./1.  Part I.  Beck only or	24a. WAS AN AL PERFORM 1 YES 2 (	UTOPSY ED?	24b. W Al CO O 1	Approximate interval Bett Onset and E Onset and E E E AUTOPSY FIND MAILABLE PRIOR TO OMPLETION OF CALL F DEATH?	
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, a shock, or heart felture immediate CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions in the condition of the condi	DUE TO (OR AS A  DUE TO	the death. Do not ech line.  A T C CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	the underlyin  28. P  OTHER: I Nursing Hori	MARCH F.  ode of dying, such  OOM  ig cause given in  LACE OF DEATH (Cr.  The 5   Residence  JURY AT  ORK?  YES 2   NO	H./1.  the ea cere  Part I.  Peck only or  8  Othe  286, DE:	24a. WAS AN AL PERFORM 1 YES 2 (	UTOPSY ED?	24b. W 1	Approximatinterval Bet Onset and II	
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, a shock, or heart felture immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions in the conditions of the conditions o	DUE TO (OR AS A  DUE TO	the death. Do not ech line.  If the death. Do not ech line.  If the death. Do not ech line.  If the death. Do not ech line.  If the death. Do not ech line.  If the death occurred line in the line in	the underlyin  26. P  OTHER: Nursing Hor RY M 1   at the time, date	MARCH F.  ode of dying, suc  OOMA  g cause given in  LACE OF DEATH (Ch  TORK?  YES 2 NO  NO  a end place, and due	Part I.  Peck only or  8 Other  281. LOC  City	24e. WAS AN AL PERFORM 1 YES 2 (	UTOPSY ED? NO JURY OCCURE or se stated.	24b. W AN OCO O 1	Approximate interval Bett Onset and E Onset and E P Onset	
D BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, a shock, or heart felture immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions in the conditions of the conditions o	DUE TO (OR AS A  DUE TO	the death. Do not ech line.  If the death. Do not ech line.  If the death. Do not ech line.  If the death. Do not ech line.  If the death. Do not ech line.  If the death occurred line in the line in	the underlyin  26. P  OTHER: Nursing Hor RY M 1   at the time, date	MARCH F.  ode of dying, suc  OOMA  og cause given in  clace of Death (ch  are 5   Residence  JURY AT  ORK?  YES 2   NO  ce  a end place, and due death occurred at the	Part I.  Part I.  281. LOC Chy  to the case of time, date	24e. WAS AN AL PERFORM 1 YES 2 (	UTOPSY ED? NO JURY OCCURE of Number or R or se stated, due to the ca	24b. WW AND STATE OF THE PROPERTY OF THE PROPE	Approximate interval Bety Onset and D I I I I I I I I I I I I I I I I I I	



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DIVISION OF VITAL RECORDS, P.O.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

9

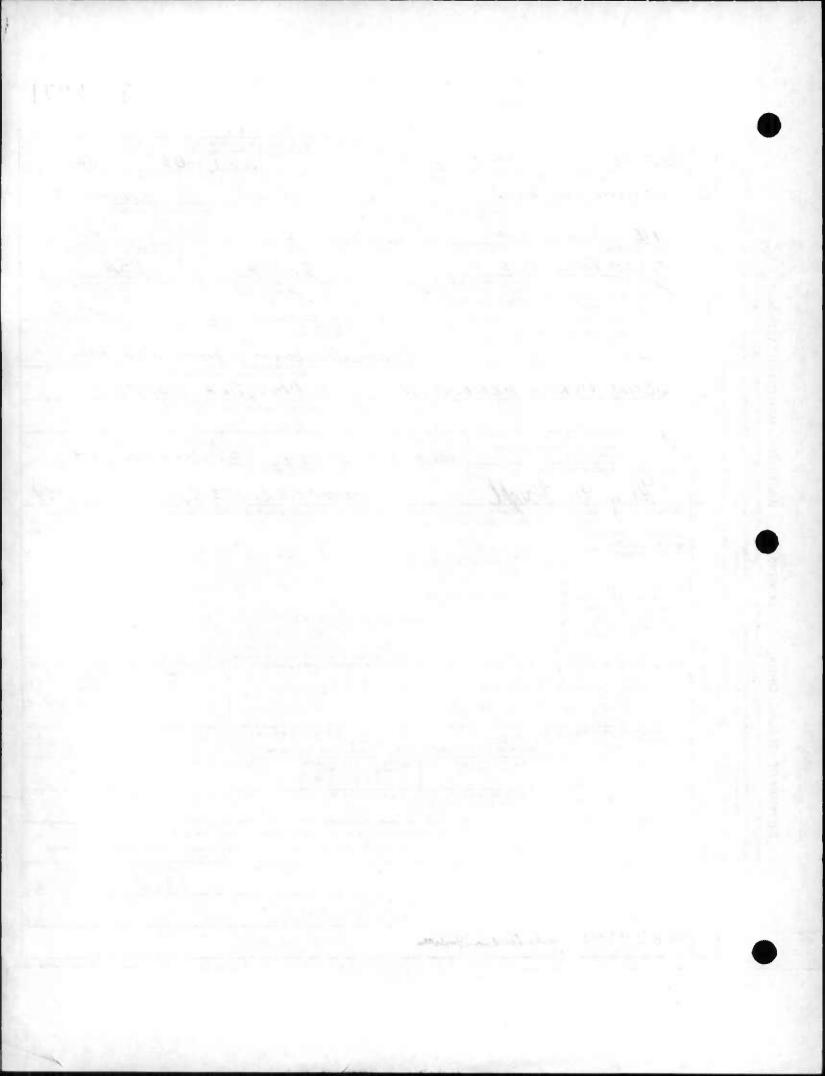
	3 Suicide 6 Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. CERTIFIER 28e											
	27. MANNER OF DEATH  t Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY  28e. PLACE OF INJURY	INJURY WORK?			281. LOCA	TION (Street and Number of		e Number,			
-	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1											
	Museular	DE GENER	LATIO	7	Vary )		. L. Zugno		YES 2 NO			
	PART II. Other significent conditions	contributing to deeth	out not resulting	in the underly	Ing cause given i		24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	AM	RE AUTOPSY FINDING AILABLE PRIOR TO IMPLETION OF CAUSE			
	that initiated events resulting in death) LAST		A CONSEQUENCE (									
	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE (	OF):								
	23. PART I. Enter the disease, or co shoot, or heart failure. L' IMMEDIATE CAUSE (Finsi disease or condition resulting in dasth)	ACUTE	each line.	ARDI.				st,	Approximate interval Betwee Onset and Dael			
	Harry YV. 7	tought			AKT FIH.			LE, 4.	10.21184			
	4 Donetion 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		TEVAR C		AND ADDRESS OF F	ACILITY	WILLIAMS	DUEG,	VA			
	20e. METHOD OF DISPOSITION t Burlel 2 Cremetion 3 Remove	20	. PLACE AND DATE	OFDISPOSITION	Name of	OATE	20c. LOCATION CI	ity or Town,	State			
	arthur D. Hei	nderson					ir, City or Town, State, Zip C Imond, Va		229			
	JOHN MCKEIL HENDERSON CHRISTINA WALSTON											
	17. FATHER'S NAME (First, Middle, Last)	6		ACHER(	_		HOOD CO	Duce	7			
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u						200			
ı	3 Widowed 4 Divorced  15, DECEDENT'S EDUCA	ATION		S USUAL OCCUPA			KIND OF BUSINESS/INDU	- 6	WHITE			
	t Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 PNO	II yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 PNO Spec	can, Puerto Ri	(Specify Yee or No- to-	4. RACE — Black, W Specify:	American Indian, hite, atc.			
	7200 THIRD	AUE			2178	34		15A				
1	100. STREET AND NUMBER	PROLL		YKES	VILLE		I too Citizi		T COUNTRY?			
	10e. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LO	CATION			to	d. INSIDE CITY			
	NORTHWEST RESIDENCE OF DECEDENT	HOSP		BANG	PALLS TO	wil	B	ANTI	MORE			
	Se. FACILITY NAME (If not institution, give stre		90 YRS.	9b. CITY, TOW	OR LOCATION OF I		9, 1983	TY OF DEAT	VA.			
	4. SOCIAL SECURITY NUMBER 215-34-3962	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR			Day, Year)	B. BIRTHPLA Country)	ACE (State or Foreign			
,	1. DECEDENT'S NAME (First, Middle, Last)  MARRIES	TTA C		HEN	PERSON	2. DATE O		YEAR 3.	TIME OF DEATH			
Ĭ					F DEATH	1	REG. NO.	-	0 10 1			

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 333 Q 1984

30. NAME AND ADDRESS CAUSE OF DEATH (ITEM 27) (Type, Print)

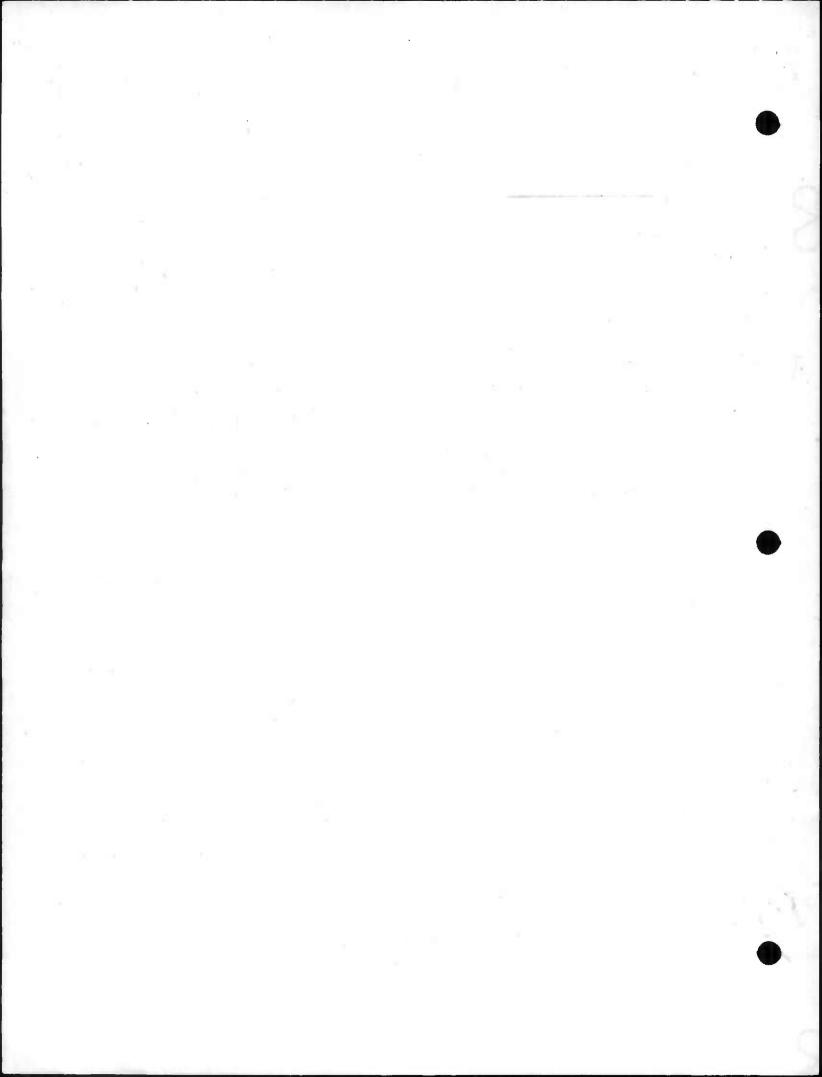
# AUTO 32. BEGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



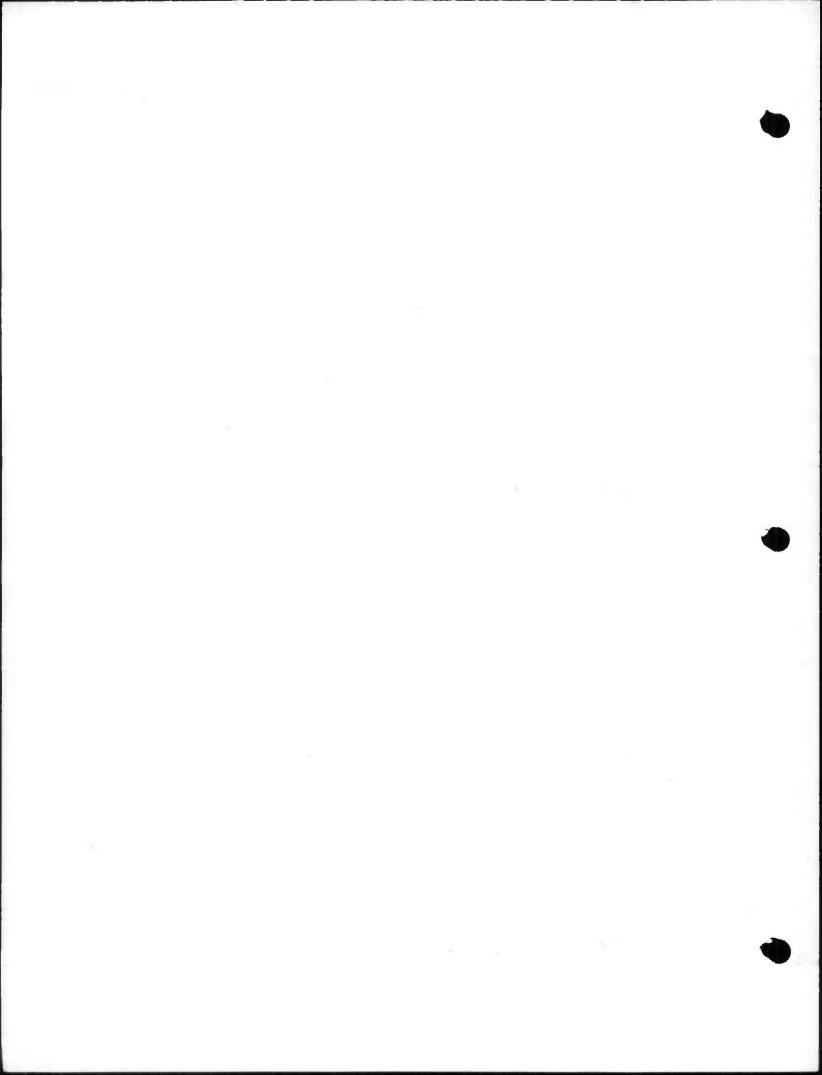
Items 9a,16a&b,g-709,3-23-94,perF.H.,dr

		FOR STATE REGISTRAR	STATE OF MARYL		DEPARTMI ERTIFICA			MENTA	AL HYGIEN	407	4	04872
		1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH	AY Y	EAR 3	. TIME OF DEATN
		SEAN JONES 4. SOCIAL SECURITY NUMBER	Le agu				1	FE		7 9		9:16P M
			5. SEX 6. AGE	(in yrs. ias 22	YRS. HONT	HS DAYS	HOURS MIN.	(Mon	E OF BIRTN th, Day, Year) 2-72	8.	Country)	ACE (State or Foreign
3 should		093-70-9830  9e. FACILITY NAME (If not institution, give s	treet end number)	22	-2.11	CITY, TOWN	OR LOCATION OF D		2-12	9c. COUNTY	_	w, York
6,	TOR	Johns Hopkin Modical Exa RESIDENCE OF DECEMENT	s Hospital Miner				ltimore					
Pages 1,	DIRECTO	10a. STATE 10b. COUNT			10c. CITY, TOV	VN OR LOCA	TION				1	Od. INSIDE CITY
Permit. Pa		New york West	chester		E1m	sfor						LIMITS?
	ERAL	Ing. Citizen Or W									AT COUNTRY?	
cian. I-trans	FUNE	/ Paulul  11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. AR	MED	13. WAS DEC	10523 SENDENT OF NISPA		N2 (Specify Ver		S.A	- American Indian.
215-0020 attending physician. se as the burial-transit	BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 N	io	If yes, sp	ecity Cuben, Mexic 2 199 Spec	an, Puerto		14 NO - 14	Black, \ Specify:	White, etc.
S att	9	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S USUA	L OCCUPATION	ON set of weeting	16	b. KIND OF BU	SINESS/INDUS	TRY	
lor for t	APLET	Elementary/Secondary (0-12) 12th	College (1-4 or 5+) 4  (Give kind of work done during most of working life. Do NOT use retired.)  Student  Morgan Sta						State 1	Jniv	•	
the hospital detached	COMPL	17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First,	Middle, Meiden	Surname)		
ME, MAKYL may be retained by or, page 5 should be set be notified at	BE	William Edwar	d Jones						ne Jo			
	2	190. INFORMANT'S NAME (Type/Print) William Edwa	rd Jones	191			nd Number or Ruma ng St		. ,			10505
		20e. METNOD OF DISPOSITION	205	. PLACE A					7			ork 10523
) w & E		20b. PLACE AND DATE OF DISPOSITION    State   2   Cremetlon   3   Removal from State   20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)   Cemetery   White Place   White Place   Cemetery   C										
ALLIM death. Page funeral dire i. examiner r		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSER	1		22. NAME AL	ND ADDRESS OF F	ACILITY P.T.T.	& So:	n F.H	. T	NC.
		* horay &	2 Dust	-1			Libert					21207
y filled in by ition, or remo		23. PART I. Enter the dispasses, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	List only one chose on e	ech Ilna							λ,	Approximate Interval Between Onset and Death
ed w	_	resulting in death)  a. Stab Wound of Back of Chest  OUE TO (OR AS A CONSEQUENCE OF):										
be excian a	ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEC	OUENCE OF):				_			
certificate ding physi lygiene pri	E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEC	UENCE OF):							
	ERI	resulting in death) LAST	d									
W 2 2 2	AL C	PART II. Other aignificant condition	a contributing to death b	out not n	eaulting in the	underlyln	g causa givan ir	Part I.	24a. WAS AN		24b. W	ERE AUTOPSY FINDINGS
D = 9 = 6	MEDIC/								PERFOR		0	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
1 2 ST 8	ME											KYES 2   NO
law is b ept.	AN:										<u> </u>	
# # # # <b>5</b>	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO	HOSPITAL: 1 ☐ Inpatient 2X NER/Outs			IER:	LACE OF DEATH (C					
SICIAL certif h the	PHYSICI	27. MANNER OF GEATN	28e. OATE OF INJURY	pariam 3	28b. TIME OF	28c. IN.		_	er (Specify) SCRIBE NOW I	NJURY OCCUP	REO	
NG PHYS fter this auth with	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) FEB 17	/19	INJURY		YES 2 X NO		UBJEC		ABB	ED
) 5 4 5 m	B	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At hor	me, farm, streef,	fectory, offic		C/h	CATION (Street of or Town, State)			te Number,
DR ATTEN DIRECTOR: hours after item 28 i		29e. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of my know	dedos de	th consend at a	ha filma alata	************	-			TIT	-
로 달	COMPLET		R: On the besis of examination								euse(s) e	nd menner es stated.
THE HOSP! THE FUNEF filed within PORTANT:	BE (	296. SIGNATURE AND TITLE OF CERTIFIES	- n An	1			29c. LICENSE NU	MBER		29d. DATE S	IGNED (N	fonth, Day, Year)
283	10	30. NAME AND ADDRESS OF PERSON WN	- Lucu	Teh	27) (Time thin)		0.C.	M.E	•	F	EB	18/94
1		THE PROPERTY OF PERSON WIT					Daltin		37		21	001
JAI		31. DATE FILED (Month, Day, Year)	111		nn Str	eet,	Baltin	nore	, mar	yland		201



BALTIMORE, MARTLAND ZIZIS-0020	be retained by the hospital or attending physician,	age 5 should be detached for use as the burial-transit permit. Pages 1.2.3 should		be notified at once.
SALLIMORE	THE MOSPITM OF AT DOUNG PHYSICIAN: The law requires that the death certificate be executed within 25 yours after death. Page 6 may be retained by the hospital or attending physician.	THE PUMERAL WHETHING ARE this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermin. Panes 1 2 3 should	ment within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

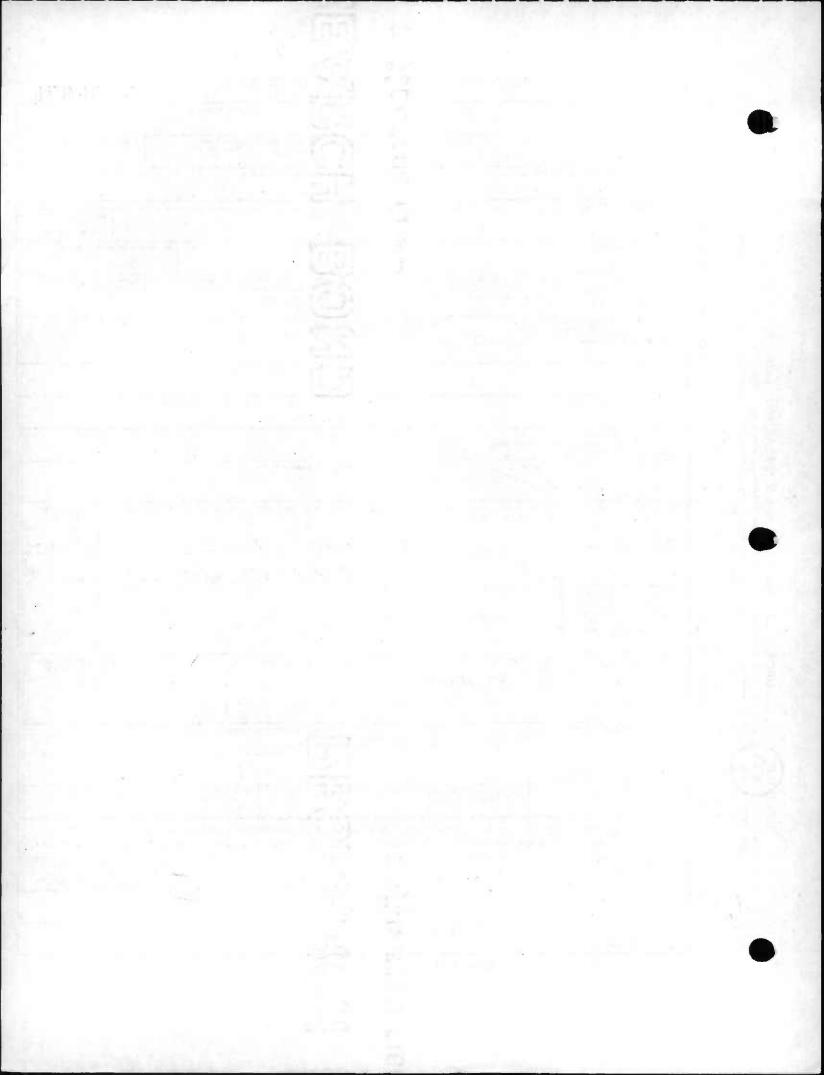
	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALI		AL HYGIENE REG. NO.	94	04873
	1. DECEDENT'S NAME (First, Middle, Last)	e E.	Jones		MOI	2 19	YEAR 94	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  2.2.7-1.6-3.2.3.2  9. FACILITY NAME (If not institution, give street end number)			THE DAYS HOUR	8 Min. (Mo	re OF BIRTH orth, Day, Year)	Country)	
TOR	3917 Dolfield Avenue			Ba1	timore		c. COUNTY OF DEA	тн
DIRECTOR	10e. STATE 10b. COUNT		10c. CITY, TO	wn on Location Baltimo	re City	7	100	Od. INSIDE CITY LIMITS?  N yes 2 \( \square\) NO
FUNERAL	3917 Dolfield			101. ZIP CO	21215	10	US	AT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	13. WAS DECENDENT If yes, specify Co. 1 YES 2 1 h	iban, Mexicen, Puerti	BIN? (Specify Yes or o Rican, etc.)	Black, \	American Indian, White, etc.
ETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work of life. Do NOT use reto	lone during most of wo	rking	8b. KIND OF BUSINE		
COMPLET	12		Labo	cer		UNI	KNOWN	
	17. FATHER'S NAME (First, Middle, Last)			18. M	OTHER'S NAME (First			
H	Howard Jones 190. INFORMANT'S NAME (Type/Print)				Margare			
2	John Thomas		3908 W	Coldsp				1215
	20s. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State come	PLACE AND DATE OF DIS elery, cremetory or other p ing Memor	rial Par	k 2/24/	94 Ranc	dallsto	wn, MD
	21. SIGNATURE OF FUNERAL SERVICE LI				FUNERAL North		lto. MD	21201
CERTIFICATION	IMMEDIATE CAUSE (Fine)	a. PROST DUE TO (OR AS A  DUE TO (OR AS A	ich line.			rulec or respirate	ory errest,	Approximsta Interval Between Onset and Death
MEDICAL	PART II. Other algolificant condition	na contributing to death bu	it not resulting in th	e underlying cause	e given in Part I.	24a. WAS AN AUT PERFORMED 1 YES 2	NO O	ERE AUTOPSY FINDINGS RALABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF	DEATH (Check only	one)		
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpa		HER: Nursing Home 500				
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	280. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2	28d. DI	ESCRIBE HOW INJU	RY OCCURED	
	2 Accident 3 Suicide 4 Homicide 6 Could not be determined	At home, farm, street	it, fectory, office 281. LOCATION (St		CATION (Street end I y or Town, Stete)	treet end Number or Rural Route Number, Stete)		
COMPLETED		ICIAN: To the best of my knowle						nd menner as stated.
8	296. SIGNATURE AND JUNE OF CERTIFIE		- NO		CENSE NUMBER		d. DATE SIGNED (AI	onth, Day, Wary
욘	R KRISHNA	O COMPLETED CAUSE OF DEA		EU7A	w 57	4305		WORE YES
	FEB 22 1994	32 REGISTRAR'S SIGNA	TURE	• 1,1			- 10- ( .	-, -,



		completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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TO BE COM	TO BE COMDIFICATION BY BUYERIAM MEDICAL CEDITICATION
il examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after a state Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.
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er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTEN WAS PASSED. The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,
	(

. DECEDENT'S NAME (First, Middle, Last)		THE	17		OT		2. DAT	OF DEATH	MY	YEAR	3. TIME OF DEATH
Wilton V. J						1	Feb				9:25 A.
SOCIAL SECURITY NUMBER		AGE (In yrs. le		IF UNDER	DAYS	IF UNDER 24 HRS.	7. DATE (Mon	OF BIRTH th, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
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Ge. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	TION					10d. INSIDE CITY LIMITS?
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06. STREET AND NUMBER					10f	ZIP CODE					HAT COUNTRY?
9605 Dunkeld Court				21236				S.A.			
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Elementary/Secondary (0-12)	College (1-4 or 5+)	lite	. Do NOT us	se retired.)		•					
N/A	N/A		Sal	es	- 7 5				etail		
7. FATHER'S NAME (First, Middle, Lest)  Travor Jones						18. MOTHER'S N	IAME (First,	Jones	Surname)		
9a. INFORMANT'S NAME (Type/Print)		10	b MARING	ADDRES	0 (0)	nd Number or Rura	1 D		- Co Ti	0-4-1	
Pauline G. Jones	(wife)	10				Ct., B				1236	
OA. METHOD OF DISPOSITION		20b. PLACE					OA.		CATION —		vo Stele
X Burial 2 Cremation 3 Remo	val from State	cemetery, cre	ematory or o	ther place)		Park					Maryland
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23. PART i. Enter the diseases, or co shock, or heart failure. L	omplications that c	caused the de	eath. Do r		9705	Belair	Rd.,	Balt	imore,	, MD	Approximate Interval Between
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Item 23 shows any injury, or other traumatic event,

MEDICAL CERTIFICATION

BY PHYSICIAN:

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III Item 28

IMPORTANT

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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SPITIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret	RINEHAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s	crema
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO. 04875 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR George C. Jones 02 8:25 PM 94 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 1 XM 2 F 213-07-0253 3-26-1909 Hurlock, Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Masonic Home-300 International Circle Cockeysville Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION INSIDE CITY Md, COckeysville 1 TYES 2 NO Baltimore 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 300 International Cirlce 21230 S.A. U 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WARP OR DATES 1 Never Married 1 Never Married 2 Married
3 Widowed 4 Diverced 1 TYES 2 NO Specify: Specify 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 8+) Building Contractor Contractor 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) ALbert Jones <u>Kathryn Rilev</u> 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Circle Cockeysville Helen Jones 300 International 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE 1 Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) GreenMount Crematory 2
22. NAME AND ADDRESS OF FACILITY 2b 94 Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Wille R.Phillip Stacks Bradley-Ashton Funeral Home; 2222c. 23. PART I. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, ahock, or heart failure. List only one cause on each line. BA Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ DUE TO OR AS A CONSEQUENCE OF mfauthion resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO CUA COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO 1 [] YES 2 [] NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA e 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🔀 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide

29e. CERTIFIER

(Chart only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 \_\_\_ MEDICAL\_EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 94 805040 2 21 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Yor Rd 21093 1205 Md 31. DATE FILED (Month, Day, Year)
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ITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	
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OR	DIRE	72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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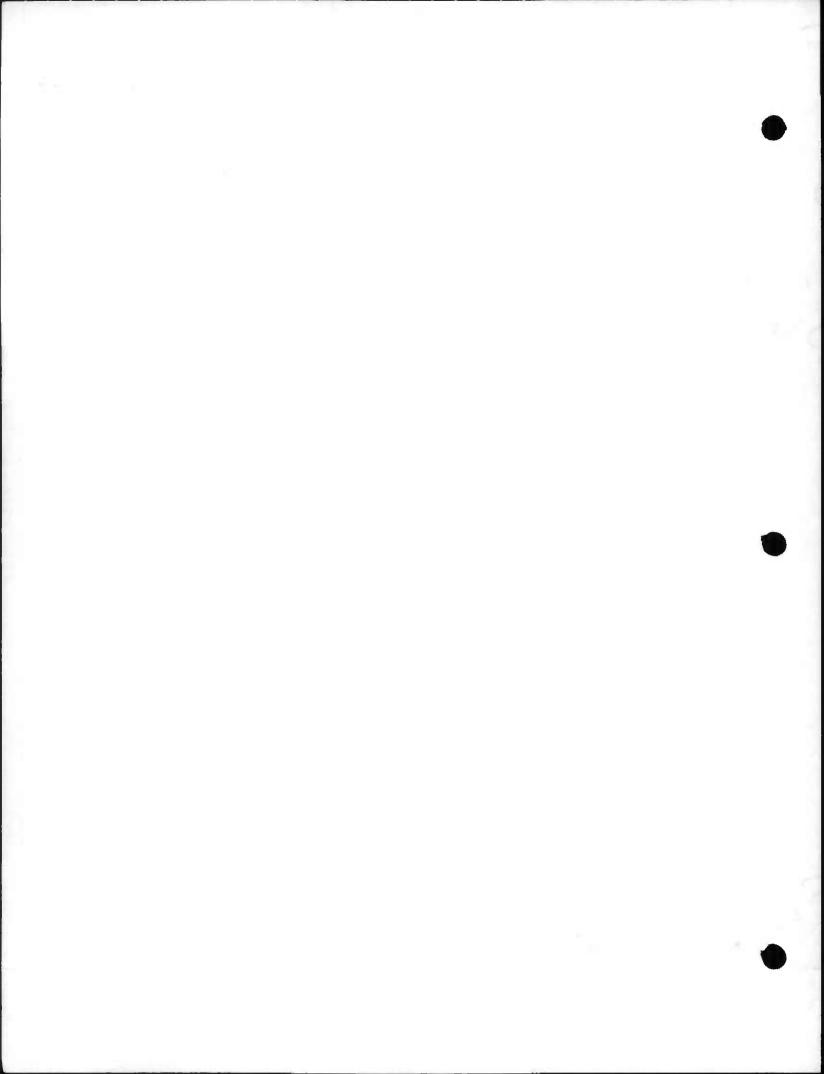
31. DATE FILED (Month, Day, Year) FFB 2 2 1994

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN FEBRUARY 17, 1994 SUSIE BEATRICE JONES n/a 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER I YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 212-30-8112 A DAYS 82 YRS. t - M 2 AF VIRGINIA 9-3-11 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE, MD n/a 520 ROSSITER AVENUE 10c. CITY, TOWN OR LOCATION OR E 10e. STATE 10b. COUNTY 10d. INSIDE CITY MARYLAND n/a 1 (XES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? STATES 21212 UNITED 520 ROSSITER **AVENUE** 11. MARITAL STATUS t2. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or Noit yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced FORCES? 1 YES 2 THO 1 TES 2 THO BY Specify: Specify BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comple Elementery/Secondary (0-12) College (1-4 or 5+) KLEANS RESTAURANT COOK TH 6 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) MARSHALL JONES SUSIE WHITE ĕ BE notified 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Copy MARYLAND #12 2 ALICE SMITH pe 20s. METHOD OF DISPOSITION
1/G Burlel 2 Gremation 3 Removal from State
2 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must GARRISON FOREST VA CEMETERY OWINGS MILLS, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.- 1101 E. NORTH AVENUE medical 23. PART I. Enter the diseases, or compilections that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finei **Onset and Death** the disesse or condition Zweek event, resulting in death) read Cancer astatie B traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in dasth) LAST 0 PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Musto any 1 TES NO shows 1 | YES 2 | NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL: OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 26d. DESCRIBE NOW INJURY OCCURED marked, 5 Pending M 1 YES 2 NO BY Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 Is COMPLETED 8 Could not be 4 Homicide Item 29a. CERTIFIER (Check only one) best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II BE 0 LETED CAUSE OF DEATN (ITEM 27) (Mos. Print)

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4G PHYSICIAN: The law requires that the death	her this certificate has been signed by the atten-	marked or item 23 shows any injury o
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TTENDING PHYSICIAN: The law requires that the death	THE After this certificate has been signed by the atten-	28 is marked, or item 23 shows any injury o
R ATTENDING PHYSICIAN: The law requires that the death	RELEASE After this certificate has been signed by the attention of Health and Mental I	m 28 is marked or item 23 shows any injury o
L OR ATTENDING PHYSICIAN: The law requires that the death	DESCRIPT After this certificate has been signed by the atten-	Hear 28 is marked, or liter 23 chouse any injury o
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IOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death	UNERAL DREEDER. After this certificate has been signed by the atten- tition 72, and effective with the State Dect. of Health and Mental P	SAT Mises 28 is marked or item 23 shows any injury o
IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	IE FUNERAL DREEDER After this certificate has been signed by the atten- of within 72 and strendent with the Star Dec. of Health and Mental F	BITANT Flags 28 is marked or liam 23 shows any injury o
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Juns after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he filed within 72 and attended within 72 and attended to the page 5 should be detached for use	IMPORTANT IN THE 28 In marked on law 23 shows any injury or other fraumatic event the medical avaminar must be nestlind at once

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN		4 0	4877
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIMI	E OF DEATH	
	Joseph Geo	orge Kre	pka			Feb.19,1		3:	30am •
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	(In yrs. lest birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.				State or Foreign
1.5	212-09-5334 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			MONTHS DAYS	HOURS MIN.	Oct. 2, 19	15		land
~	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN E	OR LOCATION OF D		9c. COUNTY	OF DEATN	
DIRECTOR	208 Mace Ave.			Ess	ex		Ba1	timor	re
Di Di	10a. STATE 10b. COUNT		10c. CITY	TOWN OR LOCAT	TION			10d. IN	SIDE CITY
E	Md. Ba	ltimore			Essex	ζ.		u	MITS? 'ES 2 1 NO
A	10e. STREET AND NUMBER			101	ZIP CODE	-	10g. CITIZER	OF WHAT CO	21.
FUNERAL	208 Mace Ave				21221	25		USA	
15	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES		13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Ye	s or No — 14	RACE — Ame	rican Indian,
84	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specif	nn, Puerto Rican, etc.) y:		Black, White, Specify:	
	15. DECEDENT'S EDU	ICATION		<u> </u>					nite
COMPLETED	(Specify only highest grad	e completed)	(Give kind of we life. Do NOT use	ork done during mo	ON st of working	16b. KIND OF BU	ISINESS/INDUS	TRY	
12	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)		e make	30	Wester	n Flo	atric	
N	17. FATHER'S NAME (First, Middle, Last)		Cabi	e make		ME (First, Middle, Maider		CULIC	-
	== ==	:			==		==		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Tox	vn, State, Zip Co	ide)	
2	Dorothy Krepk	:a				timore N			
	20a. METHOD OF DISPOSITION		PLACE AND DATE OF		me of	DATE 20c. LC	CATION - City	or Town, Stat	
	Donation 5 Other (Specify)	S	netery, crematory or oth t.Stani	slausC	emetery	72/22/94	Balti	more	Md.
	21. AIGNATURE OF FUNERAL SERVICE LI	CENSEE	11		ID ADDRESS OF FA				
	Commelly F	uneral 5	Donal			aneral Ho Ave. Balt			
	23. PART I. Entar the diseases, pr	complications that caused	the death. Do no	ot antar the mo	de of dying, suc	h as cardiec or resp	iratory arrest	t, A	pproximate
	shock, or heart failure.	List only one ceuse on e	ach line.					- in	nterval Between
	disease or condition resulting in death)	· co/o	4	ance	~			į	2 mo
		DUE TO (OR AS A	CONSEQUENCE DF						
Z	Sequentially list conditions,	b							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF)	:					
E S	CAUSE (Disease or injury that initiated evente	C. DUE TO (OR AS A	CONSEQUENCE DE						
Ē	resulting in death) LAST		A CONSTRUCTION OF THE STATE OF				İ		
		d							
¥	PART II. Other significant condition	/		the underlying	g cause given in	Part i. 24a. WAS AP PERFO			UTOPSY FINDINGS BLE PRIOR TO
MEDIC	maligna	nt ascif	د پی			1 YES :	2 JANO	OF DEA	ETION OF CAUSE TN?
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N N	l								
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE DF DEATH (Ch				
17.8	1 YES 2 AND 27. MANNER OF DEATH	1 - Inpetient 2 - ER/Outp				8 Other (Specify)			
å	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WO	URY AT RK? /ES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	IED	
à	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	- At home, farm, at			281, LOCATION (Street	and Number or	Quest Doubs No.	whee
	4 Homicide 8 Could not be detarmined	building, atc. (Spec	city)			City or Town, State		nurer nouse ivur	ricor,
1	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	ladra daeth seeu	l at the time of	and alone and a				
12		ER: Dn the basis of axamination						ause(a) and m	inner as stated
00	29b. SIGNATURE AND TITLE OF CERTIFIE	0			29c. LICENSE NUI				
8E	1/ June	a mo			1 Va	117-	29a. DATE S	IGNED (Month,	Call
2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type. I	Print)	13/0		, -	-1 -1 1	14
	Jeffrey	Benker	and	454	o Ea	stern 1	fue	Bal	/fine
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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO B

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO	/	4-0487	80
	1. DECEDENT'S NAME (First, Middle, Last)  DUKE	Parker	AKA: DO	RMAN K	EITH	2. DATE OF DEATH DO DO	~g	SEAR STIME OF GEATH	A
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  F UNDER 1 YEAR  F UNDER 14 HRS.  7. DATE OF BIRTH (Month, Day, Year)  Country)  9. BIRTHPLACE (State Country)							8. BIRTHPLACE (State or Fore Country)  Kentucky	eign
TOR	90. FACILITY NAME (If not institution, give st Francis Scatt RESIDENCE OF DECEDENT	Key Medizar	aute 90.	Bald	TWWW	EATH		eltinure Cel	ty
DIRECTOR	10e. STATE 10b. COUNTY Maryland			WN OR LOCAT				10d. INSIDE CITY LIMITS?	NO.
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?	-
ER/	420 Kresson St.				21224		74.	JSA	
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 X Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATE:	P. □NO S	If yes, spe	ENDENT OF NISPAI celfy Cuben, Mexica 2 XNO Specifi	NIC ORIGIN? (Specify Yearin, Puerto Ricen, etc.)		14. RACE — American Indian Black, White, atc.  Specify:	n,
		Kore						White	
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<u> </u>	17. FATNER'S NAME (First, Middle, Last)		Mecha	IIIC	40 MOTHERIO MA	ME (First, Middle, Maiden	t Met	aı	
	Claude Parker					Jane Wills			
8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Street a		Route Number, City or Tow		Codel	
입	Dennis Parker, S					White Mars			
	20 METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	Oa	ACE AND DATE OF DIS Cremetory or other of K Lawn Ce	sposition (Na place) emeter	me ol			City or Town, State	
	21. SIGNATURE OF THERAL SERVICE LIC	altur		ROBER		CENBURG FUN Rd., Balti		HOME, INC., MD 21214	
	23. PART I. Enter the diseases, or o	omplications that caused th	a death. Do not e	enter tha mo	de of dying, suc	h ss cerdiec or reapi	iratory sm	est, Approximat	te
- 1	iMMEDIATE CAUSE (Final	List pnly one cause of each	max Q1			-		intarval Bet Onaat and	
	disease or condition resulting in death)	· Mulle	is place	(mg	h	polia	_	1	
	i daning in danin	DUE TO (OR AS A CO	NSEQUENCE OF):	1		1,			
TION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	INSEQUENCE OF):	slugs	ing.				
RTIFICATION	CAUSE (Disease or injury that initiated avanta resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):						
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	1 VES 2 XVO DF						DF DEATH?	0	
SICIAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)								
2	EXAMINER?	HOSPITAL:		HER:					
PHY	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJI WO		6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCC	CURED	
D BY	2 Accident 3 Suicide 8 Could not be datermined	26e. PLACE OF INJURY — building, etc. (Specify)		M 1 1 Y		261. LOCATION (Street ( City or Town, State)	and Number	or Rural Route Number,	
H 1	datemined								
COMPLETE	290. CERTIFIER	CIAN: To the best of my knowledg							

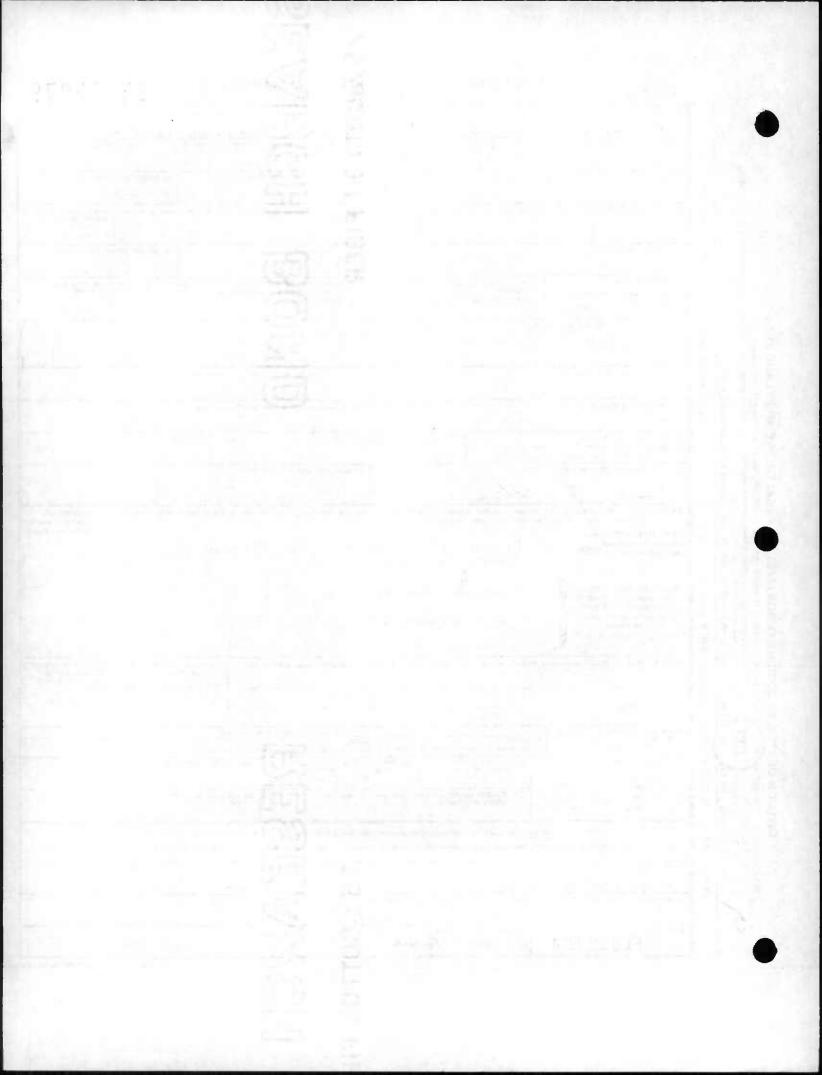
(ITEM 27) (Type, Print) 3 Scatt Center. Francis ken 32. JEGISTRABIS SIGNATURE

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	TO THE HOSPITAL OR ATTENDING PHYSPANN, THE PROJUCES that the death certificate be executed within a cours after death. Pag	E 0
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		TO THE FUNERAL DIRECTOR: After this centrement lean signed by the attending physician and completely filled in by the funeral diplomental diplomental filled within 72 hours after death with the signed within 72 hours after death with the signed and Mental Hygiene prior to burial, cremation, or removal.

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3 Suicide 4 Homicide 5 Could not be determined 288. PLACE OF INJURY — At home, farm, street, factory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. BIDHATURE AND TITLE OF CERTIFIER  29b. BIDHATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  4 Homicide 5 Could not be determined 288. LOCATION (Street and Number or Rural Route Number, City or Your, State) 29c. LICENSE and due to the cause(a) and manner as stated. 29b. BIDHATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)  218/94  218/94  218/94	ICIAN: MEDICAL	shock, or he iMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition in the cause. Entar UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NAMED TO DEATH	ons, dilate NG ry	a. Can DUE 1 b. DUE 1 c. DUE 1 d	TO (OR AS AT TO (O	A CONSEQUEI  A CONSEQUEI  A CONSEQUEI  but not reau	BY INCE OF INC	anot enter	tha moderlying  28. PL  R:  saling Horm  28c, INJ	Brehn de of dy	ms Ling, auc	Part I.	Balti ac or reap  CAS1.  24a. WAS AAA PERFOI 1 UYES :	MOTE Iratory ar  AUTOPSY RMEO?	, Md rrest,	b. WERE AU  COMPLET  OF DEATH	proximats arval Betv eset and D  TTOPSY FINO E. PRIOR TO TION OF CAU H?
29b. HICHATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)	PHYSICIAN: MEDICAL	shock, or he IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition if any, leading to immed cause. Entar UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5   5	ons, diate NG T  D MEDICAL  Pending	a. Can DUE 1 b. DUE 1 c. DUE 1 d	TO (OR AS AT TO (O	A CONSEQUEI  A CONSEQUEI  A CONSEQUEI  but not reau	BY INCE OF INC	anot enter	28. PLR: sing Home	Brehn de of dy	ms L Ing, auc	Part I.	Balti ac or reap  CAS1.  24a. WAS AAA PERFOI 1 UYES :	MOTE Iratory ar  AUTOPSY RMEO?	, Md rrest,	b. WERE AU  COMPLET  OF DEATH	proximats arval Betv eset and D  TTOPSY FINO E. PRIOR TO TION OF CAU H?
296. LICENSE NUMBER  296. LICE	ED BY PHYSICIAN: MEDICAL	shock, or he iMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition in the cause. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 MANNER OF DEATN  1 Natural 5 7 8 9 Accident  3 Suicide 6 0 0	ons, diate NG Ty T T Condition	b. DUE 1  c. DUE 1  d	TO (OR AS A TO (OR	A CONSEQUEI  A CONSEQUEI  A CONSEQUEI  but not reau  patient 3   1	BY INCE OF INC	OTHEI URY M	26. PLR: sing Homo 28c. INJI WO 1 U	Brehn de of dy	ms L Ing, auc	Part I. :	Balti ac or reap  CAS1.  24a. WAS AND PERFOI  1 UPS :	MOTE Instory are selected and s	, Md	D. WERE AU AMALABL OF DEATH 1 YES	Proximats arval Betweet and D
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Haynd Humal itasportal Itas	MPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition in the cause. Entar UNDERLY!!  CAUSE (Disease or injust that initiated events resulting in dasth) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER?  1	ons, dilate NG ry T Condition	a. CAM DUE 1 b. DUE 1 c. DUE 1 d. DUE 1 1 STIPPATENT 2 28a. DATE (Month.) 28a. PLACE buildin (SICIAN: To the best	TO (OR AS A TO (OR	A CONSEQUEI A CONSEQUEI A CONSEQUEI Dut not reau  patient 3 1 28 Y — At home,	DOA INJ	OTHEI 4 ONLY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF	28. PLR: sing Home 28c. INJ wood 1 1 votory, officers, data	Brehn de of dyl Lin Ma  g cause g  ACE OF D  to 5 Re  UT AT  RK7  YES 2 [  end piece	ms Ling, auc	Part I. :	Balti ac or reap  Classification of the second of the seco	INJURY OC	24	b. WERE AU AMAILABL COMPLET OF DEATT 1 YES	proximats arval Between and District and Dis
30. NAME TO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Harry Hospital Italy  (Italy The Complete Cause of Death (ITEM 27) (Type, Print)	COMPLETED BY PHYSICIAN: MEDICAL	shock, or he iMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 JAME  27. MANNER OF DEATN  1 Natural 5 F Accident  3 Suicide 6 C C Check only One)  2 MEDIC	ons, diate NG Pending Investigation Could not be determined IFYING PHY	a. CAM DUE 1 b. DUE 1 c. DUE 1 d. DUE 1 1 Official to the best of	TO (OR AS A TO (OR	A CONSEQUEI A CONSEQUEI A CONSEQUEI Dut not reau  patient 3 1 28 Y — At home,	DOA INJ	OTHEI 4 ONLY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF	28. PLR: sing Home 28c. INJ wood 1 1 votory, officers, data	Brehn de of dyl  Lin Ma  g cause g  ACE OF D  e 5   Re  URY AT  RRC7  yes 2 [  e and place eath occur	ms Ling, auc	Part I	Balti ac or reap  Classification of the second of the seco	I AUTOPSY RMEO?	244	D. WERE AU AMMAPLE OF DEATT 1 YES	PRODUCTION OF CAU
man man man man man man man man man man	BE COMPLETED BY PHYSICIAN: MEDICAL	shock, or he iMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 JAME  27. MANNER OF DEATN  1 Natural 5 F Accident  3 Suicide 6 C C Check only One)  2 MEDIC	ons, diate NG Pending Investigation Could not be determined IFYING PHY	B. List only ona c  a. CAM  DUE 1  b. DUE 1  c. DUE 1  d	TO (OR AS A TO (OR	A CONSEQUEI A CONSEQUEI A CONSEQUEI Dut not reau  patient 3 1 28 Y — At home,	DOA INJ	OTHEI 4 ONLY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF MURY MUST NOT HEAD OF	28. PLR: sing Home 28c. INJ wood 1 1 votory, officers, data	Brehn de of dyl  Lin Ma  g cause g  ACE OF D  e 5   Re  URY AT  RRC7  yes 2 [  e and place eath occur	ms Ling, auc	Part I	Balti ac or reap  Classification of the second of the seco	I AUTOPSY RMEO?	244	D. WERE AU AMMAPLE OF DEATT 1 YES	PRODUCTION OF CAU
FEB 22 1994 Juli Sanisan Russel	MPLETED BY PHYSICIAN: MEDICAL	shock, or he IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or Injust that initiated events resulting in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO  27. MANNER OF DEATN 1 Natural 5 F 2 Accident 3 Suicide 6 G 4 Homicide  29a. CERTIFIER (Check only One) 2 MEDIC  29b. BIDNATURE AND TITLE	ons, diate NG ry T Condition of	B. List only ona c  a. CAM  DUE 1  b. DUE 1  c. DUE 1  d	TO (OR AS A TO (OR	A CONSEQUEI  A CONSEQUEI  A CONSEQUEI  Dut not reau  partient 3 128  Y — At home,  scily)  wiedge, death on and/or invertiges	POA INCE OF IN	OTHEI 4 Nur E OF URY M street, fact	28. PLR: sing Home 28c. INJ wood 1 1 votory, officers, data	Brehn de of dyl  Lin Ma  g cause g  ACE OF D  e 5   Re  URY AT  RRC7  yes 2 [  e and place eath occur	ms Ling, auc	Part I	Balti ac or reap  Classification of the second of the seco	I AUTOPSY RMEO?	244	D. WERE AU AMMAPLE OF DEATT 1 YES	PRODUCTION OF CAU



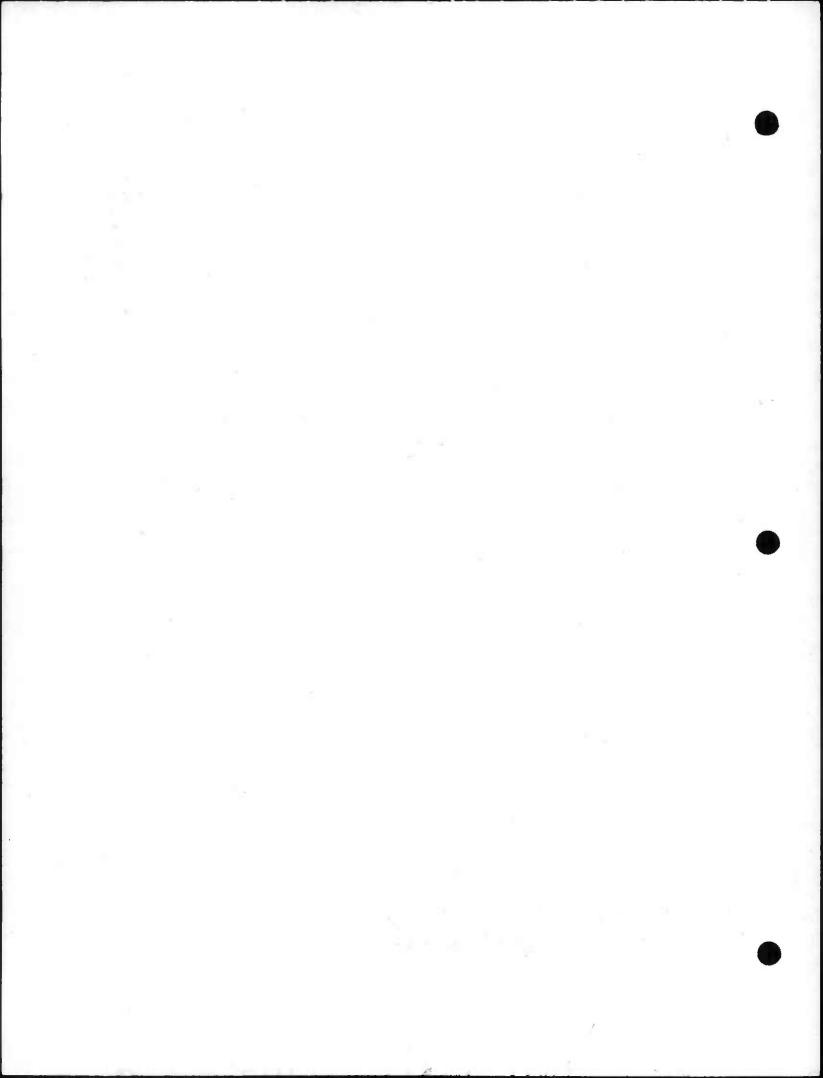
1 - FOR STATE REGISTRAR

ID THE PARTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hos	CAREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Deat, of Health and Mental Hopiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	RAE BRU	JCE	KU	EHNLE		O2 DATE OF DEATH	94 <sup>vi</sup>	3. TIME OF DEATH 4:40 PM		
			(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give stre	2 -	OI ma.	9h CITY TOWN	OR LOCATION OF D	04/12/19	12 gc. COUNTY	Maryland		
TOR	NORTH ARUNDEL HOSE		IATION	GLEN I		EATH		A. COUNTY		
DIRECTOR	10a. STATE 10b. COUNTY	ard County		y, TOWN OR LOCA arksvil				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER				f. ZIP CODE		10g. CITIZEN	1 YES 2 NO		
FUNERAL	12175 Rt 108				21029			S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 XNO	It yea, ap	CENDENT OF HISPAI ecify Cuban, Maxica 2 12 NO Specific	NIC ORIGIN? (Specify Yean, Puarto Rican, atc.) fy:	s or No — 14.	RACE — American Indian, Black, Whita, atc. Specify: White		
ED	15. DECEDENT'S EDUCA (Specify only highest grade or	NTION ompleted)	(Give kind of	USUAL OCCUPATION	ON ost of working	16b. KIND OF BU	SINESS/INDUST			
COMPLETED	Elementary/Secondary (0-12) 10th Grade	College (1-4 or 5+)	Teache	retired.)		Schoo	1			
BE CO	17. FATHER'S NAME (First, Middle, Last)	ee Bruce			18. MOTHER'S NA	ME (First, Middle, Maiden TY V• Be	Sumame) SWiCK			
TO B	19a. INFORMANT'S NAME (Type/Print) Bruce Kuehnle			ADDRESS (Street of		Route Number, City or Tow 1111ersvill		yland 21108		
	20a. METHOD OF DISPOSITION  1 X Burial 2 Crematton 3 Remov  4 Donation 5 Other (Specify)	ral from State	edar Hill	ematory Cemete	inc.	1	-	or Town, State Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE	remuoer	/	Georg		ice Funeral	Home	P.A.		
	23. PADY I. Enter the diseases, or co		ed the deeth. Do r	4001	Ritchie	Hwy. Balt	imore,	Md. 21225		
	shock, or heart fallura. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	let Dnly Dne cause on	aech line.		or aying, and		manory street	Interval Between Onset and Death		
NOIL	Sequentially list conditions,  Due to (or as a consequence of):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO OR AS	her nels disease is a consequence of:							
ERT	resulting in death) LAST									
	PART II. Other significant conditions	contributing to deeth	but not resulting	In the underlyin	g ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS		
MEDICAL		arte	wille	losi		1 _ YES :	-	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME		0FB								
IAN	25. WAS CASE REFERRED TO MEDICAL			28. PI	LACE OF DEATH (Ch	neck only one)				
PHYSICIAN		HOSPITAL: 1 1 Inputlent 2 ER/Ou	tpatient 3 🗆 ODA	OTHER:		8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)		URY WO	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
COMPLETED B	3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE OF INJUR building, atc. (Sp	IY — At home, ferm, secify)	street, factory, offic	•	28f. LOCATION (Street City or Town, State		Rural Route Number,		
<u>P</u>		AN: To the best of my kno	wledge, death occurr	ed at the time, data	and place, and due	to the cause(a) and ma	nner as stated.			
SOM	CERTIFIEN  (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  White Fort	Com E	Sun		29c. LICENSE NUI			GNED (Month, Day, Year) 22. 9 (		
5	30. NAME AND ADDRESS OF PERSON WHO MUSTAFA C. OZ, M.	D./273-B PE	ENINSULA I	Print) FARM ROA						
31. DATE ELLED (Month, Day, Year) 94  32 REGISTRAR'S SIGNATURE  FLB 2 2 1994  Guille Burillette Annals										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SICIAN: The law requires that the death certificate be executed w	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be to within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE	STATE OF 1	MARYLAND /	DEPAR	RTMEN	T OF H	EALTH	AND N	MENTA	L HYGIEN	E	0.1	. 01001
	REGISTRAR		С	ERTIF	ICAT	E OF	DEAT	H		REG. NO.		94	04001
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	E OF DEATH	W.	YEAR	3. TIME OF DEATH
	Stewart L. K								2	18		94	1:05 M
		5. SEX	6. AGE (In yrs. la		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Mon	th, Day, Year)		8. BIRTH	HPLACE (State or Foreign (ry)
		1 ★ M 2 □ F	67	YRS.		100				4/1926			Maryland
~	9a. FACILITY NAME (If not institution, give stre				9b. CITY	Y, TOWN C	R LOCATIO	ON OF DE	ATH		9c. COU	INTY OF D	DEATH
Ď.	1502 Idlewilde Av	enue			(	Cator	ısvil	le_			Ba	altin	nore
EC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION				_		10d. INSIDE CITY
DIRECTOR	Md Ba	altimore		0	Cato	nsvi	110						LIMITS? 1 SYES 2 NO
7	10e. STREET AND NUMBER				ouze		ZIP CODE				10g. CIT	IZEN OF	WNAT COUNTRY?
ER/	1502 Idlewilde Ave	enue					2122	8				USA	4
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC			IC ORIGI	N? (Specify Yea	or No-		E — American Indian, k, White, atc.
	1 Never Married 2 Married	FORCES? 1	XYES 2	NO	1.3	If yea, sp		, Maxicar	n, Puerto	Rican, etc.)		Black	
В	3 Widowed 4 Divorced	WW II					21					3,000	white
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of			ECEDENT'S Sive kind of				a	160	b. KIND OF BUS	INESS/IN	DUSTRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5	litte	Do NOT u	se retired.)								
MP		4		Age	ent	Offi	cial			Title	Inst	iranc	ce
၀	17. FATHER'S NAME (First, Middle, Last)									Middle, Malden	Surname)		
86	Henry A. Koehler							у Мс					
2	19a. INFORMANT'S NAME (Type/Print)									nber, City or Town			
	Helen Koehler							enue		atonsvi			
	20a. METHOD OF DISPOSITION  1 Removed to the second	al from State	20b. PLACE cemetery, cn				me of		1	TE 20c. LO			
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE-LICE		_ Balt:	imore	Nat	iona			12/2	22 Bal	timo	re.	Md
	21. SIGNATURE DE PUNERAL SERVICE CE	MARE DO	1 1				D ADDRES			ıneral	Uomo		
	Tute of	. Jel	* Ma	110			mond				nome	Ì	
	23. PART I. Enter the diseases, or co	mpilcations tha	t caused the d	eath. Do	not anta	tha mo	da of dyi	ng, such	n ss car	disc or reapi	ratory ar	rest,	Approximate
	shock, or heart failure. List only one ceuse on each line.										Interval Batween Onset and Desth		
	disease or condition resulting in death)	Ma	o agra	lial	I	nfo	Irc Y	101	и				Donnediste
	resulting in death) . a	DUE TO	(OR AS A CONSE	OUENCE O	F):								Immediate
z		A	SCV.	D									Yeare
ERTIFICATION	Sequentially list conditione, if sny, lasding to immediate	DUE TO	(OR AS A CONSE	DUENCE C	F):								
2	CAUSE (Disease or injury												
H	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	DUENCE C	IF):								
	d.												
C	PART il. Other significant conditions	contributing to	daath but not	resulting	in tha u	nderlying	cause g	Ivan in	Part i.	24a. WAS AN	AUTOPSY	240	. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1 🗌 YES 2	XNO		OF DEATH? 1 ☐ YES 2 ☐ NO
Σ													1   125 2   NO
₹ I	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Che	nck only o	(ne)			
Sic		HOSPITAL:	ER/Outpatient	3 □ DOA	OTHE	R:							
ΞI	1   YES 2 NO   1   Inpatient 2   ER/Outpatient 3    27. MANNER OF DEATH   28a. DATE OF INJURY				AE OF	28c, INJ		siderica	ca 8 Other (Specily)  28d. DESCRIBE HOW INJURY OCCURED				
	1 Natural 5 Pending (Month, Day, Year)			IN	JURY M	WO	RK?	NO					
BY	2 Accident Investigation 3 Suicide S Could not be	28a. PLACE C	F INJURY At h	ome, tarm,	street, fac	tory, offic			281. LO	CATION (Street a	and Numbe	er or Runal	Floute Number,
	4 Homicide 8 Could not be	building,	etc. (Specify)			1111111				or Town, State)			
9	29a. CERTIFIER A CERTIFYING BUYEN	ANI. To the head of		-									_
COMPLETED	(Check only one)  1 CERTIFYING PHYSIC   CONTINUE   CERTIFYING PHYSIC   CERTIFYING PHYS												a) and manner se stated
	29b. SIGNATURE WHO TITLE OF CERTIFIER	. 4 5			, my	-pmont, u				- and place, an			
8	250. AUGUSTONE WHO THER OF CERTIFIER	allin	mi				29c. LICE				29d. DA	/	Z 1 9 4
2	David Di Collins MD D 20650 > 2/21/94												

MPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

PLY ST., Su; te 560., Ba to., MD ZIZI8

32. FEGGATRAPS SIGNATURE FRONTILL

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31. DATE FILED (Month, Day, Year)

FEB 2 2 1994

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1 - FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h
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30. NAME AND ADDRESS

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1994

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR HENRY TAN LORY 10-12 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign NONE (Month, Day, Year) 02-15-94 XX M 2 D F -0-14 YRS. MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not inatitution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GREATER BALTO. MEDICAL CENTER TOWSON BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? 1 YES X NO 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE REISTERSTOWN permit. 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3501 BLACK ROCK use as the burial-transit ROAD 21136 U.S.A. hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES X NO 14. RACE — American Indian, Black, White, atc. XX Nover Married 2 Married IF YES, OIVE WAR OR DATES BY WHITE 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY detached for Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Page 6 may be retained by the 2 T HENRY H. LORY MARGARETE DODGE BE filled in by the funeral director, page 5 should on, or removal. notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21136 2 HENRY H. LORY (FATHER) 3501 BLACK ROCK RD., REISTERSTOWN, MD. 9 20s. METHOD OF DISPOSITION
1 Burial 20. Acremation 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must GREEN MOUNT CREMATORY 2-18 BALTO., MD. 4 Donation 5 Other (Specify) 21202 examiner 22. NAME AND ADDRESS OF FACILITY
HENRY W. JENKINS 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ours after death. 8 wh 4905 YORK ROAD, BALTIMORE, MD. 21212 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Betw Onset and Death IMMEDIATE CAUSE (Final and completely fille burial, cremation, the disesse or condition DUE TO (OR AS A DONSEQUEN event, resulting in death) rem traumatic CERTIFICATION Sequentially list conditions, OR AS A CONSEQUENCE OF) DUE TO 2 if any, leading to immediate the attending physician I Mental Hygiene prior to Mein cause. Enter UNDERLYING alure other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events go hydra mnios resulting in death) LAST 6 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL 36 WAILABLE PRIOR TO amy COMPLETION OF CAUSE OF DEATH? Signed 1 1 YES 2 NO Shows 1 | YES 2 | NO been s PHYSICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate to the State HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Nome 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, this with XX Natural 5 Pending м 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 3 Suicide .00 ETED 5 Could not be DIRECTOR: / 4 Homicide 28 Heal 29a. CERTIFIER XX CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month Day Year) BE 16 1994

OF PERSON (WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGISTRAR'S SIGNATURE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

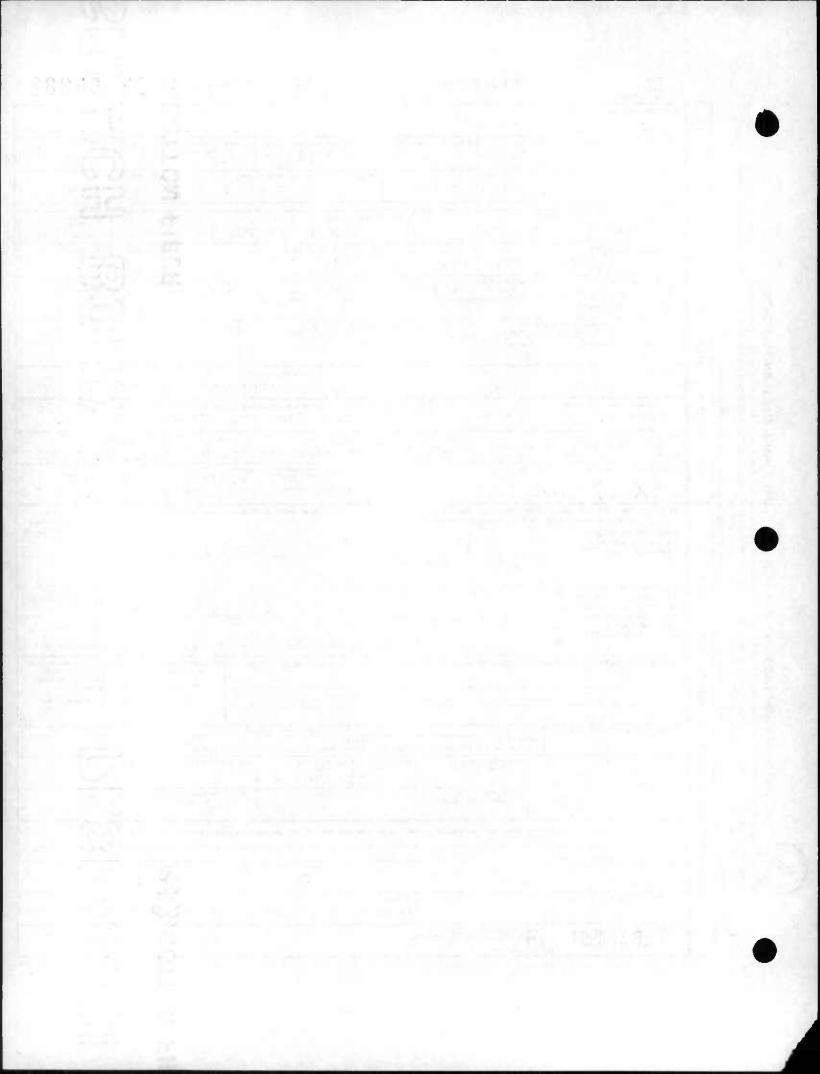
CERTIFICATE OF DEATH

6701 N.CHARLES ST., TOWSON, MD. 21204

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REG. NO

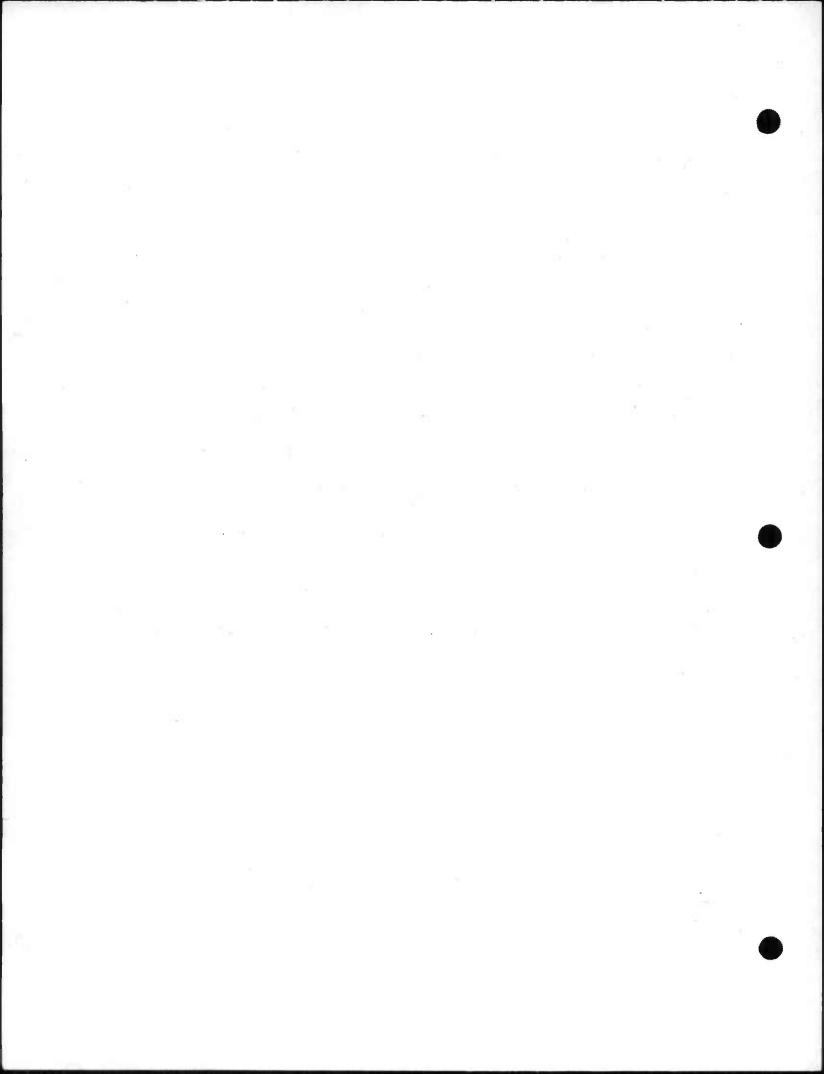


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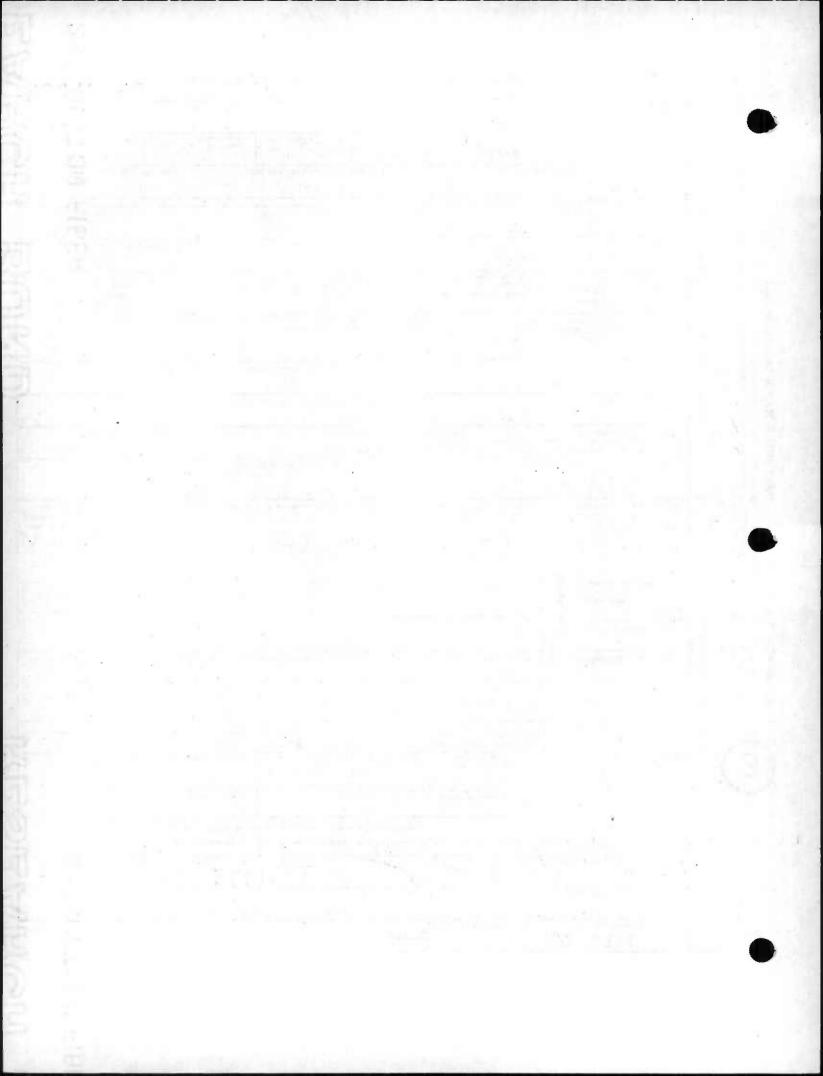
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law re	TO THE FUNERAL DIRECTOR: After this certificate has bee be filed within 72 hours after death with the State Dept. c	IMPORTANT: It Item 28 is marked, or Item 23 sl

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / D	DEPARTMENT OF I		IENTAL HYGIENE REG. NO.	91	4 04883		
	1. DECEDENT'S NAME (First, Middle, Last)  MARY C. LEE				2. DATE OF DEATH DAY FEBRUARY	16, T	3. TIME OF DEATN 994 n/a M		
		M 2 🖽 🔏 💮 68	YRS, WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01 - 20 - 26	5	IRTHPLACE (State or Foreign IARYLAND		
TOR	9e. FACILITY NAME (If not institution, give street en  1625 E. 25 TH			TIMORE,		9c. COUNTY C			
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND n/a		10c. CITY, TOWN OR LOCA BAL	TIMORE			10d, INSIDE CITY LIMITS? 1/2 YES 2 \( \text{NO} \)		
FUNERAL	100. STREET AND NUMBER 1625 E. 25 TH	STREET	10	21218		10g. CITIZEN O	OF WHAT COUNTRY?		
BY	1 Never Merried 2 Merried	MS DECEDENT EVER IN U.S. ARME ORCES? 1 TYES 2 NO YES, GIVE WAR OR DATES	If yes, sp	ENDENT OF HISPANI ecify Cuben, Mexican 2 NO Specify:	C ORIGIN? (Specify Yee, Puerto Riceri, atc.)		RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple  Elementary/Secondary (0-12)  11 TH	(Give ege (1-4 or 5+)	EDENT'S USUAL OCCUPATI b kind of work done during me to NOT use retired.)	ON sst of working	16b. KIND OF BUS	INESS/INDUSTR			
BE CON	17. FATHER'S NAME (First, Middle, Last) JOHN BANKS			18. MOTHER'S NAM	LEWIS	Surname)			
10	190. INFORMANT'S NAME (Type/Print) MARGIE BANKS	19b. ( 25	MAILING ADDRESS (Street of Street , BA	ALTIMORE,	MAR YL AN	D 21218			
1 12 - 23	20e. METNOD OF DISPOSITION  1 (X Burlet 2 Cremation 3 Removal in 4 Donation 5 Other (Specify).	cemetery, creme MARYL			ERY LAU	REL, M	ARYLAND		
	Knotte	K. Jones	o WM. (	. MARCH F	H 1101		RTH AVENUE		
	23. PART I. Enter the diseases, or complienced, or heart failure. List of iMMEDIATE CAUSE (Final disease or condition resulting in death)	cations that caused the dest nly one cause on each line.  CACO LONESCO  DUE TO (OR AS A CONSEOU	ratory A				Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b.  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):  CARCINOMA OF COLOU METASTATIC								
AL CEF	PART II. Other aignificent conditions cont			1	Part I. 24s. WAS AN /	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICA					PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIA		SPITAL:	OTHER:	ACE OF DEATN (Chec					
	27. MANNER OF DEATH  1 Netural 5 Pending		26b. TIME OF 26c. IN.		26d. DESCRIBE HOW IN	JURY OCCURE	D		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datermined City or Town, Steel Steel City or Town, Steel Steel City or Town, Steel City or Town, Steel								
COMPLET	000	To the best of my knowledge, death					sefs) and manner se stated		
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner of the superior of the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner of the superior of the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner of the superior of the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner of the superior of the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner of the superior of the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner of the superior of the superior of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner of the superior of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner of the superior of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and the superior of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and the superior occurred at the time, date end place, end due to the cause(e) and the superior occurred at the time, date end place, end due to the cause(e) and the superior occurred at the time, date end place, end due to the cause(e) and the superior occurred at the time, date end place, end due to the cause(e) and the superior occurred at the time, date end place, end due to the cause(e) and the superior occurred at the time, date end place, end due to the cause(e) and the superior occurred									
5	36. NAME AND ADDRESS OF PERSON WHO COM	ALTED CAUSE OF DEATH STEM	SUADALUS	7					
	31. DATE ELED (Mogrifa Oby. Year) FEB 2 P. 1994	22 REGISTRAR'S SIGNATURE				<del></del>			



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	1. DECEDENT'S NAME (First, Mide	fle, Last)							2. DATE O	F DEATN			3. TIME OF DEAT
	Katherin	e Elizabet	h Lube	r					Feb.	17.	199	YEAR	9:30 F
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. last birthday)		_	IF UNDER	24 HRS.	7. DATE OF	FENRTH		8. BIRTHP	LACE (State or For
	219-38-9430	1 🗆 M 2 💢	XF	88 YRS.	MONTHS	DAYS	HOURS	MIN.		24,19	006	Mary)	land
	9a. FACILITY NAME (If not instituti	on, give street and number	or)		9b. CITY	, TOWN O	OR LOCATIO	ON OF DEA	-	,		INTY OF DE	
HOIS COM	1001 Sturbr	idge Ct.				Fa1	1sto	n				Harfo	ord
5	RESIDENCE OF DECED	ENT											
DIREC		COUNTY		10c. Cf	TY, TOWN O								10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Harfor	d		Fa	alls							1 YES 2 X
FUNERAL						101.	. ZIP CODE						HAT COUNTRY?
ᄬ	1001 Sturb						_	21047			-	U.S.A	
BY FU	1 Never Married 2 Marr 3 Widowed 4 Divorced	FORCEST	EDENT EVER II 1 TYES IIVE WAR OR D	2 NO		If yes, spe		n, Maxican	, Puerto Ric	(Specify Yes can, etc.)	or No-	Black, Specify	— American India Whita, etc. // hite
<u>a</u>	15. DECEDEN	IT'S EDUCATION		18a. DECEDENT'S					16b. F	CIND OF BUS	SINESS/INI		
ш	(Specify only high Elementary/Secondary (0-12)	college (1-4	or 5 +)	(Give kind of life. Do NOT	f work done ouse retired.)	during mos	st of workin	g					
COMPLET	N/A	N/A		Cafet	eria	Aid	e		Ва	lt. C	o. S	chool	System
S S	17. FATHER'S NAME (First, Middle,	Leat)						HER'S NAM	E (First, Mic	ddle, Maiden	Surname)		
ш	George Andı	cew Kummel	man				Aı	melia	Eli	zabet	h Ke	rnan	
TO B	19a. INFORMANT'S NAME (Type/P									r, City or Town		p Code)	
٦	Marquita K. N			1001	Stu	rbri	dge (	Ct.,	Fall	ston,	MD	2104	7
	20a METHOD OF DISPOSITION 1 A Burial 2 Cremation 3	Removal from Ste	20t	b. PLACE AND DATE					OATE			City or Tow	
	4 Donation 5 Donat (Spec	offy)	P	arkwood						1 Bal	timo	re, M	aryland
	21. SIGNATURE OF FUNEBAL BEI	RVICE AICEMBEE			22.	NAME AN	MUD ADDRES	SS OF FAC	LITY	Home	G T.		
	1 (11/11/2)	78			1	OCILII	marrer		ICIAL	nome	5 , L	IIC.	
	23. PART I. Enter the diseers shock, or heert IMMEDIATE CAUSE (Finel disease or condition resulting in death)	fellure. List only on	16m	d the deeth. Do sach line.	not enter	705	Bela:	ir Ro	as cardie	altim nc or respl	ore,	MD rest,	Intervel B
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COMPLETED BY PHYSICIAN: MEDICAL	Shock, or heert IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant c  25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO  27. MANNER OF DEATN 1 Netural 5 Pend 2 Accident Invest 3 Suicide 8 Coult 4 Homicide deter  29e. CERTIFIER (Check only 0ne) 2 MEDICAL  29b. SIGNATURE AND ATTLE FE	DICAL HOSPITA  Ing digation d not be mined hospital but the basic certifies  TO DE C. DE C	JE TO (QR AS A  JE TO (QR AS A  JE TO (QR AS A  JE TO (QR AS A  JE TO (QR AS A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  A  JE TO (QR AS A  A  A  A  JE TO (QR AS A  A  A  A  A  A  A  A  A  A  A  A  A	A CONSEQUENCE OF A CONS	OF):  OF):	705 The moderlying 26. PLR: making Home 28c. INJI WO 1 U Y tory, office time, date opinion, do	g ceuse g  ACE OF DI  WEY ST  Beath occur  and place, leath occur	given in F  EATH Check seldence 6  No  and due to the to the seldence 10  The seldence 10	Part I. :	altim nc or respi  A  24a. WAS AN PERFOR 1   YES 2  (Specify) RIBE NOW II  FION (Street a fown, State)	AUTOPSY MED?  AUTOPSY MED?  NURY OC  AND AUTOPSY MARKED?	MD rest,  OVh F	Approximintervel Bit Onset and Malla Pilot
BE COMPLETED BY PHYSICIAN: MEDICAL	Shock, or heert IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant c  25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO  27. MANNER OF DEATN 1 Netural 5 Pend 2 Accident Invest 3 Suicide 8 Coult 4 Homicide deter  29e. CERTIFIER (Check only 0ne) 2 MEDICAL  29b. SIGNATURE AND ATTLE FE	DICAL HOSPITA  1 Ingation d not be milned DICAL HOSPITA 1 PARTIES  NO PHYSICIAN: To the beat CERTIFIES  RSON WHO COMPLETED ards, 2112	JE TO (QR AS A  JE TO (QR AS A  JE TO (QR AS A  JE TO (QR AS A  JE TO (QR AS A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  JE TO (QR AS A  A  A  JE TO (QR AS A  A  A  A  JE TO (QR AS A  A  A  A  A  A  A  A  A  A  A  A  A	A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A CONS	OF):  OF):	705 The moderlying 26. PLR: making Home 28c. INJI WO 1 U Y tory, office time, date opinion, do	g ceuse g  ACE OF DI  WEY ST  Beath occur  and place, leath occur	given in F  EATH Check seldence 6  No  and due to the to the seldence 10  The seldence 10	Part I. :	altim nc or respi  A  24a. WAS AN PERFOR 1   YES 2  (Specify) RIBE NOW II  FION (Street a fown, State)	AUTOPSY MED?  AUTOPSY MED?  NURY OC  AND AUTOPSY MARKED?	MD rest,  OVh F	WERE AUTOPSY F AMALA BLE PRIOR OF DEATH?  1 YES 2   Dute Number,



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DIVISION OF VITAL RECORDS, P.O. BOX 6	ı
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30. NAME AND ADDRESS OF PERSON

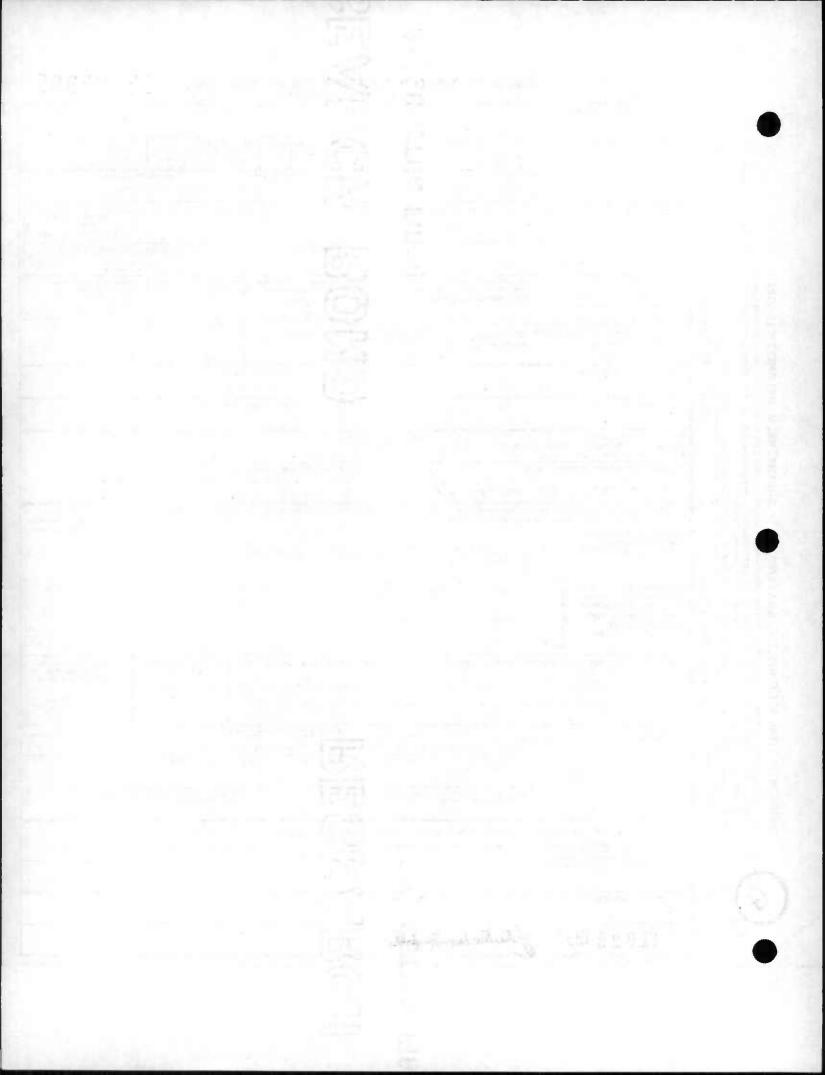
FEB 2 2

1 - FOR STATE REGISTRAR 94 04885 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR T'. Leitz Mary 02 1994 2:48 A. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYE 213 18 0277 1 M 2 X F 84 08/11/1909 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Knollwood Manor Nursing Home Millersville Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel **Baltimore** 1 - YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 230 Edgevale Road use as the burlai-transit 21225 U.S.A. retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—II yes, specify Cuban, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Merried BY 1 TES 2 NO Specify: Specify: 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ğ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8th Grade Loan Officer detached Equitable Trust once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) George S. Tyler 2 75 Ada Fisk funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Louis A. Leitz 230 Edgevale Road Baltimore, Maryland 21225 8 2 Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Metro Crematory, Inc. 2/17 Baltimore, Maryland examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home P.A. after death. Glome mamure 4001 Ritchie Hwy. Baltimore, Md. 21225 the medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, filled in by 1 Approximats shock, or heert failure. List only one ceuse on each line. Interval Betw 0 IMMEDIATE CAUSE (Final Onset and Death cremation, the state of disesse or condition resulting in death) respiratory failure acute the attending physician and completely Mental Hygiene prior to burlal, crematic event, DUE TO (OR AS A CONSEQUENCE OF) executed traumatic DUE TO OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY MEDICAL signed by the amy 1 - YES 2 NO OF DEATH? Shows 1 TYES 2 THO been it. of h PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The T certificate in the State HOSPITAL: **EXAMINER?** OTHER: 1 TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nurs ng Nome 5 - Residence 6 - Other (Specify) 6 27, MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? this c 26d, DESCRIBE NOW INJURY OCCURED marked 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY death 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 90 6 Could not be determined DIRECTOR. COMPLETED 4 Nomicide 22 29e. CERTIFIER
(Check only CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. FUNERAL I 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated. MPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

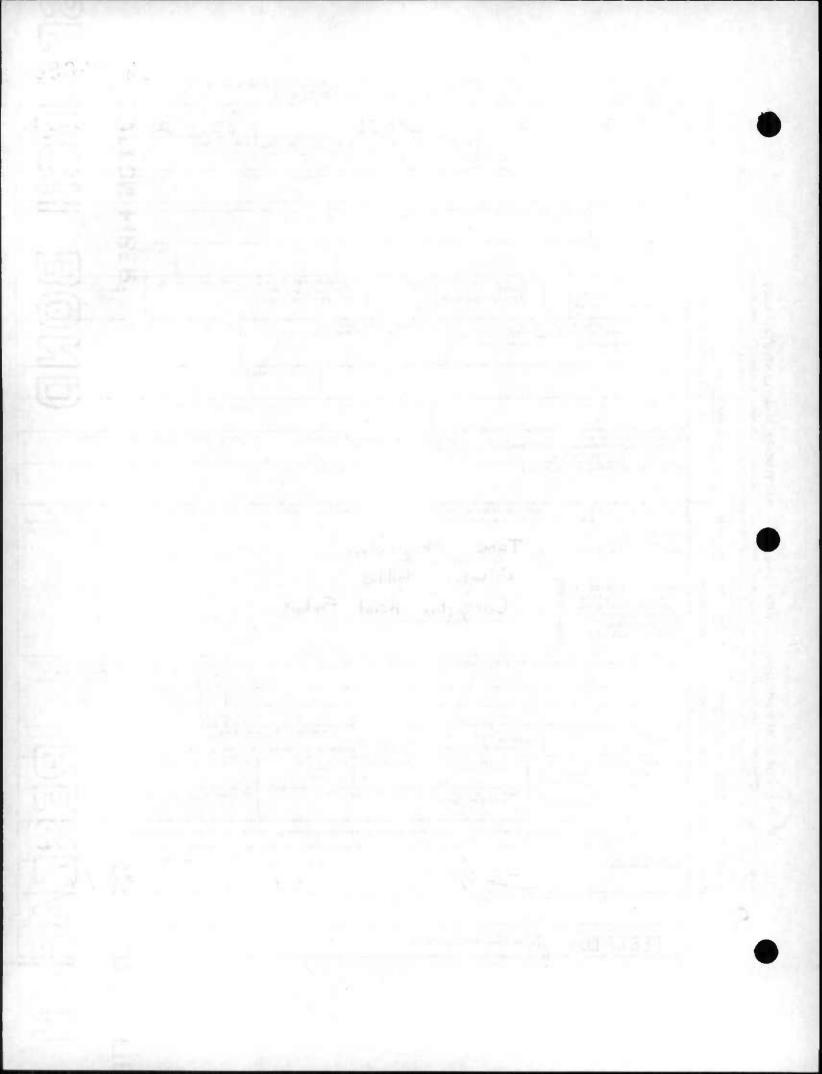
08

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	E 94	04000
1. DECEDENT'S NAME (First, Middle, Last) Bertha	Irene	LANGE		2. DATE OF DEATH DATE OF 2	"21 背	3. TIME OF DEATH 9:45 A
4. SOCIAL SECURITY NUMBER 215 22 6971	1 □ M 2X F 78	YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 09 07 15	Cou	THPLACE (State or Foreign intry)
98. FACILITY NAME (If not institution, give a Church Hospital RESIDENCE OF DECEDENT	street and number)		ity, town on Location of Baltimore	DEATH	9c. COUNTY OF	DEATH
10a. STATE 10b. COUNT	Υ	10c. CITY, TOW Balti	N OR LOCATION MOTE	25918		10d. INSIDE CITY LIMITS? 1 YES 2 NO
521 South Macon	Street		101. ZIP CODE 21224		10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	IS. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi 1 YES 2 NO Specific	can, Puerto Rican, etc.)	91	ACE — American Indian, ack, White, atc. activ:
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire. Self Emp	ne during most of working d.)	166, KIND OF BUS		11 35
8 17. FATHER'S NAME (First, Middle, Last) Carroll Lange Si	r.	berr mip.	18. MOTHER'S I	Cosmetic NAME (First, Middle, Melden Virginia S	Surname)	
190. INFORMANT'S NAME (Type/Print) Robert Lange			47th. St. Ba			
20s. METHOD OF DISPOSITION  15/ Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	com			2-24-94 Ba		Town, State
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events	Diabetus Due to (or as a Conges	CONSECUENCE OF:  Mellits  CONSECUENCE OF:  LOW  CONSECUENCE OF:	+ Failure			
PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL	d	ut not resulting in the	underlying cause given i	PERFOR	MED?	4b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	HOSPITAL: 1   Inpatient 2   ER/Outp				NJURY OCCURED	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIME OF				
1   YES 2   NO	26e. DATE OF INJURY (Month, Day, Year)	- At home, ferm, street,	WORK?	281, LOCATION (Street a		al Route Number,



BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	CHECKER After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should act the control of the page 2, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	OH MITENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the

60, BALTIMORE, MARYLAND 2	within cours after death. Page 6 may be retained by the hospital	mpletely filled in by the funeral director, page 5 should be detached for cremation, or removal.	the market and became and became and the market of the same
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 2	TO THE MISSIAN OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital in	THE RUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the line and line and line and line one to burial, cremation, or removal.	and the market or item 22 shows any internal electron the market because the most the most the section of

MPLETER

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Leat)		CI	ERTIFI	CATE	OF	DEA	TH	REG. NO		94	04887
	ELIZABETH KER		MOM						MONTH F	AY -1	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-05-5946	5. SEX	6. AGE (In yrs. les		IF UNDER 1	YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI Count	
	9a. FACILITY NAME (If not institution, give		94	71100	96 CITY	TOWN C	OR LOCATI	ION OF DE	4-13-1	_	MAI	RYLAND
CTOR	GOOD SAMARITAN		G CENT	ER			IMO		2111	30.00	JATT OF E	NEATH
EC	10a. STATE 10b. COUNT	ry		10c. CITY	, TOWN OF	R LOCAT	ION					10d. INSIDE CITY
DIRE	MARYLAND			В	ALT	TMO	RE					LIMITS?
	10e. STREET AND NUMBER					-	ZIP COD	E		10g. CI	TIZEN OF	WHAT COUNTRY?
ER.	1547 GLEN EAC	SLE RD.						212	239		11.9	5.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	TEVER IN U.S. AR	MED NO	H	yes, spe	ecity Cubi		IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	n or No-	14. RAC	E — American Indian, k, Whita, atc.
ED	15. DECEDENT'S EDI (Specify only highest grad	JCATION_	16a. DE	CEDENT'S	JSUAL OC	CUPATIO	ON .		16b. KIND OF BU	SINESS/IN	DUSTRY	WIIII
П	Elementary/Secondary (0-12)	College (1-4 or 6	Alfa	ive kind of w Do NOT use	ork done du retired.)	uring mo	st of world	ng				
APL	12		S	ECRE	TARY	Z			ELECT	RIC	COM	IPANY
E COMPI	17. FATHER'S NAME (First, Middle, Last) HENRY T. KERS	SHAW					16. MOT	HER'S NAI	ME (First, Middle, Maider WAL)			
TO B	190. INFORMANT'S NAME (Type/Print) MELVIN HOLLAN	ID							BALTO			.239.
	20a. METHOD OF DISPOSITION 1	noval from State	20b. PLACE A cemetery, cre PARK	AND DATE O	FOISPOSIT her place) CEN		me of ERY		1		City or Te	own, Stata
	21. SIGNATURE OF FUNERAL SERVICE L	C. Vaux	ZII		F	HEN	RY V			SO	NS C	0.
	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a.	of caused the da		ne enter t	tha mo	de of dy	ring, auch	Recorded or reep	Iratory •	rreat,	Approximate interval Batweer Onset and Death
NC	Sequentially list conditions,	b				C	OP6	2-1				10901
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e	(OR AS A CONSEC	DUENCE OF	):		y.					U
ERTIFICATION	that initiated events resulting in deeth) LAST	d	(OR AS A CONSE	QUENCE OF	):							
CALC	PART II. Other algnificent condition	na contributing to	death but not r	eeuiting in	the und	derlying	ceuea	given in i	Part I. 24s. WAS AN PERFO		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
0							7		1 YES	26 110		OF DEATH?  1 YES 2 NO
ED						/	/		-			, , , , , , , , , , , , , , , , , , , ,
: MEDI						26. PL	ACE OF D	DEATH (Che	ack only one)			
AN: MEDI	25. WAS CASE REFERRED TO MEDICAL				OTHER	:			of law Every			
ICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	4 O Nursi	ing Hom	e 5 🗆 R	asidence	6 Other (Specify)			
AN: MEDI	EXAMINER?		INJURY	266. TIME	4 C Nursi	ng Hom 28c. INJ WO			6 Other (Specify)  26d. OESCRIBE HOW	INJURY O	CUREO	

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CENTURER 29d. DATE SIGNED (Month, Day, Year)

24/6/84

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

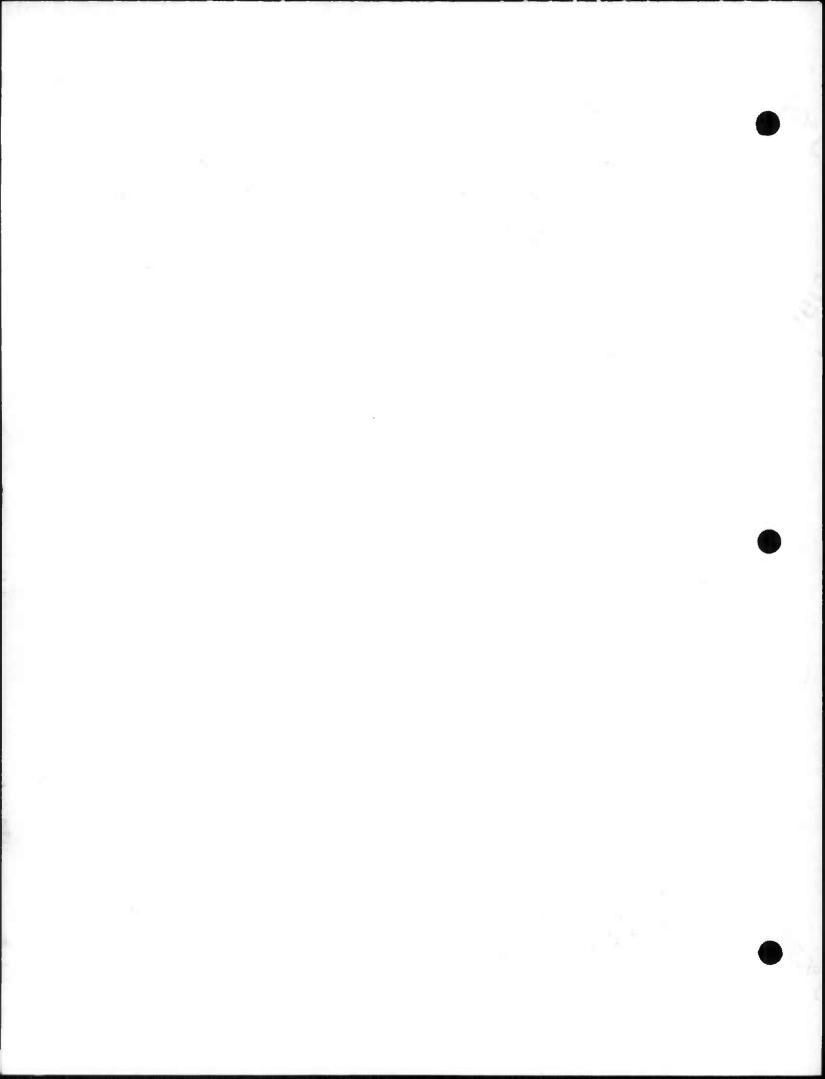
STUART В. BELL 3333 M.D. N. CALVERT ST. BALTO., MD. 21218.

31. DATE TELE 18:19 01994

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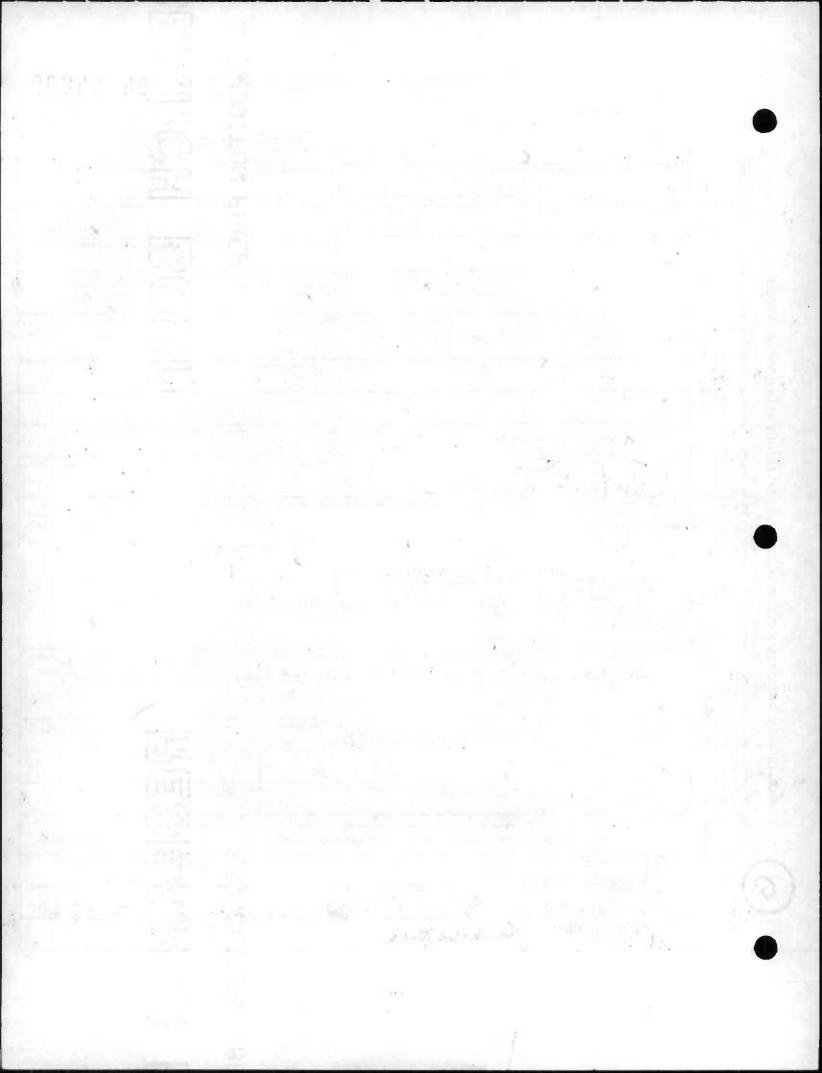
1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH 94EAR 02 MONTH 1 9AY 3:40 PM ROBERT LEHR 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign Dec. 30, DAYS 213-03-5702 80 HOURS 1 XM 2 F YRS. 1913 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR A.A. COUNTY NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Anne Arundel Glen Burnie 1 YES 2 W NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 29 First Ave., Marley 21060 United States use as the burlal-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 X Married IF YES. GIVE WAR OR DATES 1 WES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of life, Do NOT use retired.)
Painter 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high for Elementary/Secondary (0-12) College (1-4 or 5+) Home Improvement funeral director, page 5 should be detached 11 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Lehr F Ethel Marie Fowler BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Eileen R. Lehr 29 First Ave., Marley, Glen Burnie, MD 21060 Раде 6 тау be è 20a. METHOD OF DISPOSITION
1 Burlal 2 M Cremation 3 Ran 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — Cify or Town, State DATE must 4 Donation 5 Other (Specify) Metro Crematory, Inc. 2-22-94 Catonsville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Kirkley-Ruddick Funeral Home examiner nours after death. 421 Crain Hwy., S.E. Glen Burnie, MD 21061 the medical 23. PART I. Entar the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiec or respiretory arrest, signed by the attending physician and completely filled in by Health and Mental Hygliene prior to burial, cremation, or remo Approximate shock, or haart fallure. Liet only one cause on each lina. Interval Between Onset and Death IMMEDIATE CAUSE (Finel the diseese or condition resulting in death) event, BOX 68760, traumatic CERTIFICATION Sequentially list conditions, OUE TO OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING certificate be CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF) o that initiated evente resulting in death) LAST 6 PART II. Other eignificent conditione contributing to deeth but not resulting in the undarlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 TYES 2 LINO OF DEATH? DIVISION OF VITAL RE 1 YES 2 NO t, of PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: certificate by the State **EXAMINER?** L DRECTOR: After this certificate 2 hours after death with the State 1 WES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNED OF DEATH 28a. DATE OF INJURY marked, with 1 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO ΒY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 69 3 Suicide 281. LOCATION (Street and Number of Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 28 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and menner as stated. TO THE HOSPITAL D
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If in 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 119/94 D20431 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LONG S. HSU, M.D./1406-B CRAIN HIGHWAY, #308/GLEN BURNIE, MARYLAND 21061 DEGISTRATE SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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7. FATHER'S NAME (First, Middle, Last) William J. Lee	9			Sylv	via Phoen	ix		
Sharon Lee								)7
	noval from State	emelery cremetory	or other place)					
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23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A cut	to ren	o not enter the	e mode of dying, s	uch es cardiec or rea	piratory arre	e1,	Approximate Interval Betwee Onset and Dec
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	ns contributing to death	but not resulting	al I		PERFO	PRMED?	OF D	E AUTOPSY FINDING ABLE PRIOR TO PLETION DF CAUSE EATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:					
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2 Devlates	28e. PLACE OF INJUI building, etc. (S)	RY — At home, ferroecify)	m, street, factor	, office	281. LOCATION (Stree City or Town, State	t end Number o	r Rural Route I	Vumber,
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1 101				29c. LICENSE N	NUMBER	29d. DATE	- 1 1	th, Day, Year)
2 Horn Shocking	G. FATHER'S NAME (First, Middle, Last) William J. Lee Se. INFORMANT'S NAME (Type/Print) Sharon Lee Oa. METHOD OF DISPOSITION Burlel 2 Cremation 3 Rer Donation 5 Other (Specify)  1. SIGNATURE OF TUNETAL SERVICE E  23. PART I. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, farry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury heat initiated events resulting in death)  DART II. Other significent conditions.  5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  7. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined  80. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS  10. NAME AND ADDRESS OF PERSON W	G. FATHER'S NAME (First, Middle, Last) William J. Lee  9e. INFORMANT'S NAME (Type/Print) Sharon Lee  9a. METHOD OF DISPOSITION   Burlel 2 (Cremation 3   Removal from State)   Donetton 5   Other (Specify)   SIGNATURE OF DISPOSITION     Burlel 2 (Cremation 3   Removal from State)   Donetton 5   Other (Specify)   Signature of Funerial Service of ERSE.  23. PART I. Enter the diseases, or complications that cause on shock, or heart failure. List only ona cause on members of the conditions of any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury hat Initiated events resulting in death) LAST  24. PART II. Other significent conditions contributing to death  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   MOSPITAL: 1   Netural   Simpetient 2   ER/O.  26. 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D shock, or heart failure. List only one cause on each line.  MMEDIATE CAUSE (Final diseases or condition resulting in death)  Sequentially list conditions, a. DUE TO (OR AS A CONSEQUENCE CAUSE. (Disease or injury het initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death but not resulting in death)  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 DUE TO (OR AS A CONSEQUENCE CAUSE (Disease or injury het initiated events resulting in death)  S. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occ one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occ one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occ one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occ one)  3 Suicide 4 Nomicide  Se. 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FATHER'S NAME (First, Middle, Last) William J. Lee Sylvia Milliam ATECON SAME (First, Middle, Last)  William J. Lee  Sylvia Phoenix  198. MALLING ADDRESS (Street and Number or Purel Poute Number, City or Town, State)  Sharon Lee  MINORANTS NAME (Typer/Pirel)  Sharon Lee  MINORANTS NAME (Typer/Pirel)  Sharon Lee  MINORANTS NAME (Typer/Pirel)  Sharon Lee  MINORANTS NAME (Typer/Pirel)  Sharon Lee  MINORANTS NAME (Typer/Pirel)  Sharon Lee  MINORANTS NAME (Typer/Pirel)  Sharon Lee  MINORANTS NAME (Typer/Pirel)  Sharon Lee  MINORANTS NAME (Typer/Pirel)  Sharon Lee  MINORANTS NAME (Typer/Pirel)  Sharon Lee  MINORANTS NAME (Typer/Pirel)  Sharon Lee  MINORANTS NAME (Typer/Pirel)  Sharon Lee  MINORANTS NAME (Typer/Pirel)  Sharon Lee  MINORANTS NAME (Typer/Pirel)  Sharon Lee  Sylvia Phoenix  DATE  DATE  Saltimore, N  Baltimore, N  DATE  Saltimore, N  DOUGHAN A Solvential Name and Saltimore  Sharon Lee  Sylvia Phoenix  DATE  DATE  Sharon Lee  Son, Lee  MINORANTS NAME (Typer/Pirel)  Sharon Lee  Sylvia Phoenix  DATE  DATE  Saltimore, N  Baltimore, N  DOUGHAN A Solvential Name of Saltimore of Completion Number of Parel Name of Saltimore of Salti	



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CERTIFICATE OF DEATH REG. NO. 1. DECEDENTE NAME (Fiet, Middle, Leat) 2. DATE OF DEATH 8,1994 YEAR MOTYKA 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Spar)
NOV. 18, IF UNDER 1 YEAR B. BIRTHPLACE (State or Foreign DAYS HOURS 1 🗌 M 2 🏋 F Maryland 213-10-3287 76 YRS. 1917 9a. FACILITY NAME (If not institution, give street and number)
Saint Joseph Hospital 9c. COUNTY OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH OWSON, MARYIAND DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1X YES 2 □ NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 922 Woodson Road #H 21212 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

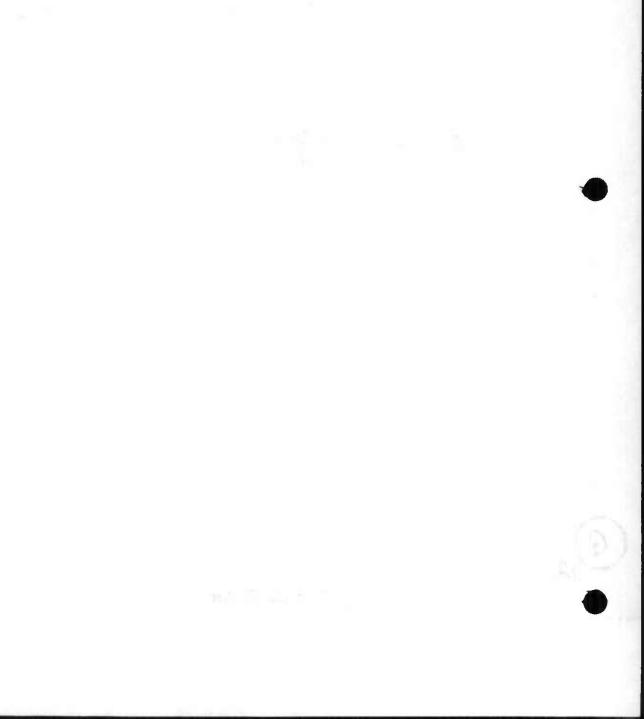
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Archdiocese of Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Baltimore Secretary once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Walter R. Kujawa Sophie Byczkowski BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Angela M. Dix 27 Bellinger Court, Reisterstown, Maryland 21136 è 20a METHOD OF DISPOSITION
1 Method 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must . Stanislaus Cemetery Feb. 23 St. ☐ Donation 5 ☐ Other (Specify) \_ Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home John G. Reitz (M-00804) 6500 York Rd. Baltimore, Maryland 21212 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory srrest, ehock, or heert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death \$ disesse or condition resulting in desth) METASTATIC CARCINOMA COLON **ZYEARS** event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, lesding to immediate een signed by the attending physician of Health and Mental Hygiene prior to shows any injury, or other traum cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO CIAN 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) PSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA 1 YES 2 NO PHYS 4 - Nursing Home 5 - Residence 6 - Other (Specify) -0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1/A.Netural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Trays State) .00 DIRECTOR: A hours after d item 28 is COMPLETED 8 Could not be detarmined E FUNERAL DI.
Within 72 hours. 29a CERTIFIER EERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and menner as atlated. ot examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and mann PORTANT 29d. DATE SIGNED (Month, Day, BE NO. 0132 5 STONEH M.D. TESSYONK HOW TOWSON, MARYLAND 21204 EGSTRAPS SIGNATURA WAS DEVICED - Pandall

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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Flours after death. Page 6 may be retained by the hospital or	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it	be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN	-	4 04891					
1	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH		3. TIME OF DEATH									
	MARTIN	D.	MASSEY			02 = 20		9:00 A. M					
- 8	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)						
	066-16-4849  9a. FACILITY NAME (If not institution, give str	1XXM 2 F	/   YRS.		R LOCATION OF D	05-18-2		NEW YORK					
DIRECTOR	921 BARDSWELL RO				ONSVILL			ALTIMORE					
EC	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATI	ON			10d. INSIDE CITY					
	MARYLAND BAI	LTIMORE		CATONS	VILLE ZIP CODE		10-017:75	LIMITS?  1 ☐ YES XX NO  N OF WHAT COUNTRY?					
FUNERAL	921 BARDSWELL ROAI	D		101.	21228	R		U.S.A.					
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECE		NIC ORIGIN? (Specify Ye		. RACE — American Indian,					
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 17 YES	2 NO	If yes, spe-		in, Puarto Rican, atc.)		Specify: WHITE					
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USU (Give kind of work)	done during mos	N t of working	16b. KIND OF BU	SINESS/INDUS						
J.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti			PROSTHE	TITCS C	OMED A NISZ					
N N	17. FATHER'S NAME (First, Middle, Last)	4	MANAGE	ik T	40 1407145040 114	ME (First, Middle, Maider		OMPANI					
E C	ABRAHAM MASSEY				ROSE I		Sumame)						
00	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AOD	AESS (Street an		Route Number, City or Toy	n State Zin Co	odel					
2	LILLIAN MASSEY (	WIFE)				ATONSVILLE							
	20a. METHOD OF DISPOSITION 1	val from State cem	PLACE AND DATE OF DIS etery, cremetory or other p	SPOSITION (Name				y or Town, Stata					
	4 Donation 5 Other (Specify)	ME	TRO CREMAT		O AOORESS OF FA		ONSVIL	LE, MARYLAND					
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	23. PART I. Enter the diseases, or co	omplications that aused	the death. Do not e	1630 F	DMONDSOL to of dyling, suc	AVENUE_C	ATONSV Iratory erree	TLLE MARYLAND					
	shock, or heart failure. L IMMEDIATE CAUSE (Final	lat only one cause on ea	sch line.										
	disease or condition resulting in deeth)		CONSEQUENCE OF		01500	test 1 and	13 0000	1/45					
z	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):										
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ERT	resulting in deeth) LAST	•											
AL C	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY ENDINGS												
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р Ву	2 Accident Investigation 3 Suicida 6 Could not be	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, street	, factory, offica		261, LOCATION (Street	and Number or	Rural Route Number,					
TED	4 Homicide datarminad	Sensing, area (Opon				City or Town, State	,						
PLE	29a. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of my knowl	edge, death occurred at	the Ilme, data a	and place, and due	to the cause(a) and ma	nner sa atated.						
COMPLET	one) 2 MEOICAL EXAMINER	: On the beels of examination	and/or investigation, in	my opinion, da	ath occured at the	time, data and place, a	nd due to the c	suse(a) and manner as stated.					
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	SON			29c. LICENSE NUI	MBER	29d. DATE S	IONEO (Maritt. Day, Year)					
10					クリン	U	1	4/1					
	Raymond D. Bahr,		aton Avenu		Ltimore,	MD 21229							
	FEB 2 2 1994	32. REGISTRUS SIGNA											
	FED G.G. 1997	0	1,1,000										

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 young after death. Page 6 may be retained by the bosonial or attending to the cities.	CIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Date of Health and Merical Montain burial commarison or removal	28 personal or flam 23 charge see Indirect near the market has market as an expensive the market of annear
PITAL OR ATTENDING PHYSIC	ERAL, DIRECTOR: After this cer	T Il Harn 28 le marked
TO THE HUS	TO THE FUN	IMPORTAN

				. Someon						
		/ DEPARTMENT OF HEALTH A		4 04892						
	1. DECEDENT'S NAME (First, Middle, Last)	Muhr.	2. DATE OF DEATH	S. TIME OF DEATH						
3	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.			BIRTHPLACE (State or Foreign Country)  Port   March						
OR	The EMPLITY NAME (If not institution, give street and number) Cape (ex	VER BOH I TOWN ON LOCATION	OF DEATH Sc. COUNTY	of DEATH						
DIRECTOR	10a. STATE 10b. COUNTY HIMDON	10c CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?						
FUNERAL D	10e. STREET AND NUMBER	101, ZHR, CODE	22 CITIZEN	1 TYES 2 THO						
N.	6264 GILSTON PARK ROAD  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S.	APPER AND DESCRIPTION OF		<b>X</b>						
B	1 Never Married 2 Married FORCES? 1 1 YES 2 IF YES, GIVE WAR OR DATES	ND If yes, specify Gobson,	Mexican, Puerto Rican, etc.)	RACE — American Indian, Black, Whita, etc. Specify:						
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary Secondary (0-12)  College (1-4 or 5 +)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use regred.)	16b. KIND OF BUSINESS/INDUS	TRY						
COMPLET	17. FATHER'S NAME (First, Middle, Last)	pet Metal Work	er western	EkotRic						
tel	FRANK MUHR		R'S NAME (First, Middle, Malden Surname)							
TO BE	19a, INFORMANT'S NAME (Type/Print) EVELYN MUHR (WIFE)		Rural Route Number, City or Town, State, Zip Co	·						
		E AND DATE OF DISPOSITION (Name of	ROAD BALTIMORE, MAI							
	1 by Burlai 2 Cremation 3 Removal from State cemetery,	cremetory or other place). N PARK CEMETERY 02		LE MARYLAND						
	21. SIGNATURE OF FUNERIAL SERVICE LICENSEE	22. NAME AND ADDRESS	OF FACILITY							
	Jusselean et		USSELL C WITZKE FUN SON AVENUE CATONSVI							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEDUENCE OF):  Approximate Interval Between Onset and Death  Onset and Death									
ERTIFICATION	Sequentially list conditions, If any, laading to Immediate  b.  DUE TO (OR AS A CONSEDUENCE OF):									
TIFICA	CAUSE (Disease or Injury that lettered exercises	SEDUENCE OFI-								
E	that initiated events resulting in death) LAST			į						
0 0	PART II. Other significant conditions contributing to death but no	t resulting in the underlying cause giv	ren in Part I, 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS						
MEDICAL (			PERFORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
AN.										
Sici	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO	26. PLACE OF DEA								
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY	26b. TIME OF 28c. INJURY AT	dence 6 ☐ Other (Specify)  28d. DE\$CRIBE HOW INJURY OCCUR	RED						
B	Natural 5 Pending (Month, Day, Year)  2 Accident Investigation  28e. PLACE OF INJUSTY - At	INJURY WORK?  1 YES 2 (	NO 261. LOCATION (Street and Number or	Charles Marchae						
TED	3 Suicide 6 Could not be determined 22ea. PLACE OF INJURY — At building, etc. (Specify)		City or Town, State)	read Proble HUMBER,						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the basis of examination and/o			ause(s) and manner as stated.						
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  Alexan 1. Dre Corrae			IGNED (Morith, Day, Year)						
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (1)	TEM 27) (Type, Print)  MD		1						
	31. DATE FILED (Month, Day, Year)  FFR 9 9 1994  32. DEGISTRAR'S SIGNATURE	0								
	TED 22 1994	- meac		DHMH-18 Rev 1/8						



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<b>IIMORE, MARYLAND 21215-0020</b>	retained t	S should
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MEDICAL

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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E	ВСТОР	T 28
TO THE HOSPITA OR ATENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or in	TO THE WINERAL DIRECTOR After this certificate has been signed by the attending place and completely filled in by the funeral director, page 5 should be detached for us	De lied Wife Cours and dealt with the Date Dept. Or neglit and white Injury, or other traumatic event, the medical examiner must be notified at once.
HOSPI	UNER	I E
THE	THE	PORT
2	2	3 2

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH OQ. REDERIC 1 CA 1ATTUCC 5. SEX 8. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 212-03-4608A 1 M 2 | F -26-1 Se. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SAMARITAN BALTIMORE HOSDITAL RESIDENCE OF 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD BACTIMORE 100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? AVE WOODSDALE 21214 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY dery (0-12) College (1-4 or 8+) TriLon hoT HING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, ASQUALE MATTUCCI MILETO LAUIS 19a. INFORMANT'S NAME (Type/Print) ANTONIO BURRIDGE 'eresiNI 0 20s. METHOD OF DISPOSITION

1 Burlei 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Cem 2-22 4 ☐ Donation 6 ☐ Other (Specify) 22. NAME AND ADDRESS OF FACILITY
DELLA NOCE Y
322 SHIGH 21. SIGNATURE OF FUNERAL SERVICE LICEN +SONS ST. 19 ruto 2/202 MD. 23 PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine S. POSSIBLY MALIGNANT ARRHYTHMIA

DUE TO (OR AS A CONSEQUENCE OF): disesse or condition resulting in death) · CORUNARY ARTERY DISEASE & ATRIAL FIBRILLATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. , 24s. WAS AN AUTOPSY PERFORMED? CHORONIC RENAL FAILURE 1 YES 2-NO

25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER: Inpatient 2 ER/Outpatient 3 DOA ing Home 5 - Residence 6 - Other (Specify) 27 MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Netural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined

29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

296. SIGNAJURE AND TITLE OF CERTIFIER  MUNICIPAL MODELLE MD	29c, LICENSE NUMBER PO7617	29d. DATE SIGNED (Month, Day, Year)  ▶ 02   19   94
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GABRIEL NAZARENO 5601 L. RAVEN BLV	IN RATIMORE	m1 21229
31. DATE FILED (Month, Day, Year)  FEB 2 2 1994  JOS. REGISTRATS SIGNATURE  FLORING THE FILED (MONTH)	V., BRUITHOW,	1111) 21231

RECURSINT BUMONARY FORMA

3. TIME OF DEATH
910 A

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

21234 MD,

Approximate

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

1 TYES 2 NO

OF DEATH?

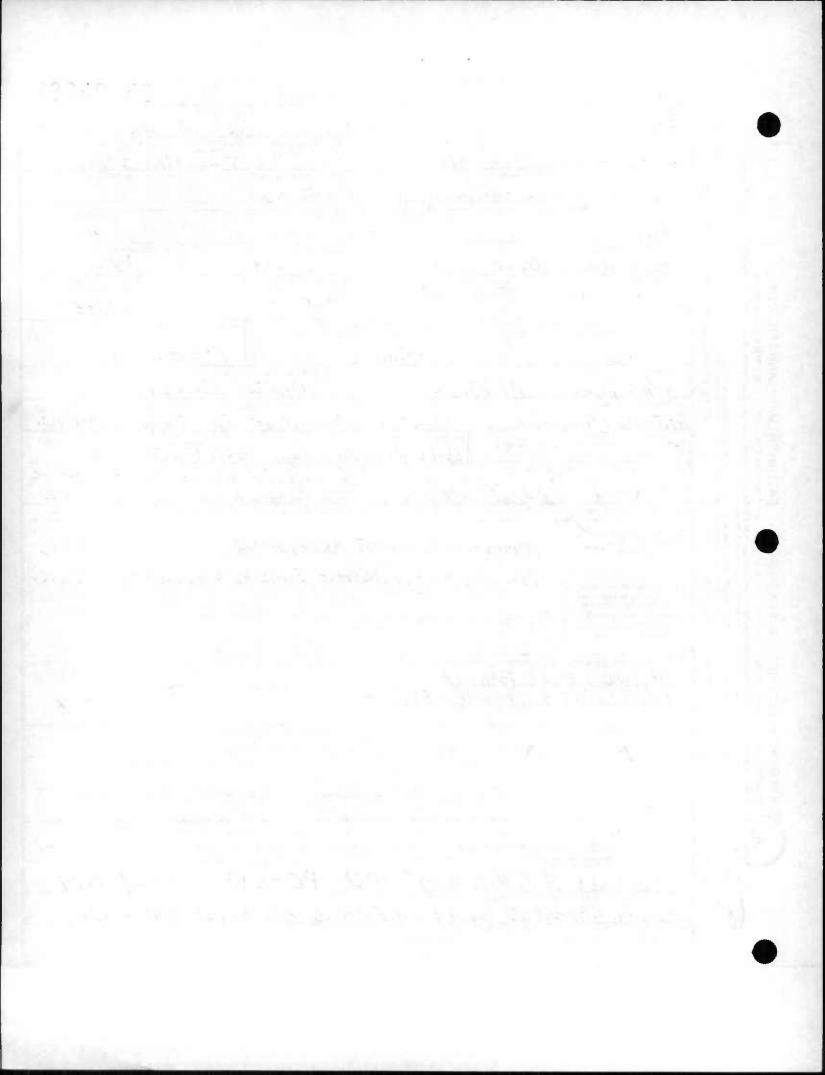
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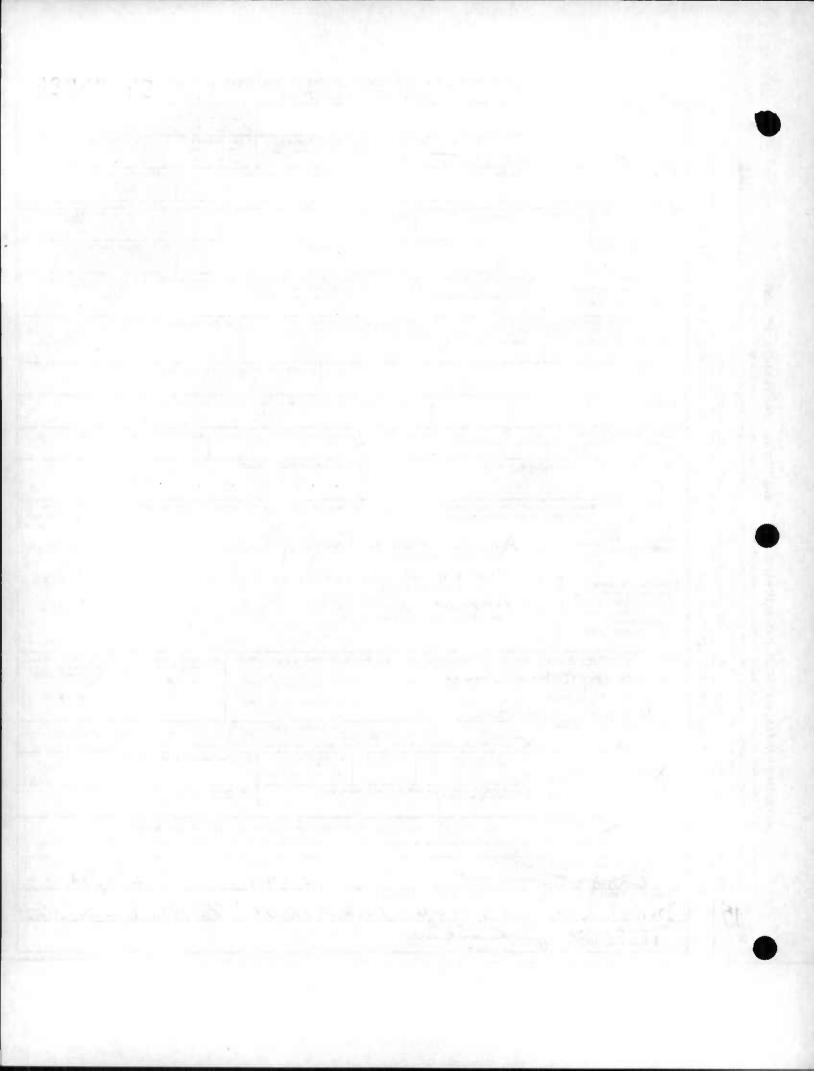
LE YES 2 NO

BIRTHPLACE (State or Foreign Country)



TO BE COMPLET	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
T	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for u	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u
death. Page 6 may be retained by the hospital or	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 94 04894										
Ň	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	ARCHBISHOP	MALL	.0Y			2. DAT	BRUARY	11,1		ME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-40-3124  5. SEX 1 \( \overline{\text{NM}} \) M 2 \( \overline{\text{F}} \) F \( \overline{\text{MONTHS}} \) F UNDER 1 YEAR IF UNDER 14 HRS. TO DATE (MONTHS)  1 \( \overline{\text{NM}} \) M 2 \( \overline{\text{F}} \) F \( \overline{\text{MONTHS}} \) F UNDER 1 YEAR IF UNDER 14 HRS. TO DATE (MONTHS)  1 \( \overline{\text{NM}} \) M 2 \( \overline{\text{F}} \) F \( \overline{\text{MONTHS}} \) F UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 14 HRS. TO DATE (MONTHS)  1 \( \overline{\text{MONTHS}} \) MONTHS DAYS HOURS MIN. TO DAYS HOURS MIN.								9	N. (	CAROLINA
DIRECTOR	THE JOHNS HOPKIN	THE JOHNS HOPKINS HOSPITAL  96. COUNTY OF DEATH BALTIMORE CITY, MD  97. COUNTY OF DEATH n/a									
<u> </u>	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CI	Y, TOWN O	R LOCATIO	ON				10d.	INSIDE CITY
	MARYLAND I		BALTIMORE							YES 2 NO	
FUNERAL	2507 E. CHASE	STREET			2	21213			UNI	TED S	STATES
BY	11. MARITAL STATUS 1 Never Married 2 XXIarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DA	2 200	H		ify Cuban, Max	ican, Puerto	IN? (Specify Yes Rican, etc.)	or No—	On a set	nerican Indian, la, etc. BLACK
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S	USUAL OC	CUPATION	of working	16	b. KIND OF BUS	SINESS/INDU	STRY	1 122 101
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	SAND BL	ise retired.)		or worlding		SPARROV	NS PO	INT -	SHIP YARD
S S	17. FATHER'S NAME (First, Middle, Last)	16-01						Middle, Malden	Sumame)		
BE C	ALBERT MALLOY					DELCE	ENIA	NEW			11.5
9	19a. INFORMANT'S NAME (Type/Print)		196. MAJLING 2507	ADDRESS	CHAS	Number or Ru	al Route Nur	nber, City or Tow	n, State, Zip C	Code) MΔRVI	AND 21213
	MARY MALLOY  20a. METHOD OF DISPOSITION		PLACE AND DATE		ITION (Name	a of	OA	TE 20c. LO	CATION — CI	ty or Town, S	leta
	1) (Burial 2 ☐ Cremation 3 ☐ Remo	val from State	Tery, crespetory or	CEMI	ETERY	Y	02-1	9 LAI	NSDOWN	IE, MA	RYLAND
- 3	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	0			ADDRESS OF		4401	E 110	DTII 0	16mic
	Dee V.	Holland						- 1101			VENUE
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  B. ANOXIC Brain Injury  B. Bays  DUE TO (OR AS A CONSEQUENCE OF):  B. MY O CAR Dick! Infanction  B. Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. MYOCANDICAL LINEACTION  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d										
MEDICAL	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  Coronaum Artery Disease  Hypertension  Drabetes Mellitus										
AN	25. WAS CASE REFERRED TO MEDICAL	earins			26. PLA	CE OF DEATH	Check only	one)			
SIC	EXAMINER?	HOSPITAL:	etlent 3 DOA	OTHER		5 - Residence	a 6 🗆 Ott	ner (Specify)			
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	20b. TII	AE OF JURY	28c. INJUR	RY AT K7	-	ESCRIBE HOW I	NJURY OCCU	IRED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	JURY — At home, farm, street, factory, office			S 2 NO	201. LO	CATION (Street	t and Number or Rural Route Number,		
ETE	4 Homicide detarmined	building, etc. (Spec	any)	13			CR	y or Town, State)			
COMPLETED		CIAN: To the best of my knowl R: On the basis of examination									manner as stated.
BE C	296. SIGNATURE AND CITLE OF CERTIFIER				:	29c, LICENSE P	NUMBER		29d. DATE	SIONED (Mon	h, Day, Year)
TO B	allow					497	-11		> 2	-/11/	94
	Daniel Tudge	E.MD -=	Johns		Kins	Hosp	stal	Balf	more	e, ur	21287
	FEB 2 2 1994	32. RECHOTRAR'S SION	ATURE			y				/	



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

								_								
		1. DECEDENT'S NAME (First, Middle, Last) Ethel Valeria Morgereth Ethel V. Morgereth  2. Date Of Death 2-15-94 NOWTH FCb, 15 1994 11:55 A-M														
		4. SOCIAL SECURITY NUMBER	5. SE		s ACE /le	yrs. last bi	inthony) In	UNDER 1	MEAR	IF UNDER						
		212 34 3233 1□M2□F 75						DAYS	HOURS	MIN.	(Month, Day, Year)			Country	·	
ping		9e. FACILITY NAME (If not institution.	5		CITY	TOWAY (	OR LOCATI	011 05 05		14-19			ryland			
3 should	Œ	Union Memori							AIH		9c. COU	NTY OF DE				
1. 2.	16	Union Memorial Hospital Baltimore City na														
Sade	DIRECTOR	10e. STATE 10b. C	1	IOc. CITY, T	OWN OR	LOCA	TION						10d. INSIDE CITY LIMITS?			
. <del></del>		Maryland		Bal	ltí	mo 1	re						1 YES 2 NO			
Der l	₹.	10e. STREET AND NUMBER  10f. ZIP CODE  10g. CITIZEN OF WHAT														
рлузісіал. burlal-transit permit, Pages	FUNERAL	A MARITU ATATIO											SA			
physician, burial-trar	5	11. MARITAL STATUS  1 Never Married 2 Merried	F	ORCES? 1	YES	2 K NO	D	13. WA	VOS, SP	CENDENT Coecify Cube	of HISPAN	HC ORIGIN' n, Puarto R	(Specify Yealicen, etc.)	or No-	14. RACE Black,	— American Indian, White, stc.
	B√	3 🔀 Widowed 4 🗌 Divorced	IF	YES, GIVE W	AR OR DAT	TES		1 [	YES	3 2 NO	Specify					
r attending use as the		15. DECEDENT	S EDUCATION	4		16a. DECES	DENT'S USI	UAL OCC	UPATI	ON		18b.	KIND OF BUS	INESS/INI	DUSTRY	White
5 5		(Specify only highest Elementary/Secondery (0-12)	1	rea) ege (1-4 or 5 d	·)	life. Do	kind of work NOT use re	done dui stired.)	ring mo	ost of workin	ng		_	_		
3 2 2	d A	8											Home	make	er	
2 8 E		17. FATHER'S NAME (First, Middle, La	st)							18. MOT	HER'S NA	ME (First, M	iddle, Maiden	Surname)		
3 6 5 E	111	Warren Mayo		kins												Dobbs
retained 5 should notified	6	19e. INFORMANT'S NAME (Type/Print											er, City or Tow			
- 2 2 0		Edward Morge	reth	_	_		-	_	-	-	ve,I	Balt	o,MD2	122	0	
6 may ector, pag		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 C 4 Donation 5 Other (Specify		om State			tory or other		ION /N	eme of		DATE	20c. LO	CATION —	City or Tov	vn, Stata
				RONA	1d W	lade	Dir	22. NA	ME A	ND ADDRE	SS OF FA	CILITYS	ate	Anatomy Board		
death. Page 6 m tuneral director, L examiner must	IJ	a borns	11	Th	1	-	,								, MD21201	
0 - 0	H	22/DADT I Enter the effective	10	un	/	46 4 44	-									
													Approximats Intervel Batween			
		IMMEDIATE CAUSE (Finel disease or condition											Onset and Death			
d within ompletely fille I, cremation, event, the		resulting in desth)	e. Acute Anunz Renal Failure 48H										48HBS			
executed vand composition of burial, constitution of the matter even	_											1			145/11/10	
ertificate be executed ng physician and con giene prior to burial, other traumatic er	CATION	Sequentially list conditions, if any, leeding to immediate	ь	DUE TO	TO (OR AS A CONSEQUENCE OF):									48pes		
siciar prior trau	CAI	cause. Enter UNDERLYING CAUSE (Disease or injury	,	Me for				11.	-Ca	ell	Cen	ne C	ance			5 WES
certificate ding physical ding physical ding principle principle principle principle ding the ding of the ding ding ding ding ding ding ding ding	RTIFI	thet initieted evente		DUE TO	(OR AS A C	CONSEQUE	NCE OF):				0			•		
th complete the co	1 1 1	resulting in deeth) LAST	d													
the atter Memtal	0 1	PART ii. Other significent con	ditions cont	tributing to	buting to death but not resulting in the underlying ceuse given in							Part I.	24a. WAS AN	ALITOPSY	24b	WERE AUTOPSY FINDINGS
E 80 E	EDICAL	Metastope									PERFORMED?			1000	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
requires the sen signed of Health 3	B					-						_	1   YES 2	NO		OF DEATH?
9 5 5												-				1 YES 2 TO
he law has be Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDIC	CAL						28. PI	LACE OF D	EATH (Che	eck only one	)			
ATTENDING PHYSICIAN: The ECTOR: After this certificate his safter death with the State E 28 is marked, or item	Sic	EXAMINER?	HOS	HOSPITAL: OTHER:						sidence						
SICIA certif	主	27. MANNER OF DEATH		26e. DATE OF (Month, D	INJURY		8b. TIME O	F 2	8c. INJ	JURY AT			CRIBE HOW II	NJURY OC	CURED	
NG PHYS fler this c eath with	ВУ Р	1 Netural 5 Pending 2 Accident Investige		(MOHIII, D	wy, rear)		INJURY	М		YES 2	NO					
NDING P R: After r death	0	3 Suicide 6 Could n	ot be	28e. PLACE O	F INJURY -	At home,	tarm, stree	et, tectory	y, offic	ca			TION (Street e	nd Numbe	or Rural Ro	oute Number,
OR ATTEN DIRECTOR: hours after		4 Homicide datermin	ned									Only 0	i iown, state)			
29e. CERTIFIER 1 CERTIFYING PHYSICIAN; To the best of my knowledge death occurred at the time date and place, and due to the cause of any knowledge death occurred at the time date and place, and due to the cause of any knowledge death occurred at the time date and place, and due to the cause of any knowledge death occurred at the time date and place.										ted.						
HOSPITAL FUNERAL Within 72 TANT: If	One) 2 MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the time, data end place, end due to the ceuse(a) and mann										and manner ee stated.					
E HO G Will											(Month, Day, Year)					
TO THE TO THE De fied MAN	OB	agos	-9	esi	the		70			AT-	243	8940	1-E8	12	1/1	5/94
	=	30. NAME AND ADDRESS OF PERSO			SE OF DEAT	TH (ITEM 2	7) (Type, Pri	nt)		14.11			v			
		USCAR GUY	92721		D.	Un	ron	ple	dures	0110	RH	texpi	fol,	Su	for	5/94
		FFR 2 2 190	3	2 REGISTRA	R'S SIGNAT	TURE										

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH MURPHY LATISHA FEB 94 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Morth Day, Year) 5. SEX 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 F permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH BLK.CRYSTAL BALTIMORE CITY DIRECTOR 1700 RESIDENCE OF DECEDENT 10g. STATE 10h COUNTY IOc. CITY, TOWN OR LOCATION 10d. INSIDE CITY more YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Health and Mental Hygiene prior to burial, cremation, or removal. d Č. hours after death. Page 6 may be retained by the hospital or attending physician. CHCES? 1 YES 2 YNO
IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-- American Indian, White, etc. BALTIMORE, MARYLAND 21215-0020 2 If yes, specify Cube 1 NO YES 2 NO n, Mexicen, Puerto Rican, etc.) 1 Never Merried Specify: B 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) notified at BE 2 9 must 3 G Res Buriel 2 Cremetion 5 Other (Specify) examiner 21. BIGNATURE OF FUNERAL BERVICE LINCE LARRAL Hom C. BROWN Mouin 1206 West lorth the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximata shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition GUNSHOT WOUNDS OF HEAD resulting in death) traumatic event. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withi DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate . Enter UNDERLYING CAUSE (Disease or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated evente reaulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION DF CAUSE YES 2 NO DF DEATH? YES 2 NO been s PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate t HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 Ther (Specify) AT SCENE 1XXES 2 NO nt 2 - ER/Outpetlant 3 - DOA 0 27. MANNER OF DEATH 286. TIME OF INJURY 5:32 P 28e. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? this c marked. (Month, Day, Year) FEB 12, 1994 1 Natural SUBJECT SHOT 1 YES 2 XNO BY After death 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28e. PLACE OF INJURY — At h building, atc. (Specify) 28 18 COMPLETED DIRECTOR: / 1700 BLK.CRYSTAL AVE determined ON STREET If Item ? 29a. CERTIFIER TO THE HOSPITAL D
TO THE FUNERAL D
De filed within 72 ho
IMPORTANT: If its gation, in my opinion, death occured at the time, data end place, end due to the ceuse(e) end menner as stated. AND TITLE OF CERTS 29d. DATE SIGNED (Month, Day, Year) BE. O.C.M.E. FEB 12,1994 2 PLETED CAUSE OF DEATH (ITEM 27) (1/po, Print) 111 Penn Street, Baltimore, Maryland 21201

Laws. 4 - 1/2 1/2

MARYLAND 21215-0020	r attending physician.
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ND 2	hospital
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68760, BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed with rhours after death. Page 6 may be retained by the hospital or attending physician.	s serificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	at them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING THIS CAN: The law requires that the death certificate be e	TO THE FUNE MALECION And THE SHITICATE has been signed by the attending physician and completely filled in by the funer be find within 72 hours after Ceath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traun

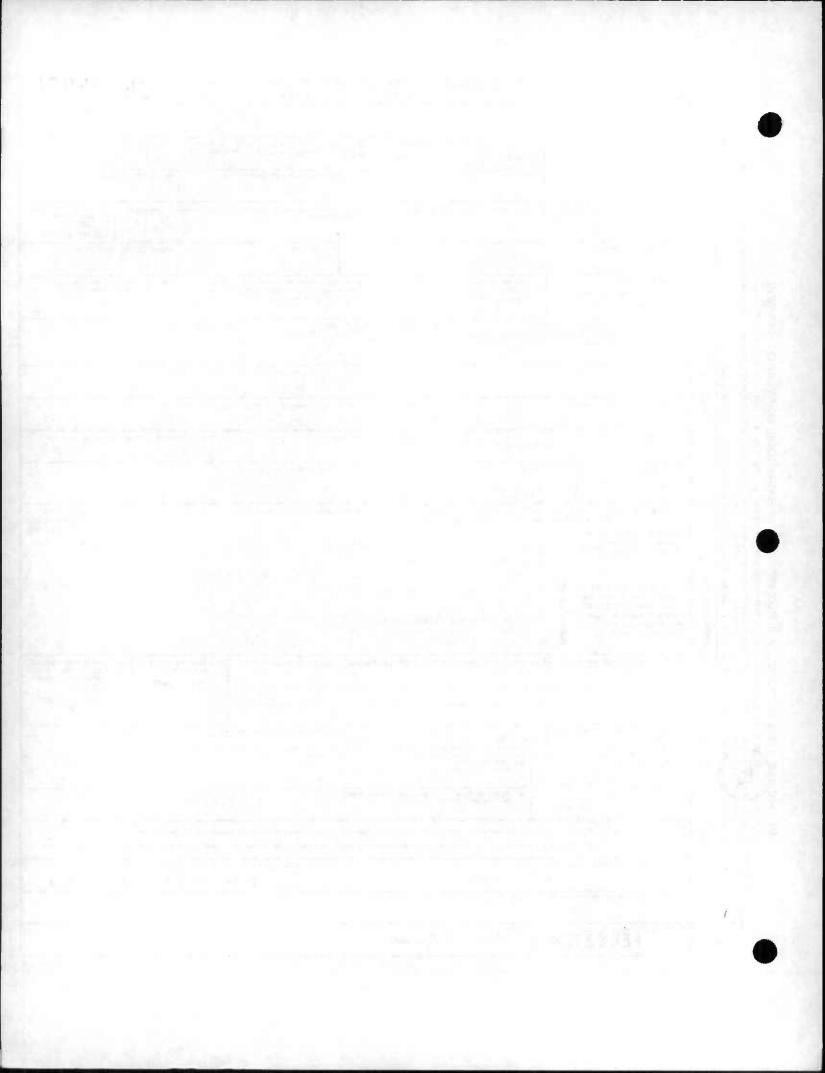
	1 - STATE OF !	MARYLAND / DEPA CERTII	RTMENT OF HE FICATE OF I		ENTAL HYGIENI REG. NO.	94	04896
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATN	7 7	3. TIME OF DEATH
	James	Murray	Mahar	1	FEB 20	1994	12:08 A M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
	067-20-3372 ¹\X\ <sup>M 2 □ F</sup>	66 YRS.	MONTHS DAYS	HOURS MIN.	05/22/2	7 Ne	w York
	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN OF	LOCATION OF DEAT		9c. COUNTY OF	
0 E	1125 Lake Heron Drive	, Apt. 1-A	Anna	polis		Anne A	rundel
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	10c. Cl	TY, TOWN OR LOCATION	ON.			10d. INSIDE CITY
18	Maryland Anne Arun			Annapo	lie		LIMITS?
	10e. STREET AND NUMBER	ide1	101.	ZIP CODE	7115	10g, CITIZEN OF	WHAT COUNTRY?
ER/	1125 Lake Heron Drive	. Apt. 1-	Α	214	.03	US	SA
FUNERAL	11. MARITAL STATUS 12. WAS DECEDEN	IT EVER IN U.S. ARMED	13 WAS DECE	NDENT OF HISPANIC	ORIGIN? (Specify Yee	or No.— 14 BAC	E — Americen Indian,
ВУ Б	1 Never Merried 2 Married FORCES? 1 3 Widowed 4 Divorced TTTT IV	Y YES 2 NO. VAR OR DATES 1944-	67 1 YES 2	olfy Cuben, Mexican, No Specify:	Puerto Rican, etc.)	Spec	offy:
0	15. DECEDENT'S EDUCATION	rea & VietN	am   s usual occupation		T		White
1	(Specify only highest grade completed)	(Give kind o	work done during most use retired.)	of working	16b. KIND OF BUS	INESS/INDUSTRY	
7	Elementary/Secondary (0-12) College (1-4 or 5 2	+)	rical En		Govern	nment (	Contractor
COMPLETE	17. FATNER'S NAME (First, Middle, Last)	BICCO	I I I		(First, Middle, Meiden		Onclactor
BE C	James Patrick Ma	har		Н	lelen Bo	stwick	
10 B	19e. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Street and		ite Number, City or Town		
=	Dorothy A. Mahar	1125	Lake He	ron Dr.	, Apt. 1-	A Annapo	lis, MD 21403
	20e. METHOD OF DISPOSITION  1		of DISPOSITION (Namother place) rematory		DATE 20c. LOC	ATION — City of T	
	21. SIGNATURE OF FUMERAL SERVICE LIGHTSEE	Metro	22. NAME AND	ADDRESS OF FACIL	ITY		
	, ser	m			ciety of		
	George E. MacNab		299 F	rederic	k Road	Balto.,	MD 21228
	shock, or heert failure. List only one cer IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE,TO	(OR AS A CONSEQUENCE	1 nator	Pajk	Pero Nic	levs.	interval Between Onset and Deeth
CERTIFICATION	r any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	(OR AS A CONSEQUENCE (			y Di-		
	d						
I: MEDICAL	PART ii. Other significent conditions contributing to	deeth but not resulting	in the underlying	cause given in Pa	24a. WAS AN / PERFORI	WED?	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLA	CE OF DEATN (Check	only one)		
PHYSICIAN:	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inputent 2	ER/Outpatient 3 DOA	OTHER:	5 Residence 6			
궂	27. MANNER OF DEATN 28e. DATE OF (Month, D			RY AT 2	8d. DESCRIBE NOW IN	JURY OCCURED	
ВУ	1 Nstural 5 Pending	sy, 1507)		S 2 NO			
8	3 Suicide 8 Could not be building,	F INJURY — At home, term, etc. (Specify)	street, factory, office	2	61. LOCATION (Street or City or Town, State)	nd Number or Rural	Route Number,
Ä	29e. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of	my knowledge, death occur	red at the time date e	nd place, and due to	the reusele) and man	not on stated	
COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the page of e						e) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIED			29c, LICENSE NUMBI			D (Month, Day, Year)
BE	V Aug. DVH	ND	· ·	1000	001		1/94
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH (ITEM 27) (Typ	e, Print)	110	,	02/2	1/74
	Giora A. Praff. M 31. DATE FILED (Month, Day, Year) REGISTRA	D. 1307	Crain H	ighway	Glen Bu	rnie,	MD 21061
	FEB 22 1994	HA SIGNATURE					

. . . . .

BE COMPL	(Check only	SICIAN: To the best of m									nd manner as
PLETED BY PHY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined	(Month, Day 28a. PLACE OF building, et	( Year) INJURY — At I	nome, farm,	M 1			28f. LOCATION City or Tox		r or Rural Rou	te Number,
HYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpetient 2   I			OTHER: 4 Nursing			6 Other (Spe		CURE	
MEDICA	PART II. Other aignificant condition	one contributing to d	eath but not	resulting	in the under	lying cause	given in		WAS AN AUTOPSY PERFORMED? YES 2 MO	Al C	ERE AUTOPSY MAILABLE PRIO OMPLETION OF F DEATH?
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSI	EOÙENCE O	F):	Car	rde	ons	opaln	3	
מאפווי, ווופ ווופחוכקו פעל	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition reaulting in death)	. List only one cause	e on each lin	10.	333 not enter the	1 Bre	hms I ying, suci	Lane, B	altimore	e, Md.	Approxim
examiner inust	1 & Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)		cemetery, ca	rematory or o	ther place) Cemet	ery		2/19 CILITY	Baltimo omes, Ir	re, Ma	
B	Emma E. Mueller	(Wife)			Mayfie		enue,	Balti	more, Md		1213
BE	Edward H. Muell  19a. INFORMANT'S NAME (Type/Print)	er	1	9b. MAILING	ADDRESS (Str			J. Fis	sel ty or Town, Stata, Zij	o Code)	
COMPL	N/A  17. FATHER'S NAME (First, Middle, Last)	N/A	P1	ant M	lanager	16. MO		ME (First, Middle,	minum Co	).	
ETED	15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. D	ECEDENT'S Oive kind of the Do NOT us	USUAL OCCUI work done during se retired.)	PATION g most of work	ding	16b. KIND	OF BUSINESS/IN	DUSTRY	
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2 📉		If yes		oan, Maxica	n, Puarto Rican,	ecify Yes or No— , atc.)	Specify:	American Inc White, atc.
FUNERAL	100. STREET AND NUMBER 3011 Mayfield A	venue				2121:			16g. CIT		AT COUNTRY?
DIRE	Maryland	TY			v, town on L timore						LIMITS?  YES 2
CTOR	Union Memorial				Balti						
_	Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCAT	TION OF DE			NTY OF DEA	
	4. SOCIAL SECURITY NUMBER 213-09-0851	5. SEX	8. AGE (In yrs. II	YRS.	MONTHS DA		MIN.	7. DATE OF BI (Month, Day, A110"		a. BIRTHPL Country) Mary	ACE (State or )
	William Lehnert							Feb.	16, 1994	YEAR	2:55

29d. DATE SIGNED (Month, Day, Year)

2 18/5 D30641 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Ramesh Sabapathi, 131 Back River Neck Road, Baltimore, Md. 21221



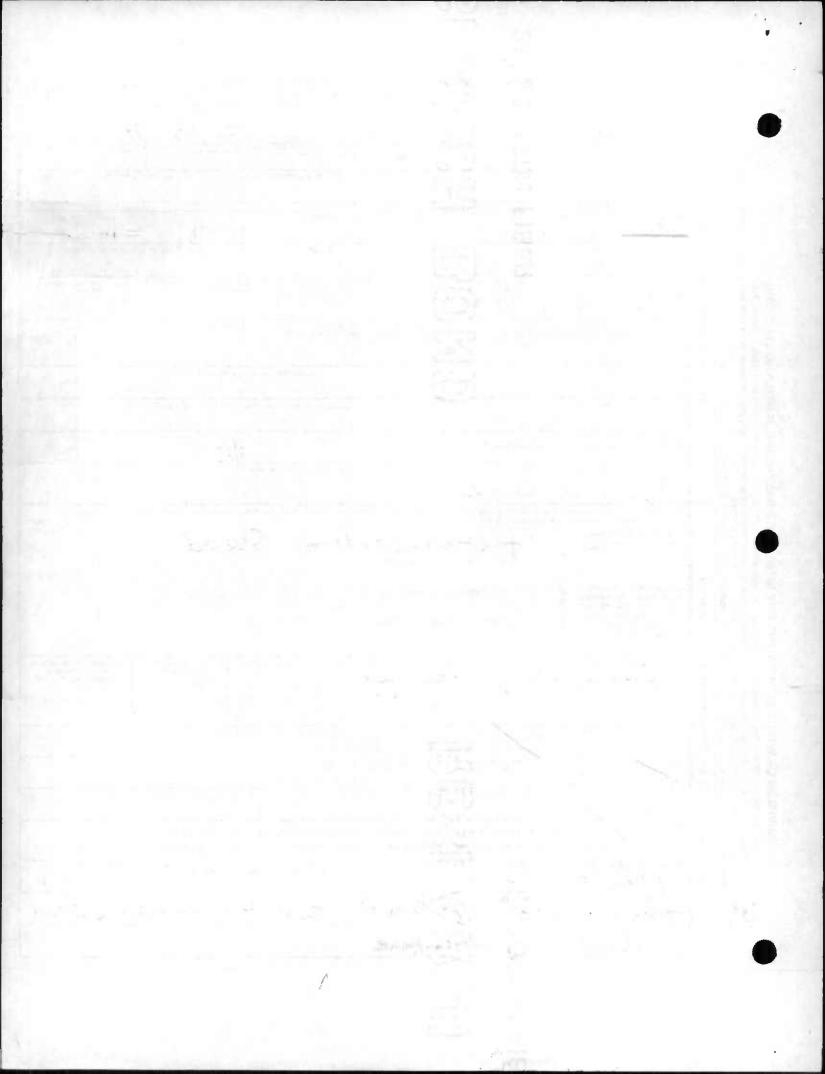
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	ATTENDING PRING AN The law requires that the death certificate be executed within 2 mount men earth. Page 6 may be retained by the P	30	afte
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	AL C	07	2 hc
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		FUN	with
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	TO THE HOSPITAL OR ATTE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely that the the things despite page 5 should be detailed.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF HEALTH	AND MENT	AL HYGIENE REG. NO.	94	04899
	1. DECEDENT'S NAME (First, Middle, Lest) FRANK	A.	MACRI		2. DAT MON FE	TE OF DEATH DAY	17,19	3. TIME OF DEATH
	218019003	M2□F 75		UNDER 1 YEAR IF UNDER ITHS DAYS HOURS	R 24 HRS. 7. DAT	re of BIRTH onth, Day, Year) y 30, 19	8,	BIRTHPLACE (State or Foreign Country) aryland
	9s. FACILITY NAME (If not institution, give stree			CITY, TOWN OR LOCAT			9c. COUNTY	
DIRECTOR	Good Samaritan Hos	pital		Baltimore	<u> </u>			
R	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY
	Maryland		Balt:					1X YES 2 NO
PAI	4306 Woodlea Avenu			10f. ZIP COI				OF WHAT COUNTRY?
FUNERAL		2. WAS DECEDENT EVER IN	N U.S. ARMED	212		HN2 /Specify Voc.	U.S.	A . RACE American Indian,
	1 Never Married 2 Merried	FORCES? 1 X YES	2 NO	Il yes, specify Cub	en, Mexican, Puerlo		14.	Black, White, etc.
D BY	3 Widowed 4 Divorced	World War						White
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of work	ing	66. KIND OF BUSIN	NESS/INDUST	ТЯ
교	N/A N/	College (1-4 or 5+)		ion Forema	an	Constru	ction	Company
at once.	17. FATHER'S NAME (First, Middle, Last)				THER'S NAME (First			Company
111 m	Salvador Macri			Ma	rie Pros	domic		
TO BI	19a, INFORMANT'S NAME (Type/Print)			PRESS (Street and Number				
8	Mary E. Macri (Wif			odlea Ave				
Tage 1	1 🖾 Buriel 2 🗆 Cremation 3 🗆 Remova 4 🗆 Donation 6 🗀 Other (Specify)	I from State 20b.	PLACE AND DATE OF DI	SPOSITION (Name of place)	andone	ATE 20c. LOCA	TION — City	m, Maryland
ner	21. SIGNATURE OF FUNERAL SERVICE LICEN	BEE.	alancy val	22. NAME AND ADDRE	ESS OF FACILITY			
medical examiner must	▶ Robert Anda	N do a la	//_	Schimunel	k Funera	1 Homes	, Inc.	•
lical dist	23. PART I. Enter the diseases, or com	aplications that caused	the death. Do not e	inter the mode of dy	ing, auch ea ca	, Baltin	more,	Md. 21213
the me	immediate cause (Finel disease or condition	t only one cause on a	EPSIS				·	interval Between Onset and Death
Ť.	resulting in death)		CONSEQUENCE OF):					ONE DAY
20 2		DOE TO LOR AS A	CONSEDUENCE OF):					
ry, or other traumatic	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
E S	CAUSE (Disease or injury							
# E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
	d							
- 45	PART II. Other significant conditions of	ontributing to death be	ut not resulting in th	e underlying cause	given in Part i.	24e. WAS AN AL PERFORM		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	END STAC	16 KENA	L DISE	ASE		1 🗌 YES 2 🖫	NO	COMPLETION OF CAUSE OF DEATH?
shows any	CORONAR	IVE HEAD						1 TES 2 NO
ed, or Item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	IVE HEAD	KT FAI	LURE 28. PLACE OF E	DEATH (Check only o	one)		
Sic		OSPITAL:		HER: Nursing Home 5 R				
Is marked, or D BY PHYS	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?		EŞCRIBE HOW INJ	URY OCCUR	ED
mark BY	1 Natural 5 Pending 2 Accident Investigation	1,000		M 1 TYES 2	NO			
28 H	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	At home, farm, street	, lectory, office	281. LO	CATION (Street and by or Town, State)	d Number or F	Rural Route Number,
을 건		N: To the best of my knowledge the basis of examination						ouse(s) and manner se stated,
POR BE	29b. SIGNATURE AND TITLE OF CERTIFIER	alini	Mi	29c LIC	ENSE NUMBER	- 2	29d. DATE SI	GNED (Morith, Day, Year) RUARY 17, 1994
2	30. NAME AND ADDRESS OF PERSON WHO CO DR . SHALINI ; 400 E	OMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Print AN HOSP)	TAL, BA	LTIMO			
	31. DATE FILED (Month, Day, Year) FEB 2 2 1994	BEGISTRAN'S SIGNI	ATUBE - Kindall		- · · · · ·			

BALTIMORE MARYI AND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	1. DECEDENT'S NAME (First, Middle, Las	INTHEL				DEATH	2. DATE O	REG. NO	2 0	94	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-18-0920	5. SEX 1 3 M 2 D F	8. AGE (In yrs. lest		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	L -	Day, Year)		Country)	ACE (State or For
~	9a. FACILITY NAME (If not institution, giv		70		CITY, TOWN (	OR LOCATION OF O	Mar.	21,	9c. COUN	Mary TY OF DEA	
CTO	Northwest Hospita				Randa	11stown			Ва	1timo	re
DIRECTOR	MARYLAND Marylnad	Baltimore	e	10e. CITY, TO	Ran	non dallstow	n				Dd. INSIDE CITY LIMITS?  YES 3
FUNERAL	100. STREET AND NUMBER  3405 Offutt Ro	nad	Paril.		101	2113	3			S.A.	AT COUNTRY?
BY FUNI	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS OECEDE	NT EVER IN U.S. ARM 1 ☑ YES 2 ☐ NO WAR OR DATES 1946		If yes, sp	ENDENT OF HISPA ecity Cuban, Maxico 2 NO Specia	NIC ORIGIN? nn, Puerto Ri	(Specify Yellican, etc.)		14, RACE — Black, V Specify:	- American India White, atc.
ETED	15. DECEDENT'S El (Specify only highest gra	DUCATION ade completed)	16a. DEC		AL OCCUPATION done during mo		· 18b. I	KIND OF BU	SINESS/IND		ite
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ctrici				C	aton	Radi	.0
_	17. FATHER'S NAME (First, Middle, Last)  John Charles	Mathews	FHI			18. MOTHER'S NA				oh = 7 7	
TO BE	19a. INFORMANT'S NAME (Type/Print)	Hatnews	19b.	MAILING ADD	PRESS (Street a	INL and Number or Rural	Ary A				
۶	Ms. Margaret S. I	Bachrach				Road R		-			
	1 Buriet 2 Cremation 3 Re 4 Donation 6 Other (Specify)	amovat from State	cemetery, crem	natory or other p	sposition(Na place) cal Cei	meterv	2/2	2	ocation — o		ty, MD
1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1		22. NAME A	no Address of FA	CILITY				
	Clepho	fly	L		HOLL	ng Dycis	I unc.	Lar D	TIECC	OIS,	LIICo
	23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final	or somplications the	at caused the dea		enter the mo		ch aa cardle	ac or resp	iratory arre	own,	MD 211 Approxim
RTIFI	shock, or heart failur	s. Due To	at caused the dearuse on each line.  O (OR AS A CONSEOU  O (OR AS A CONSEOU  O (OR AS A CONSEOU  O (OR AS A CONSEOU	LE UENCE OF):	enter the mo	Liberty de of dying, aud	ch aa cardle	ac or resp	iratory arre	OWN,	MD 211 Approximinterval B
L CERTIFI	shock, or heart failur IMMEDIATE CAUSE (Final disesse or condition resulting in desth)  Sequentially list conditions, if any, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	b. DUE TO  c. DUE TO  d.	O (OR AS A CONSEON	UENCE OF):	enter the mo	ede of dying, auc	S (Q	ac or resp	AUTOPSY	24b. W	MD 211 Approxim Interval B Onset sno
: MEDICAL CERTIFICATION	shock, or heart failur IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events reaulting in death) LAST	b. DUE TO  c. DUE TO  d.	O (OR AS A CONSEON	UENCE OF):	enter the mo	ede of dying, auc	Part I.	od)	AUTOPSY RMED?	24b. W Ah	MD 211 Approximinterval B Onset sno
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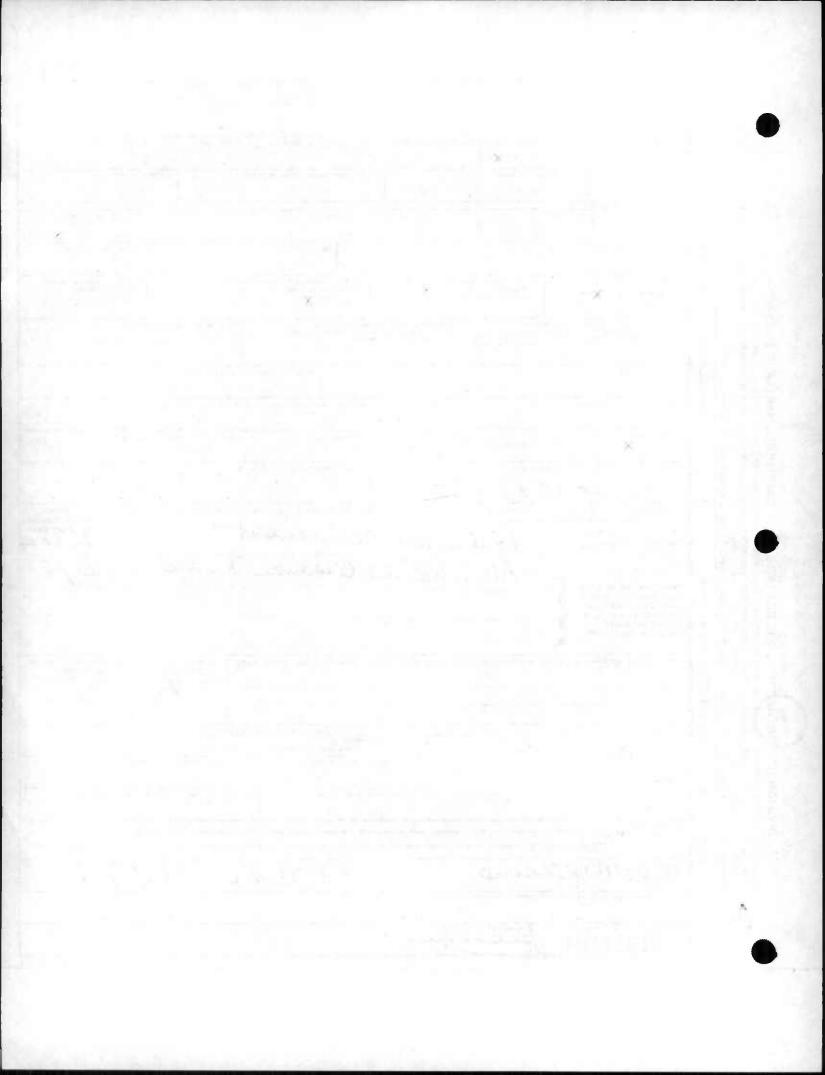


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Til.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detach	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.
r death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Sours after death. Page 6 may be retained by the hos

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR FEB 19 1994 A 1149 DOROTHY I MCCONVILLE 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN B. BIRTNPLACE (State or Foreign DAYS HOURS AUG" 13 101908 216-46-8743 1 M 2 X F YRS. MARYLAND Sa. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MONTGOMERY NATIONAL NAVAL MEDICAL CENTER BETHESDA tob. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND 1 YES 2 X NO BALTIMORE BALTIMORE 10e. STREET AND NUMBER FUNERAL tof. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3114 ST LUKES LANE 21207 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒NO tt. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or Not4. RACE — American Indian, Black, White, alc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: SpecificHITE BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (t-4 or 8+) HOUSEWIFE 2 years 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Frederick Imwold BE Emma Louise Gettings 19a. INFORMANT'S NAME (Type/Print) JOHN CHARLES IMWOLD JR 2121 SOUTHLAND ROAD, BALTIMORE, MD 20s. METHOD OF DISPOSITION
1 of Burial 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 2/23 Woodlawn, MD Lorraine Park Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 1 veus anse 8728 Liberty Road Randallstown, 23. PART I. Epier the diseases, or complications that caused the death. De not enter the mode of dying, such as cardiac or respiratory arrest, ck, or heart failure. List only one cause on each line, Interval Between IMMEDIATE GAUSE (Final disease or condition resulting in death) **Onset and Death** SEPSIS DUE TO (OR AS A CONSEQUENCE OF):
CONGESTIVE HEART FAILURE PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate RENAL FAILURE cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE t TYES 2 NO t YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) HOSPITAL: t ☐ YES 2 ☐ NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending t YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner ee stated. J. M. HILL

29c. LICENSE NUMBER

18870

BETHESDA MD

NATIONAL NAVAL MEDICAL CENTER

20889-5600

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH THE 20 THE ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH THE 20 THE ADDRESS OF PERSON WEDICINE MC. USNR 32. REGISTRAR'S SIGNATURE FEB 2 2 1994

WeB

LT, MC, USNR

29b. SIGNATURE AND TITLE OF CERTIFIER

J.M. Hill, LT.

3t. DATE FILED (Month, Day, Year)

466

20889-5600

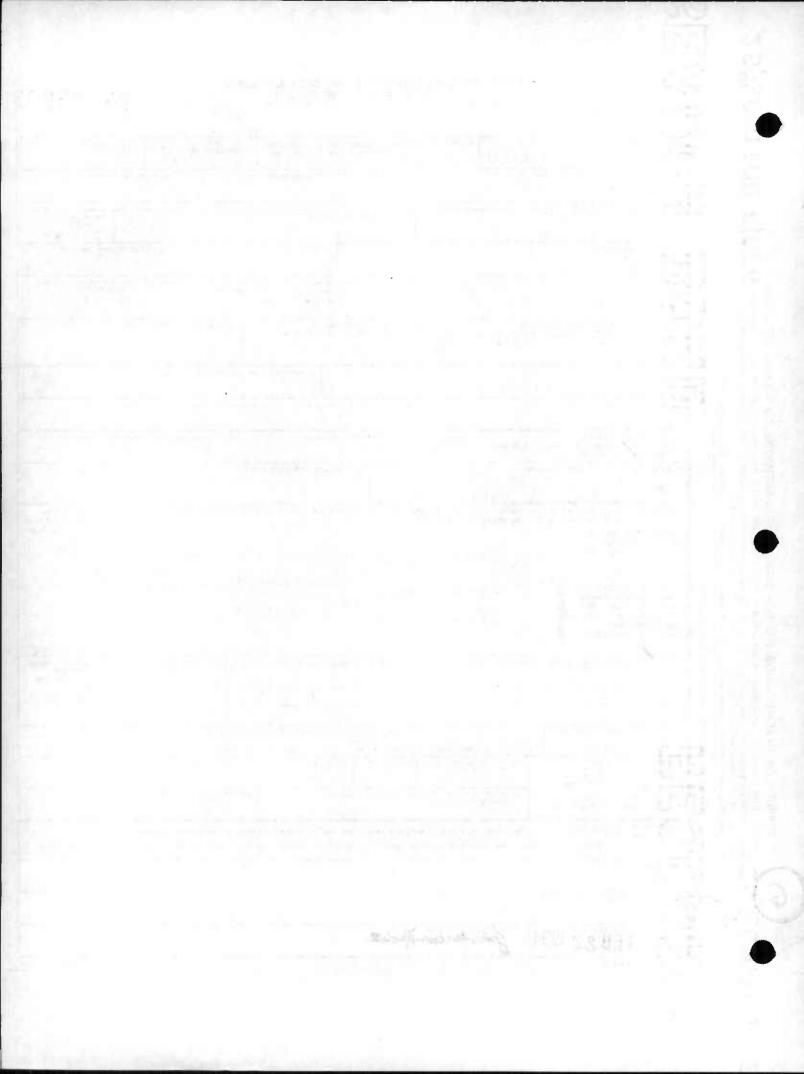
29d, DATE SIGNED (Month, Day, Year)

D2/20/94

f longer

J. M. HILL LT. MC, USWR DIO 42.3233 RESIDENT, INTERNAL MEDICINE

	1 - STATE REGISTRAR	SIAIL OF MARTIE	LAND / DEPAR CERTIF	ICATE OF		REG. NO.	0	1. 01.9
	1. DECEDENT'S NAME (First, Middle, Last	0				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
G	Peter Narowan					Feb. 16,	1994	10:51 P
	4. SOCIAL SECURITY NUMBER 217-07-7066	1 M 2 □ F 7 6	(In yrs. leat birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 12/09/191	7 Con	at yland
œ	90. FACILITY NAME (If not institution, give Francis Scott				OR LOCATION OF DEA	TN	9c. COUNTY OF	F DEATN
20	RESIDENCE OF DECEDENT							
DIRECTOR	Md. Bal	timore	2.5	r, town on Loca Dundalk				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	LIMOLE			Of, ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	26 Shipway Rd				21222		USA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 K Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	2 NO	If yes, a	CENDENT OF NISPANK pecify Cuben, Mexican, S 2 NO Specify:	ORIOIN? (Specify Yee of Puerto Rican, etc.)	Bi	ACE — American Indian, lack, White, atc.
LED	15. DECEDENT'S ED (Specify only highest gra-	DUCATION ide completed)	(Give kind of v	USUAL OCCUPATI		16b, KIND OF BUSI	NESS/INDUSTRY	1
J.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Consult	,		A.A.T		
COMPLET	8 th  17. FATNER'S NAME (First, Middle, Last)		- OHOUL	- W11 L	16. MOTHER'S NAM	E (First, Middle, Malden S		
	Frederick Nar	owanski			White and the second	Seredich		
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street		oute Number, City or Town,	Statu, Zip Code)	
2	Jacquilyn Mor	ris	1515	Druid	Road In	verness,	Fla.	34452
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re	moval from State ce	b. PLACE AND DATE (	OF DISPOSITION (Nother place)	verne of	DATE 20c. LOC	ATION — City or	
	4 Donation 5 Other (Specify)		Metro (	Cremato		2/20 Bal	timor	e Md.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	00		and address of faci	un neral Hom	ne of	Dundalk
	23. PART I. Enter the diseases, or	Conne	ely)	7110	Sollers	s Pt. Rd.	Dund	
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Infe  DUE TO (OR AS  C. COYOY	A CONSEQUENCE OF	MSU (	cardial Disea	infano	ition	Onset and I
ICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF	Myo (	Disev	art I. 24a, WAS AN A PERFORN	UTOPSY 2	Onset and I
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MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the condition	DUE TO (OR AS  c. DUE TO (OR AS  d. One contributing to death	A CONSEQUENCE OF	MSU (	Disev	art I. 24a, WAS AN A PERFORM	UTOPSY 2	Onset and to the second
SICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.	DUE TO (OR AS  c. DUE TO (OR AS  d. One contributing to death	A CONSEQUENCE OF	In the underlying 26. P	ng cause given in P	art I. 24a, WAS AN A PERFORM 1 YES 2 I	UTOPSY 2 NED? NO	Interval Bet Onset and E Onset and E Part of the Company of the Co
PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the cause of the conditions of the cause	DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE OF	In the underlying 26. P  OTHER: 4   Nursing Hor RE OF 28c. IN WW	ng cause given in P	art I. 244. WAS AN A PERFORM 1 VES 2 I	UTOPSY 2 NED? NO	Onset and I
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the condition	DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE OF	28. P OTHER: 4 ON Nursing Hor M 1	ng cause given in P  PLACE OF DEATN (Chec  me 5   Residence 5  JUSTY AT  ORK?  YES 2   ND	art I. 24a, WAS AN A PERFORM 1 YES 2 I	UTOPSY 2 NO NO UTRY OCCURED	Onset and  Ada. WERE AUTOPSY F  AMRIABLE PRIOR COMPLETION OF OF DEATIN  1 YES 2
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions of the conditio	DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE OF A CONS	In the underlying 26. P  OTHER: 4   Nursing Horizontal Mary M 1   Street, factory, officered at the time, date on, in my opinion,	ng cause given in P  PLACE OF DEATN (Chec  me 5   Residence 5  JURY AT  ORK?  YES 2   ND  Ice  Ite and place, end due to death occured at the til  29c. LICENSE NUMBE	art I. 24e. WAS AN A PERFORM  1 VES 2 I  It only one)  Other (Specify)  2ed. DESCRIBE NOW IN.  City or Town, Stele)  the cause(e) end mann me, date and place, end	JURY OCCURED  JURY OCCURED  And Number or Rur  her ea stated, due to the caus	Onset and  Pab. Were autopsy Fin AMALABLE PRIOR T COMPLETION OF CA OF DEATH?  1 YES 2 N
COMPLETED BY PHYSICIAN: MEDICAL CI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions are suiting in death) LAST  PART II. Other eignificant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 ND  27. MANNER DF DEATH  1 Netural 5 Pending Investigation are suiting in death and investigation are suiting investigation are suiting investigation. Suicide 6 Could not be determined.	DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR A	A CONSEQUENCE OF A CONS	In the underlying 26. P  26. P  OTHER: 4 □ Nursing Hor Manual Horses, factory, office on, in my opinion,  28. Print)	ng cause given in P  PLACE OF DEATN (Chec  me 5 Residence 5  JURY AT  ORK?  YES 2 ND  Idee  te and place, and due to death occured at the til  29c. LICENSE NUME  94/24	art I. 24a. WAS AN A PERFORM  1 YES 2 (  Other (Specify)  26d. DESCRIBE NOW IN.  26f. LOCATION (Street en City or Town, Stete)  to the cause(e) and manning, date and place, and place.	JURY OCCURED  If Number or Run  or ea stated, due to the cause	Onset and Onset
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the cause of the condition of the cause of the caus	DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR A	A CONSEQUENCE OF A CONS	In the underlying 26. P  26. P  OTHER: 4 □ Nursing Hor Manual Horses, factory, office on, in my opinion,  28. Print)	ng cause given in P  PLACE OF DEATN (Chec  me 5 Residence 5  JURY AT  ORK?  YES 2 ND  Idee  te and place, and due to death occured at the til  29c. LICENSE NUME  94/24	art I. 24e. WAS AN A PERFORM  1 VES 2 I  It only one)  Other (Specify)  2ed. DESCRIBE NOW IN.  City or Town, Stele)  the cause(e) end mann me, date and place, end	JURY OCCURED  If Number or Run  or ea stated, due to the cause	Onset and  Abb. Were autropsy Fin AMALABLE PRIOR TO COMPLETION OF CA OF DEATIN?  1 YES 2 No  No (e) and menner se sta

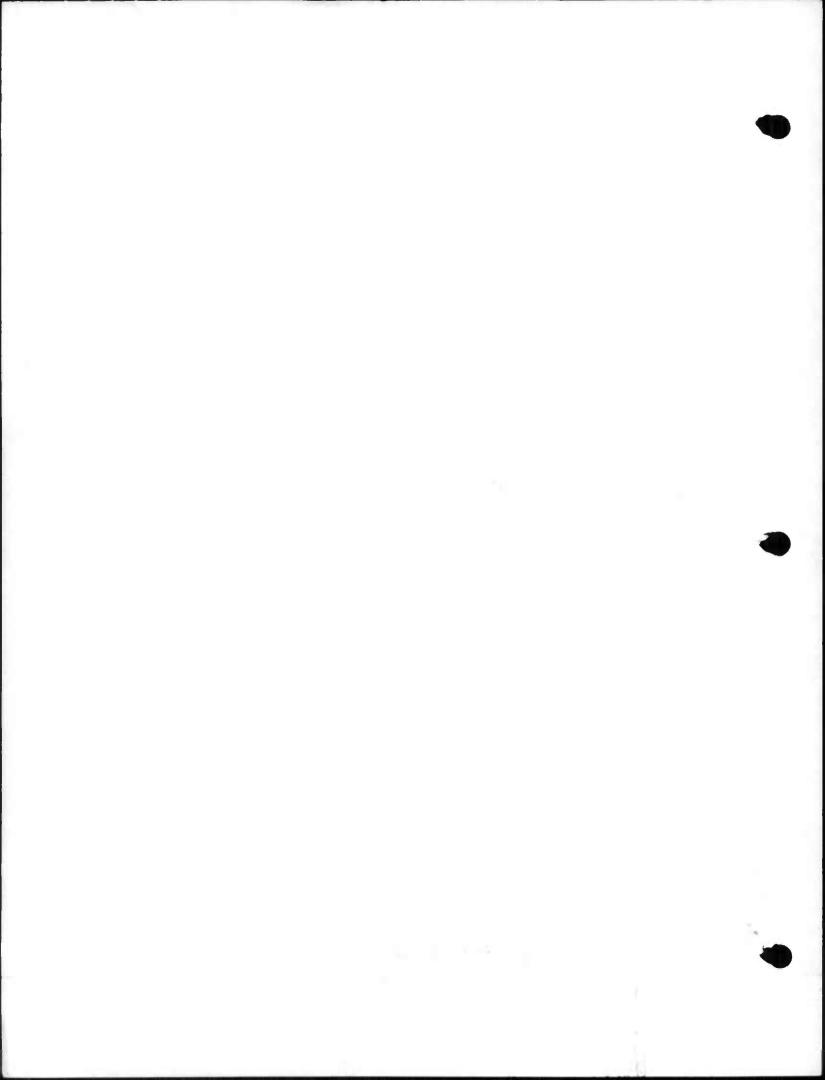


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31. DATE FILED (Month, Day, Year)
FEB 2 2 1994

	FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / D CEF	EPAR RTIF	TMENT OF H	EALTH AND DEATH	MENTA	L HYGIEN REG. NO		94	04904
	DECEOENT'S NAME (First, Middle, Last)     MARGARET				O'MAR	4	MONT	Jary 19,	100/1	YEAR	3. TIME OF DEATH 12:05A M
	4. SOCIAL SECURITY NUMBER 175-60-7004	1 - M 2 V/VF	NGE (In yrs. lest bi	rthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont Sept	of BIRTH th. Day, Year) cember 3		Country	PLACE (State or Foreign
стов	99. FACILITY NAME (# not institution, give s HOLLY HILL N RESIDENCE OF DECEDENT				96. CITY, TOWN C		DEATH		9c. COU	Balt	cimore
L DIRECTOR	Maryland Ba	altimore			timore						10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	531 Stevenson Lane					21204			l	JSA	HAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 V IF YES, GIVE WAR O	ER IN U.S. ARME YES 2VV NO OR DATES	D		ENDENT OF HISP ecity Cuben, Mexic 2 NO Spec	cen, Puerto		or No—	14. RACE Black Specifi	- American Indian, , white, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	(Give life. Do	kind of w	USUAL OCCUPATION FOR done during mo e retired.)	DN st of working	168	. KIND OF BUS	Home	USTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles Ruditis					18. MOTHER'S N	Mary	Middle, Meiden Adamiti	Sumame)		
2	190. INFORMANT'S NAME (Type/Print)  James O'Mara				ADDRESS (Street e Inut Wood						
	20a. METHOD OF DISPOSITION 1		camptary cramet	POTY OF OU	Paul Cemet	ery	1		ringfi		Pennsylvania
	Dennis Stephen Xe	ENARUS EN	M00640		22. NAME AN	D ADDRESS OF F	Mitche.	ll-Wiede	feld l	lome	
	23. PART I. Enter the diseases, or c shock, or heart failure.	omplications that ceu	used the deeth on each line.	. Do n	ot enter the mo	de of dylng, su	ch ss cen	disc or reapi	ratory srr	est,	Approximets interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Athero	SCOULO AS A CONSEQUE	H	cva	culon	de	Jers			Onset and Death  Wak
NOIL	Sequentially list conditions, if any, leading to immediate	CVA	AS A CONSEQUE								gean
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR /	AS A CONSEQUE	NCE OF	):						
- 1	PART II. Other significent conditions	s contributing to deat	th but not resu	ilting i	n the underlying	ceuse given li	n Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL							_	1 TYES 2			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Outpatient 3 🗆	DOA	28. PL OPHER: 4  Nursing Home	ACE OF DEATH (C		,			
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUI (Month, Day, Yea		8b. TIME	OF 28c, INJI	JRY AT	_	SCRIBE HOW IP	JURY OCC	UREO	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJI building, atc. (S	URY — At home, Specify)	ferm, st	treet, fectory, office		28f. LOC City	ATION (Street e or Town, State)	nd Number	or Rural Ro	oute Number,
COMPLETED		CIAN: To the best of my ki									and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND AGORESS OF PERSON WHO	lou, m	2			29c. LICENSE NU	IMBER O	5			Month, Day, Year) 1ry 20,1994

6301 North Charles Street Baltimore Maryland 21212



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ALTIMORE, MARYLAND 21215-0020	the material of the state to an inchest and the state of the
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DIVISION OF VITAL RECORDS P.O. BOX 68760

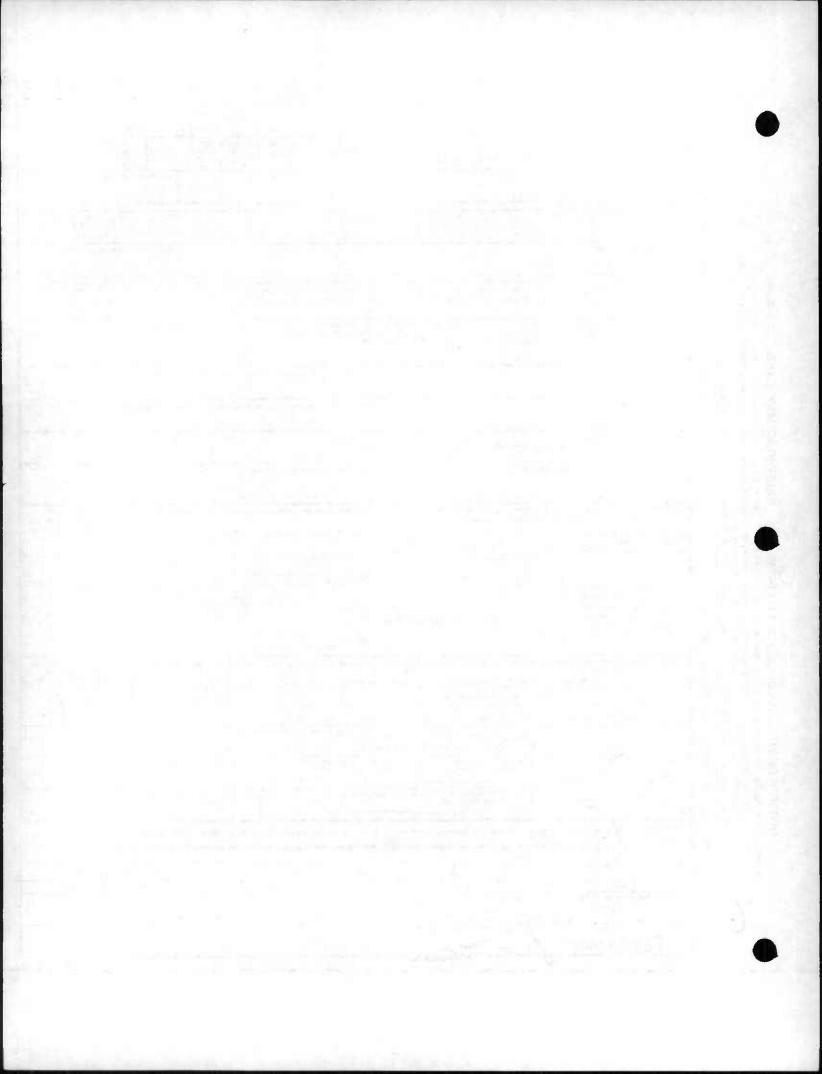
DATE OF THE COURS, T.O. BOX 69100, BALLIMONE, MANIEMIN ZIZIS-0020	d within yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
CINCOLOR OF MICH MECONDS, T.O. BOX 65	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fut to flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic

If yes, specify Cub- 1 □ YES 2 NO  S USUAL OCCUPATION work done during most of workl see retired.)  A  16. MOT	PE 202  OF HISPANIC ORIGIN? (Specify Yeer, Maxican, Puerto Rican, etc.)  Specify:  16b. KINO OF BURTH (Month, Dey, Year)  CONTROL OF BURTH (Month, Dey, Year)  17 DATE OF BURTH (Month, Dey, Year)  18 DATE OF BURTH (Month, Dey, Year)  18 DATE OF BURTH (Month, Dey, Year)  18 DATE OF BURTH (Month, Dey, Year)  18 DATE OF BURTH (Month, Dey, Year)  18 DATE OF BURTH (Month, Dey, Year)	Dec. COUNTY OF  OIT  10g. CITIZEN OF  U.S.  18 OF NO. 14. RABBIE SPI	THPLACE (State or Foreign notry)  MD  OEATH  10d. INSIDE CITY LIMITS? 11d. YES 2 NO  WHAT COUNTRY?  A.  CE — American Indian, seck, White, atc.  ecity: BLACK	
DAYS HOURS  9b. CITY, TOWN OR LOCATION  13 A   + 1 MO  TY, TOWN OR LOCATION  LTIMORE  101. ZIP COD  212  13. WAS DECENDENT  If yes, specify Cub.  1  YES 2 NO  S USUAL OCCUPATION  work done during most of world  were retired.)  A  16. MOT	R 24 HRS. RIN. RIN. RIN. RIN. RIN. RIN. RIN. RIN	8. BIRY COUNTY OF U.S. 10g. CITIZEN OF U.S. 14. RA Ble Spor USINESS/INDUSTRY	THPLACE (State or Foreign ntry)  MD  OEATH  10d. INSIDE CITY LIMITS? 124 YES 2 NO  WHAT COUNTRY?  A.  CE — American Indian, ack, White, atc.  actly: BLACK	
96. CITY, TOWN OR LOCATION  TO TOWN OR LOCATION  LTIMORE  101. ZIP COD  212  13. WAS DECENDENT  If yes, specify Cub-  1 USUAL OCCUPATION  work done during most of world  we retired.)  A  18. MOT	ION OF OEATH  DE  DE  CO2  OF HISPANIC ORIGIN? (Specify Year, Maxican, Puerto Rican, etc.)  Specify:  Ing  16b. KINO OF BL  N/I	10g. CITIZEN OF  U.S.  18 OF NO. 14. RA Ble Spe	MD OEATH  10d. INSIDE CITY LIMITS?  10d. INSIDE CITY LIMITS?  APPROVED  F WHAT COUNTRY?  AA  CE — Americen Indian, sect, White, atc.  sectly:  BLACK	
TY, TOWN OR LOCATION  LTTIMORE  101. ZIP COD  212  13. WAS DECENDENT If yes, specify Cub- 1 Yes 2 NO  B USUAL OCCUPATION  Work done during most of world  are retired.)  A  18. MOT	OF HISPANIC ORIGIN? (Specify Yeer, Maxican, Puerto Rican, etc.) Specify:  18b. KINO OF BL  N/2  THER'S NAME (First, Middle, Meidel	10g. CITIZEN OF U.S. 18 OF NO — 14. RABBE SPO	10d. INSIDE CITY LIMITS?  TYPES 2 NO  F WHAT COUNTRY?  A.  CE — American Indian, sek, White, atc.  BLACK	
TY, TOWN OR LOCATION  LTIMORE  101. ZIP COD  212  13. WAS DECENDENT  If yes, specify Cub-  1 YES 2 NO  S USUAL OCCUPATION  work done during most of world  A  16. MOT	OF HISPANIC ORIGIN? (Specify Yeen, Maxican, Puerto Rican, etc.)  Specify:  16b. KINO OF BU  N/2  THER'S NAME (First, Middle, Meidel	U.S. 14. RA Bla Spa USINESS/INDUSTRY	LIMITS?  11 YES 2 NO  F WHAT COUNTRY?  A.  CCE — American Indian, seck, White, atc.  BLACK	
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'A  16. MOT  G ADDRESS (Street end Number	N/I			
18. MOT  3 ADDRESS (Street and Number	THER'S NAME (First, Middle, Meider			
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G ADDRESS (Street end Number	EVELVN BIRT	-		
ORLEANS ST./				
OF DISPOSITION (Name of				
other place)		OCATION — City or	lown, State	
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1				
in the undarlying cause	given in Part I. 24s. WAS AI		4b. WERE AUTOPSY FINDING:	
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tremonia				
onlie	42		1	
	DEATH (Check only one)			
4 Nursing Home 5 R				
JURY WORK?		INJURY OCCURED		
		and Number or Burn	al Souda Mumbar	
street, factory, office	City or Town, State	))	r roote Namber,	
		A Section		
			e/s) and manner as elected	
	F):  28. PLACE OF  OTHER: 4   Nursing Home 5   F  BE OF  JURY  28c. INJURY AT  JURY  28c. INJURY  28c. INJURY AT  JURY  28c. INJURY AT  JURY  28c. INJURY AT  JURY  28c. INJURY AT  JURY  28c. INJURY AT  JURY  28c. INJURY AT  JURY  28c. INJURY AT  JURY  28c. INJURY AT  JURY  AT  JURY  AT  JURY  AT  JURY  AT  JURY  AT  JURY  AT  JURY  AT  JURY  AT  JURY	The undarlying cause given in Part I.  24a. WAS ALERRO  1 YES  24a. PLACE OF DEATH Check only one)  OTHER: 4   Nursing Home 5   Residence 5   Other (Specify)  ALE OF JURY AT WORK?  VES   WORK?  VES	F):  24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  28. PLACE OF DEATHN heck only one)  OTHER: 4 Nursing Home 5 Recidence 5 Other (Specify)  AE OF 28c. INJURY AT WORK?  VER 1 VER 2 NO  2ed. DESCRIBE HOW INJURY OCCURED  street, factory, office  2et. LOCATION (Street and Number or Rura City or Town, Stele)  red at the time, date and place, end due to the cause(e) end menner ee stated.  on, in my opinion, death occured at the time, date end place, end due to the cause(e)	

FEB 22 1994

32. REGISTRAR'S SIGNATU

OHMH-15 Rev 1/89

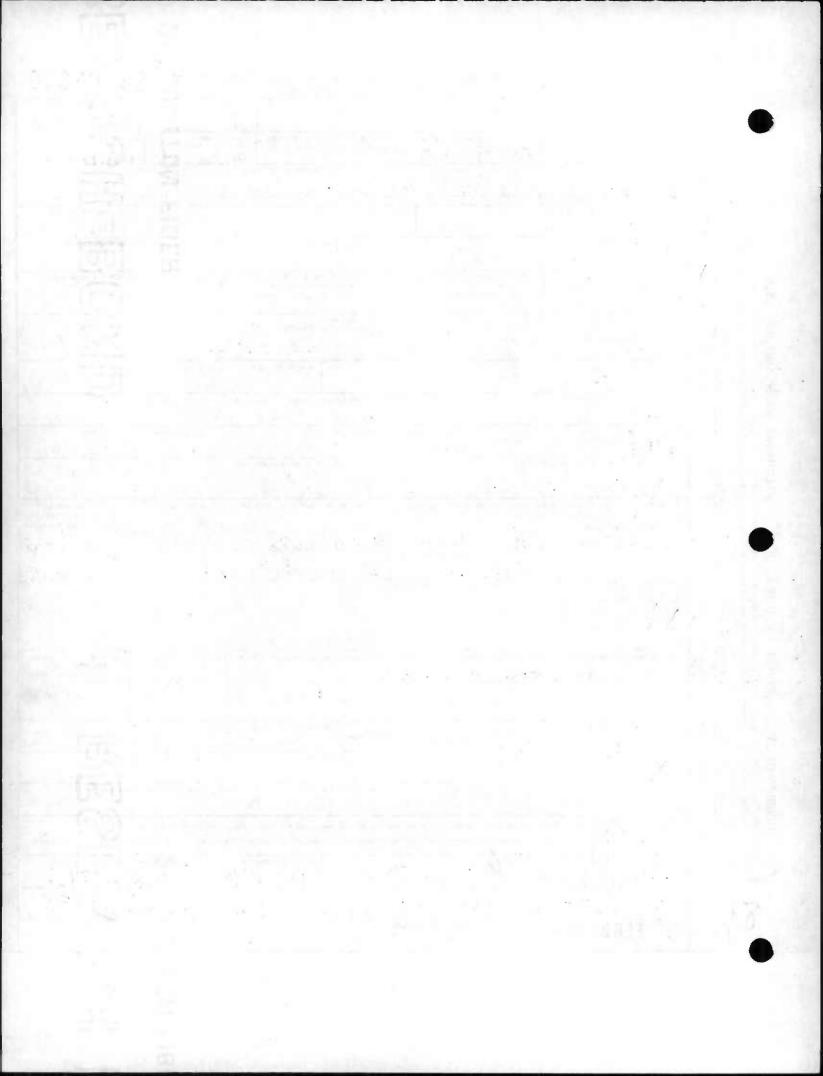


1 - STATE REGISTRAR

	John Weslex tack	SLEY PACKET	MONTH	21 9	YEAR 8 OF DEATH		
	Non No to a No a	YRS. MONTHS DAYS		06 34	BIRTHPLACE (State or Foreign Country)		
CTOR	Deaton Specialty Hosp	4- Home Balt	a, Md	Sc. COUNT	Y OF DEATH		
DIRECTOR	MARYLAND NONE		TIMORE CITY		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	1817 N. CAROLINE STREET	10	21213		TED STATES		
ВУ	11. MARITAL STATUS  t Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S FORCES? M YES 2 IF YES, GIVE WAR OR DATES 6/17/53-5/1	2 NO If yes, s	CENDENT OF HISPANIC ORIGIN pecify Cuben, Mexican, Puerto I 3 2 XNO Specify:	Rican, atc.)	4. RACE — American Indian, Black, White, etc. Specify: AMERICAN		
PLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	Is. DECEDENT'S USUAL OCCUPAT.  (Give kind of work done during mile. Do NOT use retired.)  HEAVY EQUIPM	ost of working	OR	STRY		
E COMPL	17. FATHER'S NAME (First, Middle, Lest) THOMAS PACKER		18. MOTHER'S NAME (First, A EMILY B	The second second			
TO B	190. INFORMANT'S NAME (Type/Print) ANNETTE PACKER	19b. MAILING ADDRESS (Street 1817 N. CAI	ROLINE ST.				
	20a. METHOD OF DISPOSITION  X X Burlel 2 Cremation 3 Removal from State  4 Donellon 5 Other (Specify)	ACE AND DATE OF DISPOSITION (A CECUMATOR OF CONTROL OF	veT. CEM.	OWTNGS I	MILLS, MD.		
	21. SIGNATURE OF FUNERAL SETTING LICENSES	22. NAME A CALV	ND ADDRESS OF FACILITY VIN B. SCRU 2 E. PRESTO	GGS FUNERA N STREET I	AL HOME BALTO,MD2121		
7	23. PART I. Enter the diseases, or complications that caused the chock, or heart failure. List only one ceuse on each IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. HEMONIAA  DUE TO (OR AS A CO	HEMORRHAC	GIC BLOOD L	oss	Approximate interval Batween Onset and Death 2 -3 days		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	ONSEQUENCE OF):	50/ //#11 5/10/				
MEDICAL CE	PART II. Other algnificant conditions contributing to death but of End-Stage Cirrl	not resulting in the undariyin	ng ceuse given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO 1  Inpetient 2  ER/Outpetie	OTHER:	LACE OF DEATH (Check only on				
у РНУ	27. MANNER OF DEATN  1 Natural 6 Pending (Month, Day, Year)	28b. TIME OF 28c. IN INJURY		er (specify) SCRIBE HOW INJURY OCCURED			
ETED B	2   Accident   Investigation						
2	29e. CERTIFIER  (Check only)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner ee stated.						
OMPL	(Check only 1 CERTIFTING PHYSICIAN: To the best of my knowledge						
O BE COME	(Check only 1 CERTIFTING PHYSICIAN: To the best of my knowledge	nd/or Investigation, in my opinion,		end place, end due to the			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

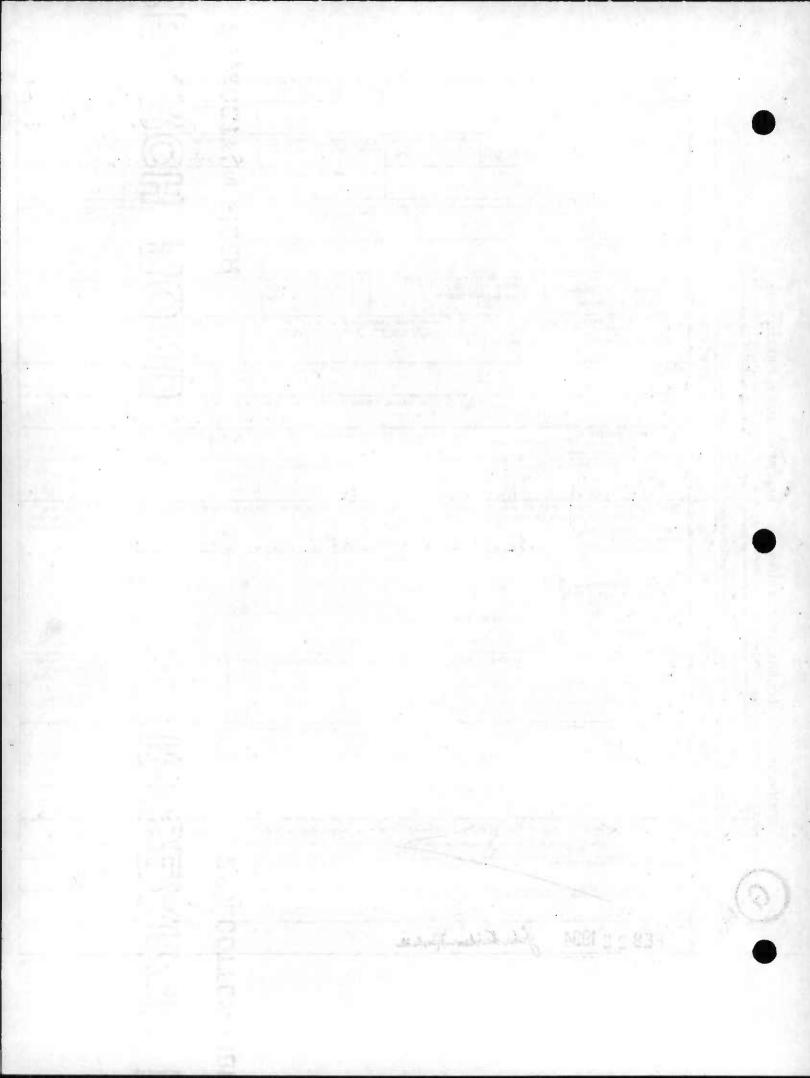
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11	1. DECEDENT'S NAME (First, Middle, Last)										
1.3	Volina Alice Powell								YEAR 3.	1 40	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bir	rthday) IF UND	DER t YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHPLA	ACE (State or Fe
	214-12-8663	t 🗆 M 2 💢 F	73	YRS. MONTHS	S DAYS	HOURS MIN.	(Mont	- 19-	20	Country)	en.
	Sa. FACILITY NAME (If not institution, give	street and number)		9b. CI	TY, TOWN O	R LOCATION OF		17-	9c. COUNT	-	TIMOR
E I											
СТОВ	RESIDENCE OF DECEDENT					-					
DIRE	10a. STATE 10b. COUNT	ry	1	Oc. CITY, TOWN	OR LOCATI	ON				10-	d. INSIDE CIT LIMITS?
. 1	MARYLAND			BA	LTIM	ORE				ŧX	YES 2
FUNERAL	10e. STREET AND NUMBER				101.	ZIP CODE			tog. CITIZE	N OF WHA	T COUNTRY?
N N	100 OAK STRE					2122				USA	
5	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. ARMEI	D 13		ENDENT OF HISE			s or No — 14	4. RACE — Black, W	American Ind
BY	3 X Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		t 🗌 YES	NO Spe	city:			Specify:	Blac
8	15. DECEDENT'S EDU	UCATION	16a DECE	DENT'S USUAL	OCCUPATIO	M	166	KIND OF BIL	SINESS/INDUS	RTOV	Diac.
E I	(Specify only highest gradi Elementary/Secondary (0-12)	le completed)	(Give I	kind of work don NOT use retired	ne during mos		100	. KIND OF BO	31142337114203	21117	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	(1-4 or 5+)								
COMPL	17. FATHER'S NAME (First, Middle, Lest)  18. MOTH					18. MOTHER'S	NAME (First, I	Viddle, Maiden	Sumame)		
E C	WILLIAM MILB	URN				VICTO					
0	19a, INFORMANT'S NAME (Type/Print)		19b, M	IAILING ADDRE	ESS (Street ar	nd Number or Run			m, State, Zip C	ode)	
2	RHONDA MANNIN	G				TE ROA			MORE,		2122
	20s. METHOD OF DISPOSITION	1 5 5 W 1 2 V	20b. PLACE AND	DATE OF DISPO	OSITION (Nar		DAT	_	CATION - CI		
	1 XBuriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery, cremate	MEMOR	PIAT.	PARK			NDALL		
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	0.1	22	2. NAME AN	D ADDRESS OF					
	MANN	( ) \( \  \  \	1111	L		0. D	YETT				HOM
		/ 10.00									
	23. PART Letter the diseases, or slock, or heart fallure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Breas	on each line.	er u	er the mod		ich aa car	llac or reap	Iratory arres	it,	Approxis
rification	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	s. Breast DUE TO	on each line.	ENCE OF):	er the mod	de of dying, at	ich aa car	llac or reap	Iratory arres	it,	Approximinterval I
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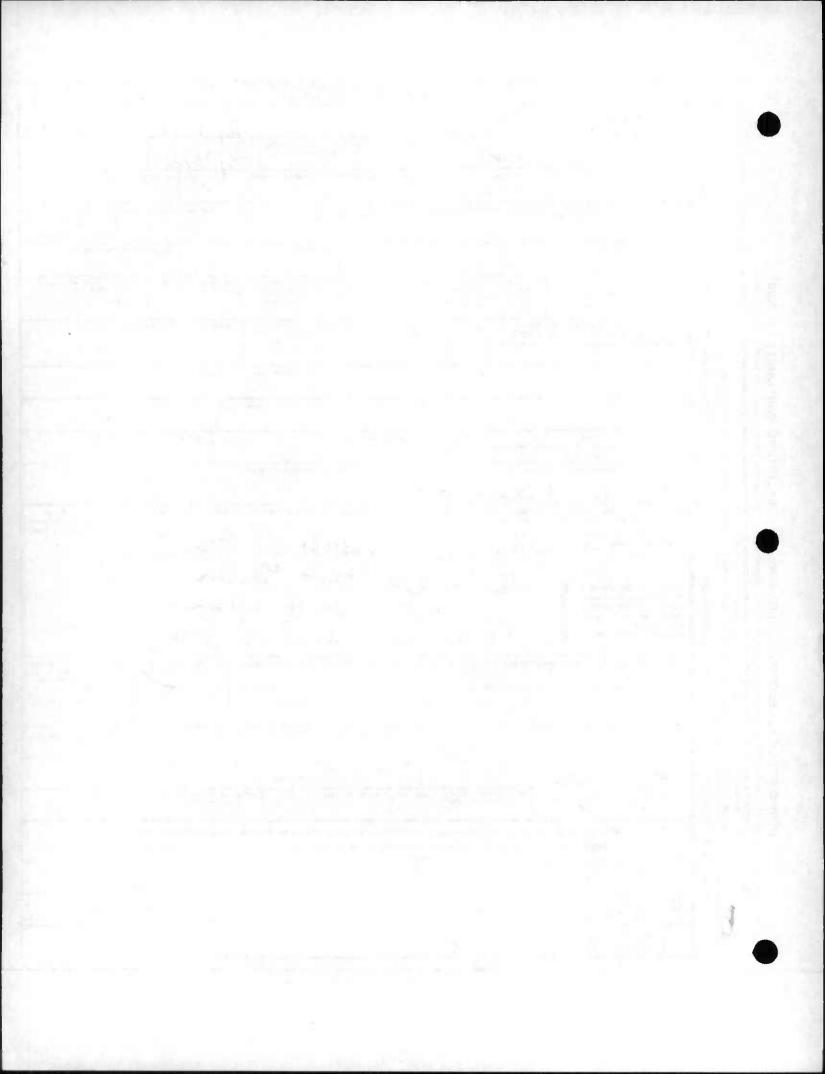


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the second of the second control and the second that the second to the second the second to the seco
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAMENFirst, Middle, Last) 2. DATE OF DEATH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF MIRTH 8. BIRTHPLACE (State or Foreig Mon DAYS 1 M 2 F 73 YRS. 212-16-3668 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 737 North Fulton Avenue Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 737 North Fulton Avenue 21217 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES TO NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify Specify: 84 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete filled in by the funeral director, page 5 should be detached for a on, or removal. Elementary/Secondary (0-12) College (1-4 or 5+) Waitress Merchants Club once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 John H. Brown BE Mary notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Romaine Gregory 3811 Monterey Road Balto, MD 21218 Page 6 may be Pe 20s. METHOD OF DISPOSITION
1 1 Disposition 3 General Paravel from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Arbutus Memorial Park 2/16 Baltimore County medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, 2501 Gwynns Falls parkway after death. Baltimore, MD 21216 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** cremation, the Metas disease or condition resulting in death) an and completely fill to burial, cremation DUE TO (OR AS A CONSEQUENCE OF): event, DUE TO (OR AN A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to win CAUSE (Disease or Injury or other that initiated events 142 resulting in death) LAST Injury. PART II. Other algoriticent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPS WERE AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 DAY 1 YES 2 NO t, of H PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) certificate in the State in the State in the State in the State in the state in the HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNED OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending м 1 YES 2 NO 84 Investigation After death 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building. stc. (Specify) 3 Sulcide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 9 Could not be DIRECTOR: A COMPLETED 4 Homicide FUNERAL DIRECT I within 72 hours a RTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner se stated. 296, SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, Year) BE (8 2 HO COMPLETED CAUSE OF DEATH (ITEM \$7) (Type, Print) Rolly the 2122 Baltenny FEB 22 1994 32. REGISTRAR'S SIGNATURE

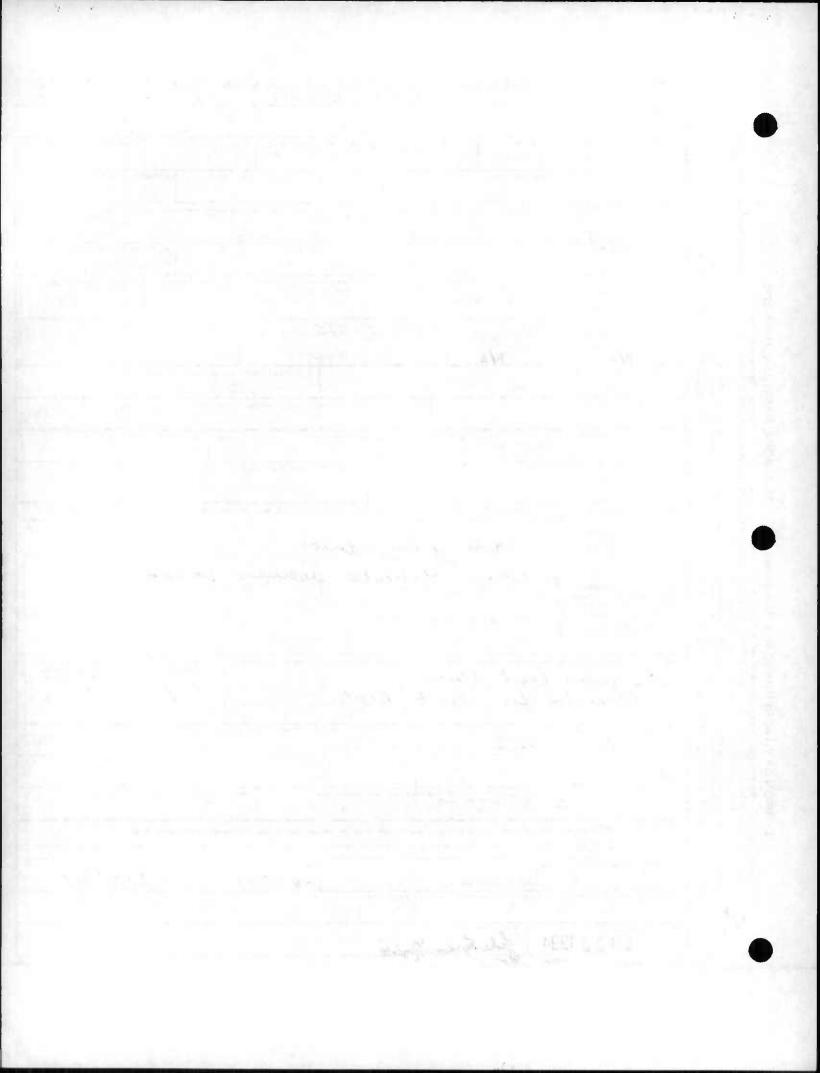
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be or	he fleet within 70 hours ofter death with the State Dank of Health and Mental Horison prior to hurial cremation or removal

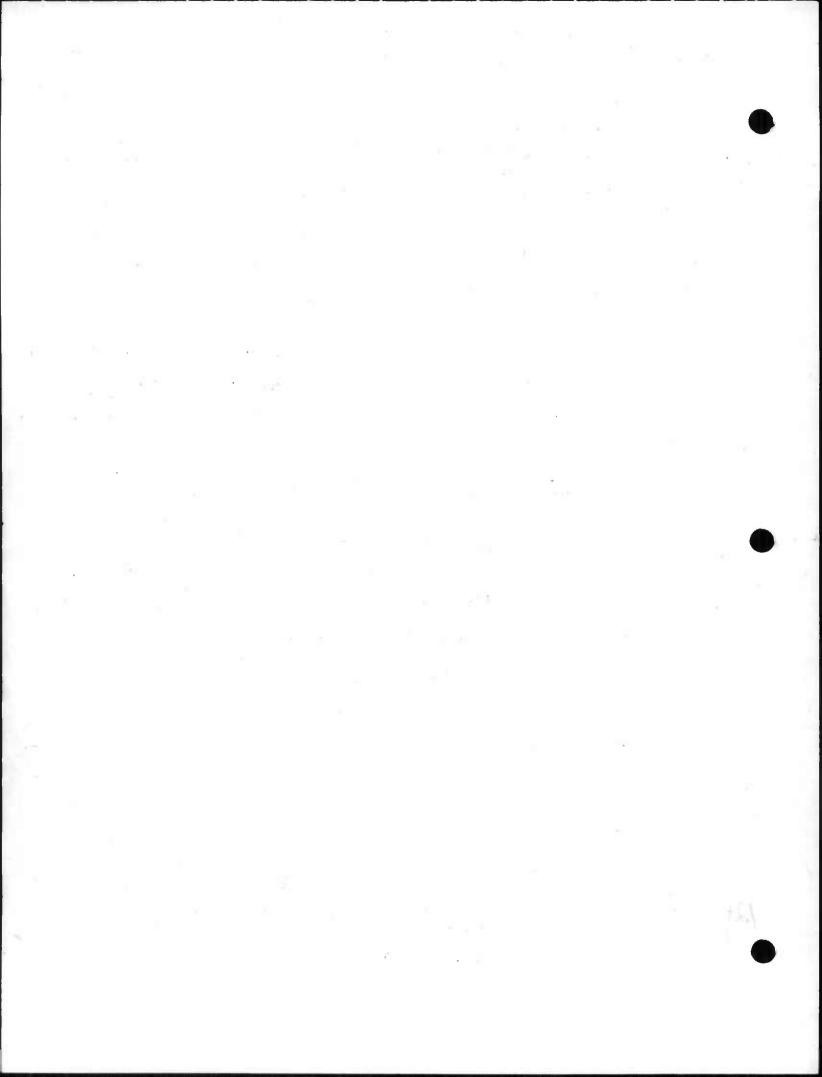
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF I	HEALTH AND DEATH	MENTAL HYGIEN REG. NO.	-1 1	04909
	1. DECEDENT'S NAME (First, Middle, L	nst)	PROVE	V7 A		2. DATE OF DEATH DATE OF DATE	AY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign
	216-32-7987	The state of the s						Baltimore
	9s. FACILITY NAME (If not institution, g	ive street and number)		9b. CITY, TOWN	OR LOCATION OF		9c. COUNTY	OF DEATN
O. H	Howard Coun	ty Hospital		Co:	lumbia		Hov	ward County
딥	RESIDENCE OF DECEDENT  10e. STATE  10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY
DIRECTOR	Maryland	Howard			cott Ci	ty		LIMITS?
	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
E	2815 Countr	y Lane			21042		U	SA
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	S 2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Maxic 3 2 X NO Spec	ANIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
ED BY	3 Widowed 4 Divorced  15. DECEDENT'S		16a, DECEDENT'S	USUAL OCCUPATI	ON	16b, KIND OF BUS	SINESS/INDUST	
	(Specify only highest g	rade completed)  College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during m me retired.)	ost of working	100.1010	J. 1. 2. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
1	N/A	N/A	Sales	s (Prod	uce)	Se1	f-Emp	loyed
once. COMPL	17. FATHER'S NAME (First, Middle, Last,				18. MOTHER'S N	AME (First, Middle, Maiden	Sumame)	
111 8	Rosario F	rovenza				DiFatta		
TO B	19a. INFORMANT'S NAME (Type/Print)  Robert Prov	rong z	19b. MAILING	COLLD + 1	and Number or Rura	Route Number, City or Tow	n, State, Zip Coo	y, Md.21042
2	20a. METHOD OF DISPOSITION				uh.			-
examiner must	1 23 Buriel 2 Cremetion 3 1 4 Donation 6 Other (Specify)	Removal from State	ob. PLACE AND DATE emetery, cremetory or o	other place)				or Town, State nore, Md
-	21. SIGNATURE OF FUNERAL SERVICE		New Cat		Cemeta  ND ADDRESS OF F		Jartin	MOTE, Ma
E	G. Truman S	chwab Funer	al Home	5151	Ralto	Nati Pike	Ra1+	o.,Md.21229
y, or other traumatic event, the medical	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF A CONSEQUENCE OF	ንና):	pulm	ng Dise	re-	
CER OF		d						
any Injury,	PART II. Other significant condi			in the underlying	ig cause given i	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDIC		Heart Des	lac	0 1 10		1 🗀 YES 2	N/40	OF DEATH?
shows:	- pacendo	for 1	ent t	slove				1 TYES 2 NO
S 2	25. WAS CASE REFERRED TO MEDICA	4		26 0	LACE OF DEATH (C	'heck only one)		
= (0	EXAMINER?	HOSPITAL:	utpatient 3 DOA	OTHER:	1-1-1	6 Other (Specify)		
PHY	27. MANNER OF DEATH  1 Netural 5 Pending	26s. DATE OF INJUR (Month, Day, Year	Y 286. TH	ME OF 28c, IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED
28 is mar TED BY	2 Accident investigati 3 Suicide 6 Could not 4 Homicide determine	28e. PLACE OF INJU	RY — At home, term, pecify)			261. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,
Item PLE		NYSICIAN: To the best of my kn	owledge, death occur	red at the time, dat	e and place, and du	a to the cause(s) and mar	nner ss stated.	
COMPL	one) 2 MEDICAL EXAM	MINER: On the basis of examine	tion and/or investigati	on, in my opinion,	death occured at th	e time, data and placs, sn	d due to the co	suse(s) and menner as stated.
TO BE COM	296. A GRATURE AND TITLE OF CERT	flucion	7		MP 25		P 2/	18144
	30. HAVE AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	e, Print)			1	
1	FEB 2 2 19	94 Julie Kein	GNATURE ALL ALL					
	200	M-	- Andrews	-				

DHMH-16 Rev 1/89



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TO BE COMPLET	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for us oval.	TO THE FUNEGAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us be filed with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ter death. Page 6 may be retained by the hospital or a	TO THE HIGHTIAC OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

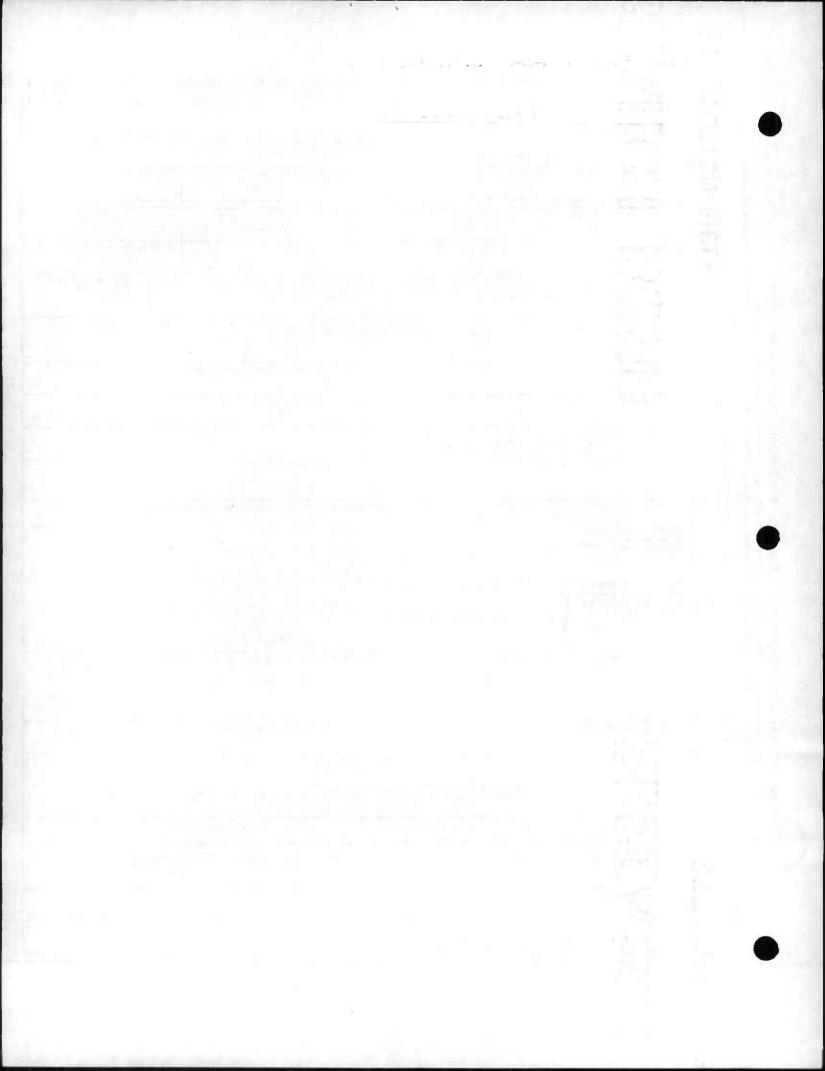
	1 - FOR STATE REGISTRAR	STATE OF MAR		TMENT OF I		MENTAL HYGIEN		14 04910	
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH	
	Henry N. Paul,	Jr.				ST C	6 94	10:07 DH	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.1	BIRTHPLACE (State or Foreign Country)	
	214-03-0308	1 M 2 - F	80 YRS.	MONTHS DAYS	HOURS MIN.	2-23-19		ARYLAND	
	9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
OB	Union Memorial	Hospital		Balt	imore C	ity			
띮	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY	
NIC.	MARYLAND	<b>,</b>		BALTIMO			LIMITS?		
7	10e. STREET AND NUMBER				. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?			
ER/	4100 NORTH CH	ARLES ST.			2121	Α	U.S.A.		
BY FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMEO		ENDENT OF HISPA	NIC ORIGIN? (Specify Yes		RACE American Indian.	
7	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X 1	R DATES		ecify Cuben, Mexic 2 NO Speci	en, Puerto Ricen, etc.) fy:		Black, White, atc. Specify:	
		<u> </u>						WHITE	
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATION Work done during me	ON ast of working	16b. KIND OF BU	SINESS/INDUST	RY	
7	Elementery/Secondary (0-12)	College (1-4 or 5+)			PRESTAT	TVE	INSURA	MCE	
MC	17. FATHER'S NAME (First, Middle, Lest)	1	TROOKII	NCD KDI		AME (First, Middle, Maiden		INCL	
Ö	HENRY N. PAUL	SR.				RLOTTE TI			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow		fo)	
임	CYNTHIA P. WAI	LKER				BALTO.,			
	20e, METHOD OF DISPOSITION	and town State	20b. PLACE AND DATE	OF DISPOSITION (N	ame of	DATE 20c. LO	CATION - City	or Town, State	
	4 Donetion 5 Other (Specify)		cemetery, crematory or o	PARK (	CEM.	2/21/94	BALTO	).,MD.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	ND ADORESS OF FA	ENKINS &	SONS	CO	
	> William 1	Kara!		4905	YORK	RD. BALT	O.,MD.	21212.	
	23. PART i. Enter the diseases, or ehock, or heert fellure.	complications that ceu List only one ceuse of	ised the desth. Do i in each line.	not enter the mo	de of dying, su	ch as cardiac or resp	iratory arrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	0	Α	(				Onset end Death	
	resulting in deeth)	Kest	AS A CONSEQUENCE OF	Ailune				4 945	
		Res 10 to 10	Al Al. L.	00				4 1000	
ō	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR	AS A CONSEQUENCE O	F):				(0,1)	
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	Me	TABODIE .	teidusist				4 2045	
E	thet initieted events	DUE TO (OR	AS A CONSEQUENCE O	•				Col	
CERTIFICATION	resulting in death) LAST	a METAS	HATE ACK	Nochre	AMIONS			7 carys	
	PART II. Other significent condition	ns contributing to dear	h but not resulting	in the underlyin	g ceuse given in	Part i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
S		CAR	diAC AR	thythen	A	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
9						1 = 1 = 1 = 2	: 🗆 NO	OF DEATH?	
-									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	heck only one)			
VSIC	1 YES 2 NO	HOSPITAL:	Outpetient 3 🗆 DOA	OTHER: 4 Nursing Hon	e 5 Residence	6 Other (Specify)			
PH	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJU (Month, Day, Ye			URY AT	26d. OESCRIBE HOW I	NJURY OCCURE	:0	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
8	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJ building, etc. (	URY — At home, term, s Specify)	street, factory, offic	•	26t. LOCATION (Street of City or Town, State)	and Number or R	tural Route Number,	
<b>E</b>	20. CERTIFIED								
COMPLET	(Check only	ICIAN: To the best of my k							
8	2 MEDICAL EXAMINI	IR: On the beele of examin	ation end/or investigation	on, in my opinion, o	leath occured at the	time, date end piece, en	id due to the ce	use(s) end manner ee stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	C)			29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)	
0	MANNE AND ADDRESS OF DESCRIPTION	O COMPLETED STATE	BRATO HEALT	0.11	4134	58746E11	105	110 94	
	ME AND ADDRESS OF PERSON WI			14 .5 4	2	= univ Park	a	14 40 21210	
	31. OATE FILED (Month, Day, Year)	2. REDIST	MRMURIA!	HUSPITAL	201 8	- min ilke	MM, D	ALL MD SISIO	
	FEB 2 2 1994	Their Bande	n- findalt						



BALTIMORE, MARYLAND 21215-0020	W: The law requires that the death certificate be executed with: chours after death. Page 6 may be retained by the hospital or attending physician.	inficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Dept, of Health and Memai Hygiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE NOSETHLESH ATTENDING PHYSICIAN. The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		SIAIE OF I			TMENT OF I			REG. NO		94	0491
1. DECEDENT'S NAME (FIR	st, Middle, Last)	Theresa	THE	FC	A			TE OF DEATH	AY Q	YEAR QUI	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24	NRS. 7. DA	TE OF BIRTH	7/	0 MPT	IPLACE (State or Foreign
22062-1278	3	1 - M 2 - F	96	YRS.	MONTHS DAYS	-	/M	onth, Day, Year)	297	Count	aryland
9a. FACILITY NAME (If not institution, give street and		street and number)			9b. CITY, TOWN	OR LOCATION		. 10,10		9c. COUNTY OF DEATH	
Good Samaritan Hospital					timore					eain	
10e. STATE	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
Md.	3= /3			1300	Balti	more	City				LIMITS?
10e. STREET AND NUMBER	R				10	1. ZIP CODE			10a. Cl	TIZEN DE V	WHAT COUNTRY?
4208 Ap	tanna	Avenue				21206	5			J.S.A	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div		12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. 1 YES 24 WAR OR DATES	ARMED					ne or No- 14. RACE — American Indian, Black, White, atc. Specify: White		
	CEDENT'S EDU	I CATION	100	DEGEREN	HOUSE CONTRACT						WILLE
(Specify or	nly highest grade	completed)		(Give kind of	USUAL OCCUPATI work done during m se retired.)	ost of working		16b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12) College (1-4 or 5+)				Aker		1	Home			
8th Grad			П	Ome P	TINGLE						
Julius	MICON, LEST)	Weidner				Is. MOTHER		st, Middle, Maiden	Sumamo) Schai		
19a. INFORMANT'S NAME	(Type/Print)				ADDRESS (Street						
Anna Louis	e Woo	d		4208	Antanna	Avenue	e Bal	timore,	Md.	-2120	6
20a. METHOD OF DISPOSI		ount days and			OF DISPOSITION (N	ame of	D	ATE 20c. LC	CATION -	- City or To	own, State
Cedar Hill Cemetery   2-22   Baltimore, Md.											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  6415 BElair Road											
/	AL SENTICE LI	CENSEE			The second second						
▶ KaTI	-,	CENSEE	1.		22. NAME A	NO ADDRESS	OF FACILITY	(	6415	BE1a	ir Road
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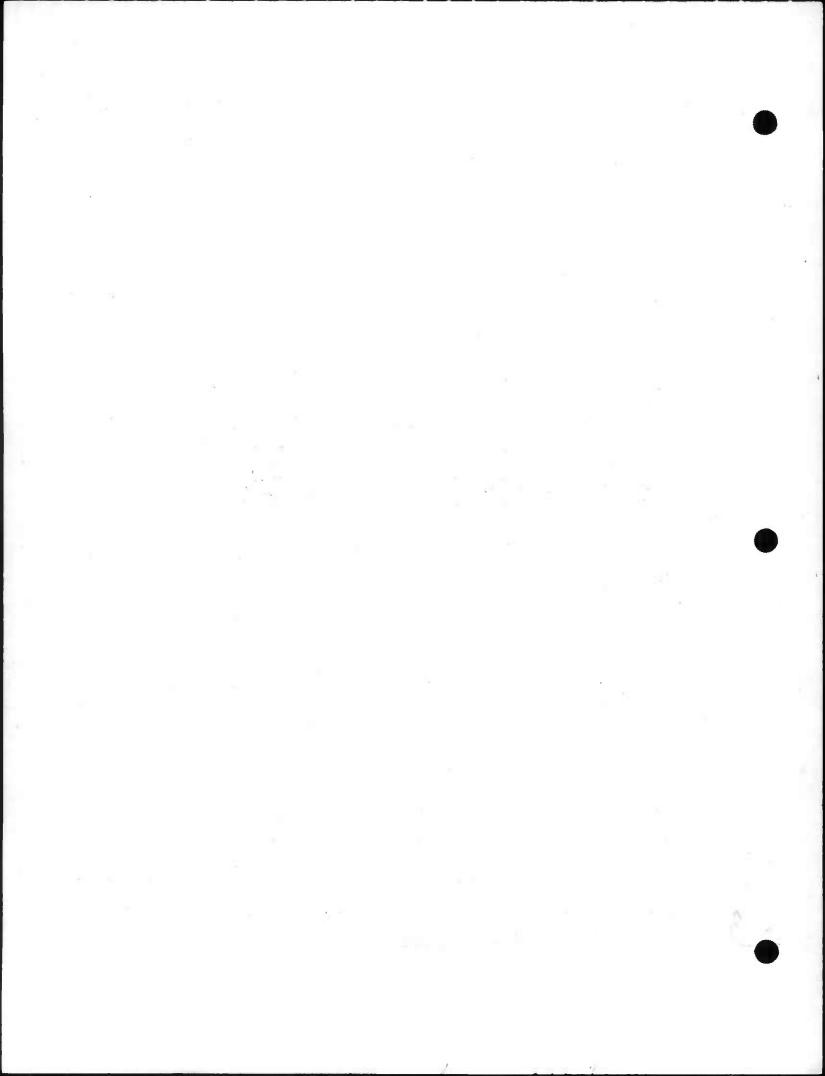
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IAN: The law requires that the death certificate be executed within Juns after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 shours after death with the State Deat, of Health and Mental Hotelere prior to burial, cremation, or removal.	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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cate be executed	hysician and cor e prior to burial.	er traumatic e
the death certifi	the attending p	Injury, or oth
aw requires that	s been signed by of, of Health and	3 shows any
SICIAN: The Is	certificate has	d, or item 2
TTENDING PHY	CTDR: After this after death with	if item 28 is market
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	FOR 1 - STATE REGISTRAR	STATE OF M					EALTH AND DEATH	ME	NTAL HYGIEN	E	94	04912
10	1. DECEDENT'S NAME (First, Middle, Last)	<u> </u>							DATE OF OEATH			3. TIME OF DEATH
100	MARY CATI	HERINE	RTC	HARD	S				02 18		94	7.00 A M
- 8	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7.	DATE OF BIRTH			7:00 A. M
-	216-01-1161	1 🗆 M 2 💢 F		YRS.	MONTHS	DAYS	HOURS MIN.	7	(Month, Day, Year)		Country	)
- ()			94						<u>07–16–18</u>		<u> </u>	MARYLAND
m	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	R LOCATION OF	DEATH		9c. COL	JNTY OF DE	EATH
CTOR	LITTLE SISTERS OF	THE POOR				CATO	DNSVILLE	Ξ			BALI	IMORE
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,	_	10c CIT	Y, TOWN O	B I OCAT	TON				1	10d. INSIDE CITY
DIRE			_	100.01	1, 10414 0	n LUCAI	ION				- 1	LIMITS?
	MARYLAND  10e. STREET AND NUMBER	BALTIMORI	<u> </u>		C		SVILLE					1 TES 2 NO
Z						101	. ZIP CODE			10g. CI	TIZEN OF W	HAT COUNTRY?
FUNER	601 MAIDEN CHOICE	LANE					2122	28	-		II.S.	Δ
5	11. MARITAL STATUS	12. WAS OECEDENT	EVER IN U.S. AR				ENDENT OF HISPA		ORIGIN? (Specify Yes	or No-	14. RACE	— Americen Indian, White, etc.
<u> </u>	1 Never Merried 2 Merried	IF YES, GIVE WA					2 NO Spec		perio moen, atc.)		Specif	v:
	3-Widowed 4 Divorced											WHITE
	15. DECEDENT'S EDUC (Specify only highest grade			CEDENT'S			N st of working		16b. KIND OF BUS	HNESS/IN	OUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	Do NOT us	se retired.)							
E I	5		PH	OTO I	DEVEL	OPEI	3		EASTER	N PH	OTO I	AB
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (	First, Middle, Malden	Sumame)		
BE	NICHOLAS DOHERTY						CATHE	RIN	E DORAN			
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street e	nd Number or Rura	/ Route	Number, City or Tow	n, State, Zi	(p Code)	
-	ROBERT HENDERSON	(NEPHEW)	1	29 SI	ADE	AVEI	NUE PIKE	ESV	ILLE, MA	RYLA	ND 2	1208
- 1	20e. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOSI	TION /No	me of		DATE 20c. LO	CATION -	- City or Tox	vn, State
	1 Donetion 5 Other (Specify)	oval from State	cemetery, cre				02/21/9	94	DAT	TITMO	מא בורד	חות אאום
- 1	21. SIGNATURE OF TUNENAL SERVICE LIC	ENSEE	JUST H	OLY I			CEMETICAL  ID ADDRESS OF F			LINO	RE ME	RYLAND
	Lussereau	24	P		LE	ROY	M. & RU	JSS	ELL C. W	ITZK	E FUN	ERAL HOMES
		0			16	30 1	EDMONDS(	NC.	AVENUE C	ATON	SVILI	E MARYLAND
	23. PART i. Enter the diseases, prosphere in the control of the co	a. Pseu	caused the date on each line	i. UOX	as	tha mo	1		a cardiac or reapi		rreat,	Approximata interval Batween Onset and Death
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d											
5	PART ii. Other algnificant condition	a contributing to	daath but not i	raaulting	In the unc	darlying	cause givan l	n Pari	t i. 24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
WEDICA	Cargathe Service d	he ar	t de	ailus	e,	li	ypoka	20	PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (C	heck o	only one)			
2	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Nurs		e 5 🗆 Residence	R [	Other (Specific)			
	27. MANNER OF OEATH	26e. DATE OF I	NJURY	28b. TIM		28c. INJ		_	d. DESCRIBE HOW I	NJURY OC	CURED	
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0	2 Accident Investigation 3 Suicide & Could set be	28e, PLACE OF	INJURY — At ho	me term	street fecto			269	LOCATION (Street a	and Alumba	v or Puml D	auto Mumbos
5	4 Homicide 6 Could not be	building, a	etc. (Specify)	,,	andet, recto	ny, onic		201	City or Town, State)	ina Numbe	or nurer n	oute Number,
	290. CERTIFIER		11111111111									
MPLE	(Check only CERTIFYING PHYSI											
5	2 MEDICAL EXAMINE	R: On the beele of exi	amination end/or	Investigatio	n, in my op	olnion, d	eath occured at th	e time	, date end place, en	d due to t	he couse(e)	end menner es stated.
u l	296. SIGNATURE AND TITLE OF CERTIFIED	0.0	au C	_			29c. LICENSE NI	UMBER	1	29d. DA	TE SIGNED	(Month, Day, Year)
	Kamal	Xe-Pe	en	ND			D1836	02		▶ 2	4181	94 .
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E OF DEATH (ITE				^	C	7-1	, ,	2 "	. 1
	31. DATE FILED (MONTH, Day, March	GM-D.	, 345	5, 1	vilk	en	is the	, ×	mle 201	0, 0	Salko	· Md 2/229
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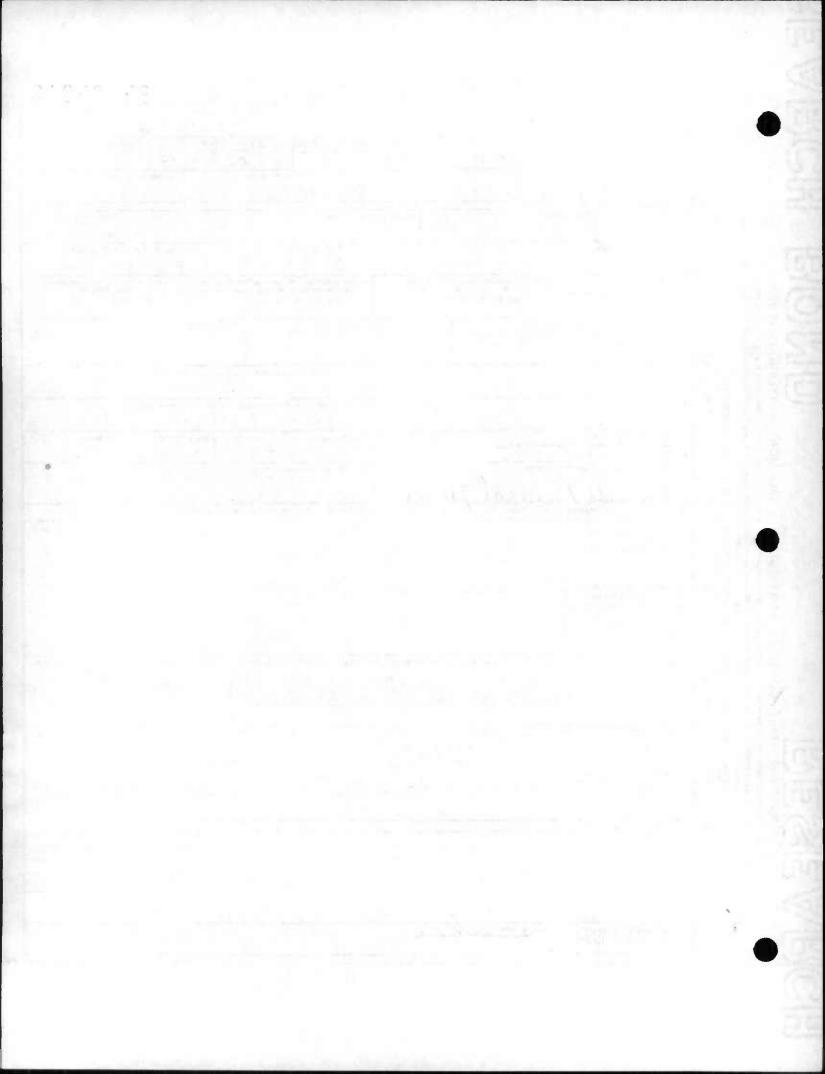


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BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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THISION OF VITAL RECORDS, P.O. BOX 68760,

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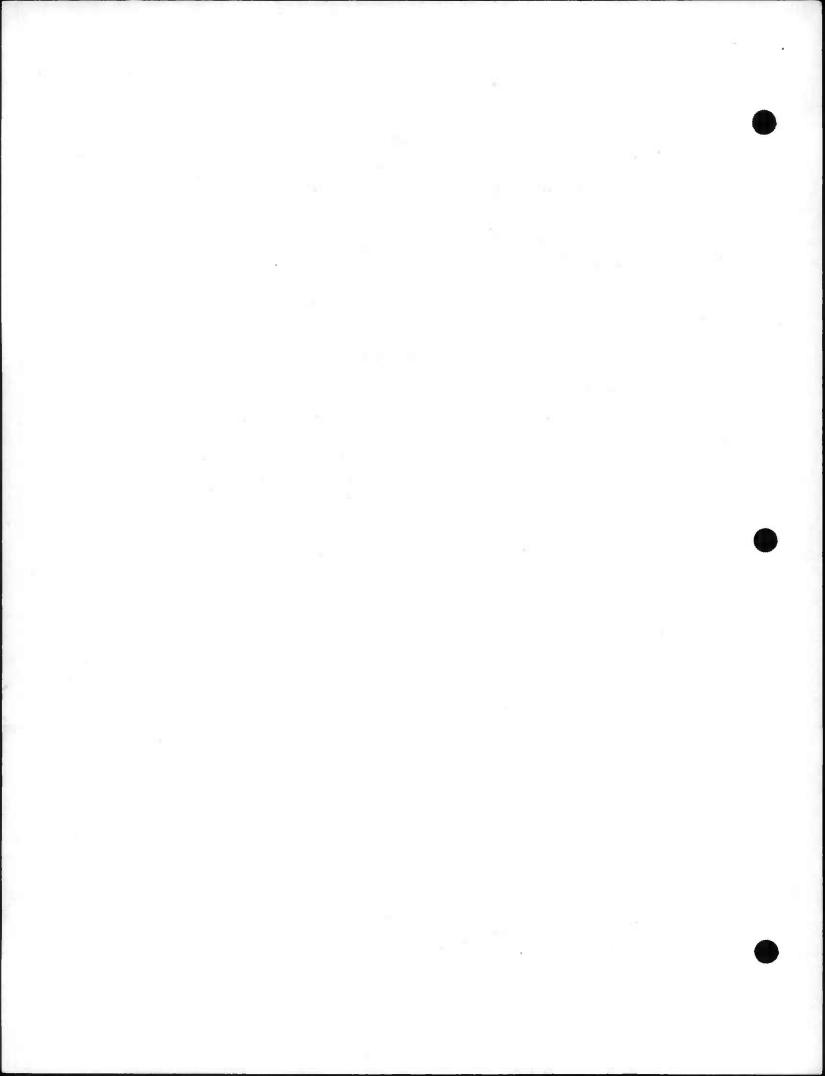
	1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	CATE OF	DEATH	I	REG. NO.	94	0491,	
	MAXINE	MONTH		4 YEAR	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 234-50-1810	5. SEX 6. AGE (		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month)	Dey, Year)	Countr	MPLACE (State or Foreign ny) StVirgil	
TOR	9a. FACILITY NAME (If not institution, give street and number)  6000 SAMARITAN HOSPITAL  BALTIMORE  RESIDENCE OF DECEDENT  WESTVITO  9c. COUNTY OF DEATH  BALTIMORE									
DIRECTOR	Ma Ba	10c. CITY,	CITY, TOWN OR LOCATION ESSEX					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAL	1502 Nicola	ay Way		101. ZIP CODE 2 1 2 2 1			10g. CITIZEN OF WHAT CO			
COMPLETED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	25 NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Maxic 2 NO Speci	an, Puarto R	(Specify Yes or No.— ican, etc.)		E — American Indian, k, White, etc.	
	(Specify only highest grad	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)								
SOM	12th 17. FATHER'S NAME (First, Middle, Last)		House	wile	16. MOTHER'S NA	AME (First, M	iddle, Maiden Surname,	)		
BE (	Gaden C. Coch	nran					Moore			
2	Allen J. Raci	ısin					er, City or Yown, State, . timore N	.,	21221	
	20a. METHOD OF DISPOSITION  1 1 Burlal 2 Cremation 3 Ren 4 Donation 8 Other (Specify)		PLACE AND DATE OF	DISPOSITION (Na	arne of	DATE	20c. LOCATION -	City or To		
	13c Burlel 2   Cremation 3   Removal from State   Commetory or other place)   Commetory 2/22/93   Baltimore Md.									
NO	iMMEDIATE CAUSE (Find disease or condition resulting in dasth)  Sequentially list conditions,	s. DUE TO (OR AS A	CONSEQUENCE OF):				ac or respiratory o	, in the second	Approximata interval Betw Onset and D	
TY, of other traumatic event, the medical examiner must be notified at once.  CERTIFICATION  TO BE COM	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
ERTIF		d								
MEDICAL							24s. WAS AN AUTOPS PERFORMED? 1 YES 2 MNO	Y 24b	AWAILABLE PRIOR TO	
MEDICAL	PART II. Other algnificant condition PANCYTOPENIA VASCULITIS, RE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?		upus en Brovascu	47HGM,		<u>-</u>	PERFORMED?  1 YES 2 MNO	Y 24b	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
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PHYSICIAN: MEDICAL	PART II. Other algnificant condition PANCYTOPENIA VASCULITIS, RE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Minpetient 2 ER/Outp  28a. DATE OF INJURY (Month, Day, Year)	BROVASCU entent 3 DOA 4	28. PI  ZE PI  Z	ATOSUS, CODENT	neck only one	PERFORMED? 1 □ YES 2 7 NO		AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
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ED BY PHYSICIAN: MEDICAL	PART H. Other algnificant condition PAN CYTO PEN I A VASCULITS, RE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 1 Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYS	HOSPITAL: 1 M Inpatient 2 ER/Outp  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Places of the part of the best of my known)  ER: On the best of examination  ER: MEDICINE R	etient 3 DOA 4  28b. TIME INJUR  At home, farm, skrifty)  ledga, death occurred in end/or investigation,	26. PI  THER:  Nursing Hom  OF 26c. INA  WO  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATOSUS, CCOENT  ACE OF DEATH (CI  NO 5   Rasidence URRY AT  RK7  YES 2   NO  a  and place, and due	eck only one  6 Other  28d. DES:  28f. LOCA City of	PERFORMED?  1 YES 2 NO  (Specify)  CRIBE HOW INJURY Of Town, State)  TION (Street and Number Town, State)	ccured beer or Rural between the cause(s	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 VES 2 NO	



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	94	04914	
CERTIFICATE OF DEATH REG. NO.			

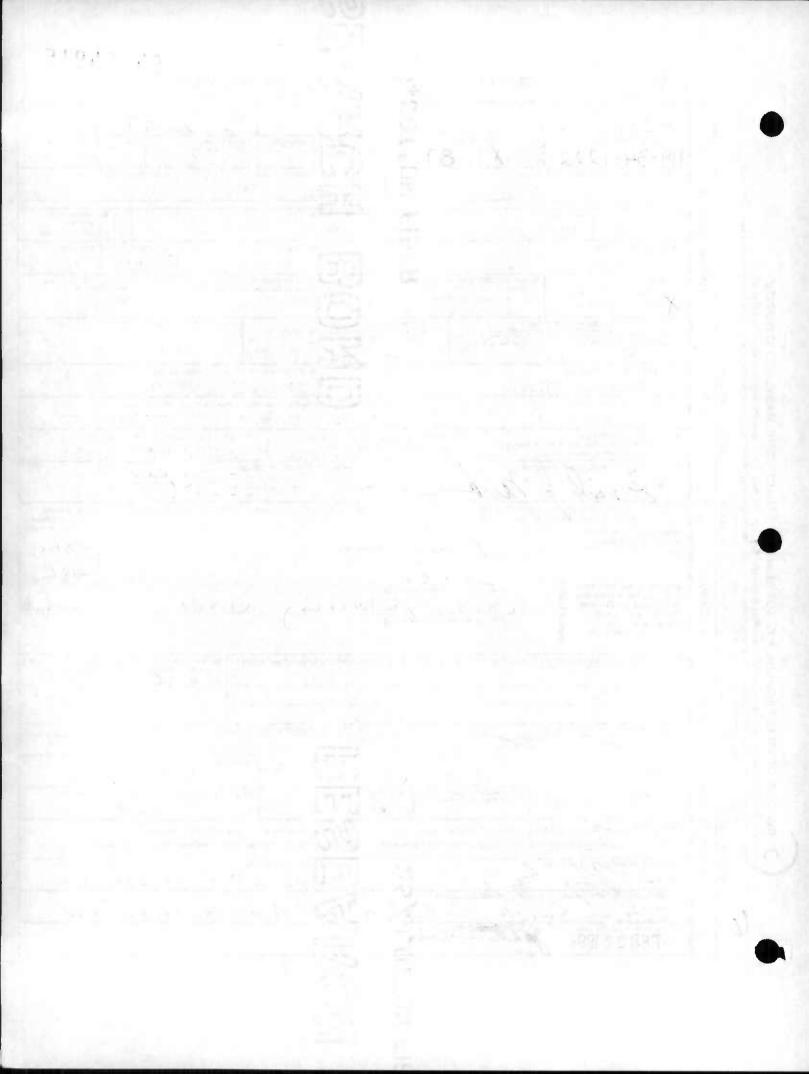
		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
		1. DECEDENT'S NAME (First, Middle, Lust)				2. DATE OF DEATH DAY YEAR 3. TIME OF GEATH		3. TIME OF OEATH		
		Sallie F. RUTLEDGE  4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF INDER 24 MIN					2-16-		3:06 P M	
. 2, 3 should	DIRECTOR	412-34-3251  98. FACILITY NAME (If not institution, give	1 M 2 K F 68 YRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year) JULY 21, 1925 Renn.				
		Franklin Square				ville	EATH	9c. COUNTY Balt	imore	
es 1	<u> </u>	10e. STATE 10b. COUNT	Υ	10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY	
21215-0020 all or attending physician. for use as the burial-transit permit. Pages 1, 2,	COMPLETED BY FUNERAL DIF	Maryland I				Parkville/Carney		T 100 CITIZEN	LIMITS?  1 YES 2 NO  OF WHAT COUNTRY?	
		3504 Fieldcreek Way			21234			USA		
		11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2, NO ATES	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: White	
		(Specify only highest grade completed) (Give kind of			IT'S USUAL OCCUPATION 16b. KIND OF BUS of work done during most of working If use retired.)			JSINESS/INDUST		
	M	6th grade	Housewife				Homemaking			
ALTIMORE, MARYLAND death. Page 6 may be retained by the hospit funeral director, page 5 should be detached examiner must be notified at once.	TO BE CO	William Burke L					r's NAME (First, Middle, Meiden Sumerne) ra Bunch			
		190. INFORMANT'S NAME (Typo/Print)  James E. Rutledge	9	1			Aoute Number, City or To Baltimore,			
		20e. METHOD OF OISPOSITION 1 X Burial 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	novel from State 20t	netery, crematory or of	of DISPOSITION (Na	ame of		DCATION — City		
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
AA - 2 5		Lassahn Funeral Home 7401 Belair Rd. Baltimore, Md. 21236								
OF VITAL RECORDS, P.O. BOX 68760, PHYSICIAN: The law requires that the death certificate be executed within this certificate been signed by the attending physician and completely filled in I with the State Dept. of Health and Mertal Hygiene prior to burial, cremation, or retried, or Item 23 shows any Injury, or other traumattic event, the medities		23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition presulting in death)  a. Cerebral infarction, pneumonia  DUE TO (OR AS A CONSEQUENCE OF):								
	MEDICAL CERTIFICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST  Hypertension  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
		PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause			g cause given in		RMEO?	24b. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO	26. PLACE OF DEATH (Check only one)  HOSPITAL: 1							
	ву Рну	27. MANNER OF DEATH  1 A Netural 5 Pending Investigation Investigation					28d. DESCRIBE HOW INJURY OCCURED			
VISIC NTTENDII OTOR: A after de 28 Is	ETED I	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	OF INJURY — At home, term, street, tactory, office g, etc. (Specify)		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
로 국 다 드	COMPLE	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated.  MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								
TO THE FUNERATION THE FUNERATION TO THE FUNERATI	BE	29b. SIGNATURE AND TITLE OF CERTIFIER  M. D.				29c. LICENSE NUMBER 29			DATE SIGNED (Month, Day, Year)	
7	10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. Khalid Malik 9000 Franklin Square Dr. Baltimore, Maryland 21237								
		or. Khalid Malik  31. DATE FILED (Month, Day, Year)  FEB 2 2 1994	9000 Frankli	ATURE	Dr. Bal	Ltimore,	Maryland	21237		
		-								



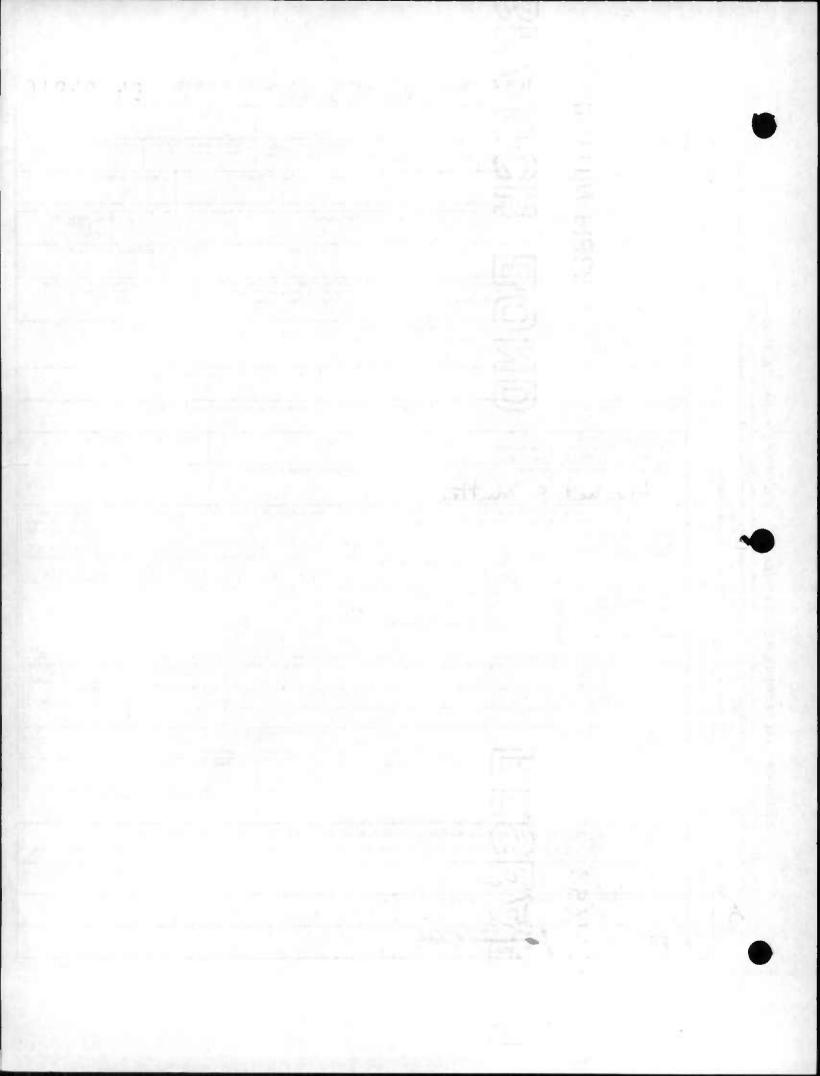
TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FINESH, DIRECTOR ATTERNOON SECURITY PROPERTY SHOULD BE STORED BY the attending Physician and completely filled in by the funeral director, page 5 should be detached.	6 de committe de commentar de c	The meeting exempted meet on notings of olice.
hat the death certificate be executed within	d by the attending physician and completel	De too minn of four min one will be state begu. Of neatur and mental hydrer prior to buriat, cremation, or removal.	of them to enouse any rightly, or other nament overs, me measure these
ING PHYSICIAN; The law requires t	The the pertificate has been signed	ment or Hern 23 chave a	
TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: A	De 1660 WITHIN 72 HOURS STRY IN	INCORPORT II IIIII 64 IS

STATE (		TMENT OF HEALTH AND ICATE OF DEATH	MENTAL HYGIENE REG. NO.	94	04915
dra	Rudnick	ka	2. DATE OF OEATH DAY	T YEAR	3. TIME OF OEATH
5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH	8, BIRT	THPLACE (State or Foreign

	FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPARTI			ENTAL HYGIENE REG. NO.	7 3	
	1. DECEDENT'S NAME (First, Middle, Las	a Ru	dnick	a		2. DATE OF OEATH DAY	YEAR Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 119-34-1222 98. FACILITY NAME (If not institution, give	1 🗆 M 2 🕽 F	87 YRS. MC	F UNDER 1 YEAR ONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04/23/06	Coun	HPLACE (State or Foreign try) Land
TOR	St. Agnes Hospit			Baltim		96. 0	COUNTY OF	DEATH
FUNERAL DIRECTOR	Maryland Balt	timore		own on Locat Sville	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 1222 Tugwell Di	rive		101	21228		USA	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIYE WAR OR I		If yes, sp	ENDENT OF HISPANIC polity Cuben, Mexican, 2 NO Specify:	C ORIGIN? (Specify Yes or No- Puerto Rican, etc.)	- 14, RAC Blac Spec	E — American Indian, ck, White, etc. city: 1te
COMPLETED	15. DECEOENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in Superviso	k done during mo etired.)	st of working	18b. KIND OF BUSINESS.		
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Melden Surnem	10)	THE STATE OF
8	Aleksander ( 19a. INFORMANT'S NAME (Type/Print)	Jnknown	19b, MAILING AC	ODRESS (Street a		Tabaczynska		
2	Tamara Strzetel	lski				Apt. 709 Wa		ton, DC
	20e. METHOD OF DISPOSITION  1 □ Burlel 2 □ Cremation 3 □ Re  4 □ Donation 6 □ Other (Specify)	moval from State 20	b. PLACE AND DATE OF I metery, crematory or other Greenmount	DISPOSITION (Na r place) Cem . (	med Crematory	DATE 20c LOCATION 2/22 Baltim	ore,	own, State Marvland
	21. SIGNATURE OF FUNERAL SERVICE		_	David	J. Webe		mes	
CERTIFICATION	23. PART I. Enter the disease of shock, or heart tailure immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. OUE TO (OR AS  DUE TO (OR AS  C. CCC d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	luch	de of dying, such	sa cardiac or respiratory	srreat,	Approximats Interval Between Onset and Death #/8hr.  4/8 hr.  i must code:
PHYSICIAN: MEDICAL CE	PART II. Other eignificent conditi	one contributing to death	but not resulting in t	the underlying	g cause given in P	249. WAS AN AUTOP PERFORMED? 1 YES 2 1 NO	/	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	26. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THEA:	ACE OF DEATH (Chec			
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c, INJ	URY AT RK?	28d. DESCRIBE HOW INJURY	OCCURED	
	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJUR	Y — At home, farm, stre	et, factory, offic		281. LOCATION (Street end Nun City or Town, State)	mber or Rural	Route Number,
COMPLETED	one)	/SICIAN: To the best of my known NER: On the bests of examination						(s) end menner es stated.
TO BE C	29b. SIGNATURE AND TITLE OF CENTIF	37			29c. LICENSE NUME	29d.	DATE SIGNE	O (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON V	THO CONFLETED CAUSE OF D	FOC	ini) Confei	Aug	Balti	mere	MP
	FEB 2 2 1994	Jack Bandson	MATURE					



	1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH		AL HYGIENE REG. NO.	04916
	1, DECEDENT'S NAME (First, Middle, Last)	ROSS			2. DA'	TE OF DEATH	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215408085	5. SEX 6. AGE (III	65 YRS. MONT		Jan	17 1929	BIRTHPLACE (State or Foreign Country) Maryland
OR	9e. FACILITY NAME (If not institution, give str University Hos		96. (	Baltimor		9c. COUN	TY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY  Maryland		1811	n on Location		College College	10d. INSIDE CITY LIMITS?  XXYES 2 \( \text{NO} \) NO
RAL	100. STREET AND NUMBER 1218 Woodyear	Stroot		10f. ZIP CODE	217		EN OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		HISPANIC ORIG	GIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, etc.  Specify: Black
ETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) High School	ATION completed) College (1-4 or 5+)	ille. Do NOT use retin	one during most of working	, ,	66. KIND OF BUSINESS/INDU	
COMPL	17. FATHER'S NAME (First, Middle, Last)		TACATO		ER'S NAME (Firs	t, Middle, Meiden Surname)	
BE (	Alfred Holmes  19a. INFORMANT'S NAME (Type/Print)					e Rasin	X 10 4 2 1
5	Audrey Ross			ckham Roa		altimore,	
	20a. METHOD OF DISPOSITION XIX Buriel 2 Cremetion 3 Remo	val from State   come	PLACE AND DATE OF DIS	cal	1	ATE 20c. LOCATION — C	
	21. SIGNATURE OF FUNERAL SERVICE LICE		butus Mei	22. NAME AND ADDRES	S OF FACILITY	19 Baltimo Nutter Funer	al Homes, Inc.
	3 tredeet 6	· mutter		2501 Gwynn Baltimore,	s Fall:	s Parkway	
ERTIFICATION	ahock, or heart failure. I	DUE TO FOR AS A	CONSEQUENCE OF):	it ction/ hyperte	dysr nsion	hythmia	interval Between Onest and Dauth Moutes  minutes  years
MEDICAL C	PART II. Other aignificant conditions hypertension, alwhetes mell	e contributing to death bu	ut not resulting in the	underlying ceuse g	iven in Part i.	246. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DE			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. 0	PESCRIBE HOW INJURY OCC	URED
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, street,	factory, office	28f. Li	OCATION (Street and Number of try or Town, State)	or Rural Route Number,
COMPLET	one) 2 MEDICAL EXAMPLE	AAN: To the best of my knowle		my opinion, death occur	d at the time, d	ate end place, end due to the	ceuse(e) end menner se stated.
O BE	JA W TITLE OF CERTIFIER	ch ,	ND	29c. LICE	ISE NUMBER	PM. DATE	SIGNED (MININ, Day, Year)
5	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF OEA	120 S. 6	reene s	+ . Ba	Hinoc	MD.
	FEB 2 2 1994	32 BEGISTRAR'S SIGNI	TURE			,	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
certificate be executed within 24 hours aft	ing physician and completely filled in by rgiene prior to burial, cremation, or remo	other traumatic event, the medica
SICIAN: The law requires that the death of	certificate has been signed by the attendi	1, or item 23 shows any injury, or
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Debt. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 Is marked

1. DECEDENT'S NAME (First, Middle, Las	1)					DEAT			OF DEATH			3. TIME OF DEATH
MAURICE	RE	ID						WONT	UARY	15. 1	994	4:40 p.
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest	birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7 DATE	OF BIRTH	1,5,1		IPLACE (State or Foreign
212 44 7100	1 ∰ M 2 □ F	47	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)		Count	y)
9a. FACILITY NAME (If not institution, give	n atmet and number	4/		as CITI	V TYPHAN (	OR LOCATI	011 05 0		/19/4	9c. COUN		MD.
		TYO OD TOO								Se. COUR	ITY OF D	EAIH
THE JOHN	S HOPKINS	HUSPITA	L	BA	TIT	10RE	CIII					
10e. STATE 10b. COUR	NTY		10c, CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
MD.				Ra1	timo	re						LIMITS?
10e. STREET AND NUMBER				Dar		1. ZIP COD				100 0171	TEN OF I	WHAT COUNTRY?
4 <b>7</b> 17 Park	Height Ave	2.								log. Crit		
11, MARITAL STATUS							1215				US	
1 Mever Married 2 Merried 3 Widowed 4 Divorced		T EVER IN U.S.,ARI YES 2 1/2 N MR OR DATES			If yes, sp		n, Mexica	n, Puerto	t? (Specify Ye Rican, etc.)	s or No-	Spec Afr	
15. DECEDENT'S EI	DUCATION	16a, DEC	EDENT'S	USUAL O	CCUPATIO	ON		161	KIND OF BU	ISINESS/IND		1 1111111111111111111111111111111111111
(Specify only highest gre Elementary/Secondary (0-12)	college (1-4 or 5 d	(Gh	re kind of Do NOT u	work done se retired.)	during mo	ost of working	ng		Dept.			tion
17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First	Middle, Maider	Sumamai		
Charles	Reid					IV. MOT			Carri			
19a. INFORMANT'S NAME (Type/Print)		1 400	MARKET	100000	0 10-					0	0-1-	
Tineka & Steve	nson Reid	196							ber, City or Tox			5
	- ACIA			_			LAV	e. B	alto.			
20a. METHOD OF DISPOSITION 17E Buriel 2 Cremetion 3 Re	emovel from State	20b. PLACE A cemptery, crer					,	DAT		OCATION -		
4 Donation 5 Other (Specify)		Ar bu	tus			18/9	_		A	rbutu	s, M	υ.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	2		22.		ND ADDRE			1 7	.,	D A	
D (10,0 (	1 00	6-1							eral l			1017
23. PART I. Enter the diseases, o	200	00										
ahock, or heart fallur	re. List only one cau	t coursed the decise on each line.	ath. Do	not ente					. Bali			Approximata interval Batw
ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a	Cerebro (OR AS A CONSECTION AS	NENCE O	GOPPI: CN9	er tha mo	ode of dy	ing, suc	h aa can	diac or resp			Approximata interval Batw
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BALTIMORE, MARYLAND 21215-0020

DIWISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OF STENDING MAN PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	ITEM: 28a, PER MEO F.  FOR STATE	STATE OF	MARYLAND /	DEPAF	RTMENT	0F I	IEALTH	AND I				0.1		1 0	
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las JOSEPH	F.	CI		CODR				2. DATE OF D	EATH D	AY	YEAR	3. TIME	OF DEATH	18
	4. SOCIAL SECURITY NUMBER 214-66-1940	5. SEX	6. AGE (In yrs. last birthday)			1 YEAR	IF UNDER	24 HDS	FEB 7. DATE OF BE (Month, Day) Mar. 1	RTN Year)	a BIRTHIN ACE (State of Source				
	9e. FACILITY NAME (If not institution, giv					, TOWN	OR LOCATI			J , I	_	NTY OF		nuse	CLS
TOR	ANNE ARUNDEL I	MEDICAL				VAP	OLIS				ANN	EA	RUN	DEL	
DIRECTOR	MD Ani		10c. CI			ter	TION						LIA	SIDE CITY HITS? ES 2 1	40
RAL	100. STREET AND NUMBER 1520 Mayfield	Road				1	f. ZIP COD	2/					WHAT CO		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	t2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES			1 9	21037 USA  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					14. RAC Blac	E — Americk, White,		n,	
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed)  Collège (1-4 pr 5	+) (Gi	ive kind of Do NOT u	work done of se retired.)	during m	est of working	ng			siness/inc	ine un	'n		
	17. FATHER'S NAME (First, Middle, Last)  Joseph Freemal	. Podrio			1/10	2211	16. MOT		ME (First, Middle	Meiden	Surneme)		-		
BE	190. INFORMANT'S NAME (Type/Print)	Roully	-		ADDRESS	(Street			Cathe:				an		
입	Mary Catherine	Rodrig							, Edge	ewa	ter,	MD			
	20e. METHOD OF DISPOSITION  1 Syburiel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from Stata	20b. PLACE A cemetery, cre Laker	matory or o	ther plecel				2/24		avid				וח
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1///	OIIC	22.	NAME A	ND ADDRE							IC, F.	
	Takk	& Usne	del/L		11:	2 R	idae	lv .	Ave.	Ann	apol	is.		214	01
	23. PART i. Enter the diseases, shock, or heart failfur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one ca	of COR AS A CONSECUTION	13	in		ode of dy		n as cerdiac (	or resp	iratory an	rest,	In	pproxima itarval Be nset snd	tween
CERTIFICATION	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in daath) LAST	c	O (OR AS A CONSEC												
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I.  24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDING TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO					WSE									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF D	EATN (Che	ock only one)						
НУ	1 → YES 2 □ NO 27. MANNER OF DEATN	28e. DATE O		28b. TIM	E OF	28c. IN.	URY AT	reidence	Other (Spe PASSE		MANUEL OF	<b>SURED</b>	IITO	/TODII	CV
ВУВ	1 Natural 5 Pending 2 Accident Investigation	FEB 2	0, 1994	11:	35 P	1 🗌		Хио						IMPA	
TED	3 Suicide 6 Could not be determined	building	of injury — Al ho , atc. (Specify)			ory, ome	•		RT . 2				OAD	nber,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PH	SICIAN: To the best o											s) and me	nner en st	nted.
ш	296. SIGNATURE AND TITLE OF CENTIF	No.						ENSE NUM					D (Month, I		
TO B	30. NAME AND ADDRESS OF PERSON-	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	SE OF REAL SE	u ar ~	- Out-11		0.C	.M.I	₹		▶ F	EB	21,3	1994	
	/ IAMA	KON	1			n S	tree	t, 1	Baltin	ore	e, M	ary	land	1 21	201
	**FEB 22 1994	The State of the S	was Abringer	10											

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THE HOSPITU OF ATTENDING PHYSICIAN: The law requires that he death certificate be executed within. Grouns after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNETOR: Hose for the State has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, the filled within 72 hours after death with the State Dept. of Health and Mental Hygiere prior to burial, crematon, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATT TO THE FUNERAL DIRECT Se filed within 72 hours at	MPORTANT: If item 2

1 - FOR STATE REGISTRAR 16919 96 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 1. TIME OF DEATH 2 YEAR 205 AP Sisen 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 21518772 1 M 2 F 1-12-24 Md. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Administration Veterans nmore DIRECTOR 150 hmaro Ha 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore Catonsville 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2-H Winesap Ct. 21228 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR ON DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Vea or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) ege (1-4 or 5+) N/A N/A Cab Driver Self Employed 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname, notified at George Rockstroh Frances Pelcznski BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2-H Winesap Ct.-Baltimore, Md. 21228 Beulah May Rockstroh must be 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Garrison Forest Vets. Cemetery 2-23-94 Owings Mills, Md. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
5151 Baltimore National Pike Baltimore, Md. 21229 G. Truman Schwab medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Batwe aema IMMEDIATE CAUSE (Final Onset and Death the disesse or condition resulting in death) event, DUE TO JOH AN A CONSCOUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if sny, issding to immediate PUMONON Z DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury injury, or other that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Hypothyroidi item 23 shows any 1 TES 2 NO OF DEATH? 1 YES 2 NO hy a Haydord PHYSICIAN: जीकी 60 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) WOSPITAL:

1 Minestent 2 □ ER/Outpatient 3 □ DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Nome 5 ☐ Residence 6 ☐ Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Metural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is 8 Could not be COMPLETED 4 Homicide determined Hem 29e. CERTIFIER

Chack and

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER BE

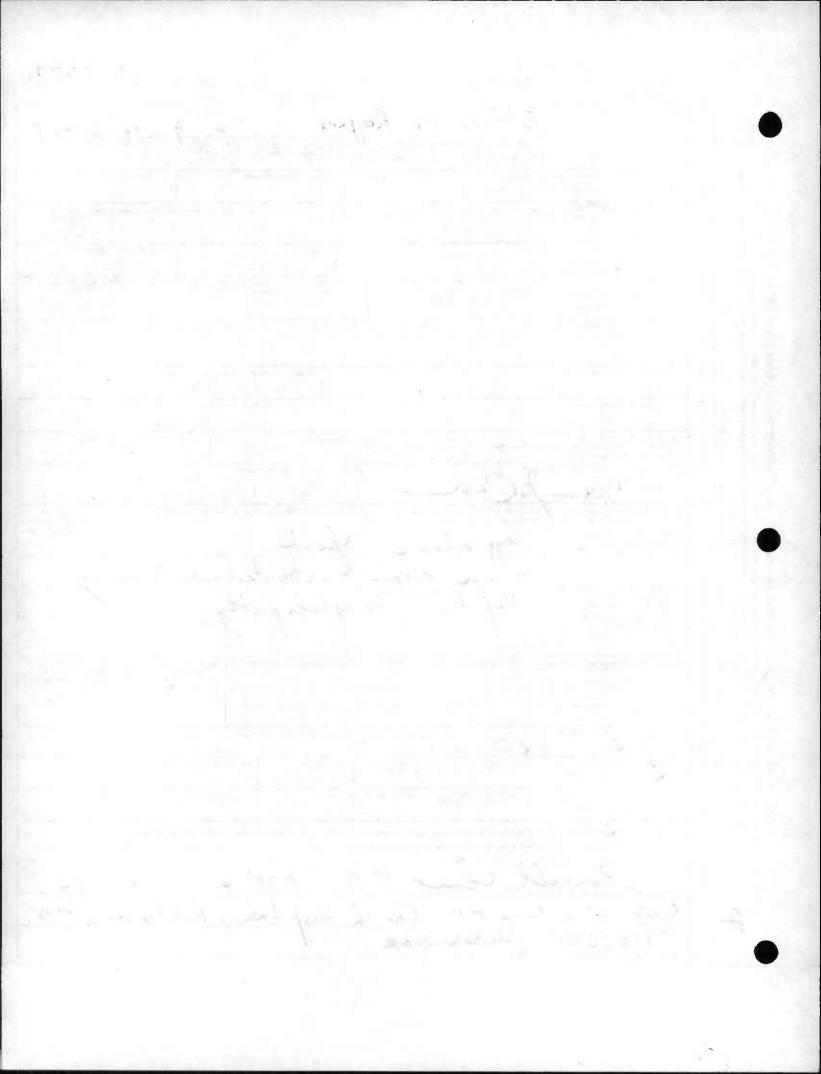
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) STREET Boltmere 32 gartentishlature Andre

State Water State 18

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	e med whilin 72 mous after begui who are body, or freeting any medical mountains of the medical examiner must be notified at once.  MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been sign	MPORTANT: If them 28 is marked, or item 23 shows

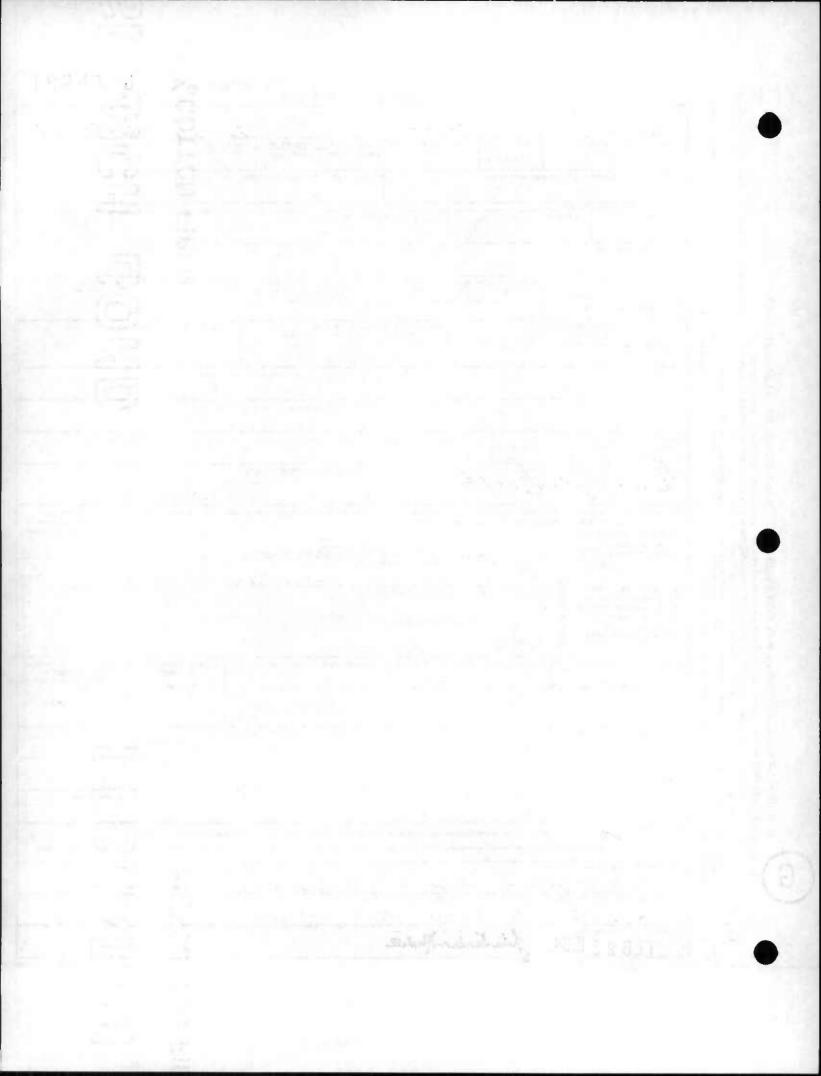
	94	04920
	YEAR 94	2. TIME OF DEATH  1: 41 PM
2	8. BIRTH Countr Man	PLACE (State or Foreign
9c. COU	NTY OF D	
		10d. INSIDE CITY LIMITS? 1 A YES 2 NO
10g. CIT		VHAT COUNTRY?
or No-	USA 14. BACE	
	Black Speci	— American Indian, c, Whita, stc.
NESS/IN	DUSTRY	Black
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atory ar		Approximata Interval Between Onset end Death
B	leeo	ling
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UTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

FOR STATE REGISTRAR	STATE OF MARYL		NT DF HEALTH AND	MENTAL HYGIENI	E . 31	+ 04921
1, DECEDENT'S NAME (First, Middle, Last)	Ethel	M. Ro	gers	2. DATE OF DEATH MONTH DAY	YEAR 94	3. TIME OF DEATH  1: 42 P
4. SOCIAL SECURITY NUMBER 212-58-4005	1 🗆 M 2 🔀 F	51 YRS. MONTE		05-26-194	42 8. BIF	ATHPLACE (State or Foreign aryland
Sa. FACILITY NAME (If not institution, give so Church Home Hospi RESIDENCE OF DECEDENT		9b. C	Baltimore	DEATH	9c. COUNTY OF	FDEATH
10a. STATE 10b. COUNTY		10c. CITY, TOW	n or Location Baltimore			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER 2314 E. Orleans	Street	5 7 75	101. ZIP CODE 2122	4		F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 XND	13. WAS DECENDENT OF HISI If yea, specify Cuben, Max 1 VES 2 NO Spe	ican, Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work do life. Do NOT use retire Homema	ne during most of working id.)	16b. KIND OF BUS	INESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)  Clarence Rogers				NAME (First, Middle, Maiden S garet Hammo)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADDR	ESS (Street and Number or Rus			
Charliece White			Orleans Str			
20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)		netery, cremetory or other ple t. Zion Ce		/14/94 Ba	CATION — City or 1 t imare	
21. SIGNATURE GE FUNERAL SERVICE LIC			22. NAME AND ADDRESS OF	FACILITY	Funeral	Service
IMMEDIATE CAUSE (Final	e. Hypo Vox  Gue TO (OR AS A  DUE TO (OR AS A  Repara	ach line.  Leha Consequence of:  A consequence of:  Consequence of:  A consequence of:	Shock		Blee	Approximata Interval Betwee Onset end Des
that initiated events resulting in death) LAST  PART II. Other eignificant condition	d	CONSEQUENCE OF):	underlying ceuse given	In Part I. 24e, WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDING
				PERFORI		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Stinpatient 2 ER/Outp		26. PLACE OF DEATH			
27. MANNER OF OEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	20b. TIME OF	28c. INJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE HOW IN	NJURY OCCUREO	
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	<ul> <li>A1 home, farm, street, city)</li> </ul>	factory, office	281, LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,
emal .	CIAN: To the best of my know					e(a) and manner as stated.
29b. SIGNATURE ANOTISLE OF CERTIFIER	le Chon	~ M.	D . 29c. LICENSE I	1174	29d. DATE SIGN	SED (Month, Day, Year)
SON & CHOL	CHON MID	. Churc	& Hospit	al, Bal	l fimos	re, MD
31. DATE FILED (Month, Day, Year)	32_/RESISTRAP'S SIGN	ATUREA				



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	1. DECEDENT'S NAME (First, Middle, L EDWARD	Setlo F	ENHOR	cf					2. DATI	OF DEATH	DAY	9 YEAR	3. TIME OF DE
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER		IF UNDE			OF BIRTH	<u></u>	8. BIR	THPLACE (State or
	220-09-8233	1 M 2 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	Octo	ber 1,1	1906		yland
~	9s. FACILITY NAME (If not institution, g				9b. CITY,		R LOCAT		EATH			OUNTY OF	DEATH
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EC	10e. STATE 10b. CO			10c. CIT	Y, TOWN OF	R LOCAT	ION				_		10d. INSIDE C
PHO	Maryland	N/A		100	Balt	timo	æ						1 XXVES 2
AL	10e. STREET AND NUMBER					V	. ZIP COD	E		311.2	10g. C	ITIZEN OF	WHAT COUNTRY
EB	5516 Sagra Road						2123	39				USA	
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  WWW.Widowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U.S. 1 YES 2 WAR OR DATES	ARMED	- If	f yes, sp		ın, Mexici	an, Puerto	N? (Specify ) Rican, etc.)	fee or No-	Bla	CE — American Inck, White, etc.
ED	15. DECEDENT'S (Specify only highest of		16a	DECEDENT'S	USUAL OC	CUPATIO	ON .		16	b. KIND OF B	USINES\$/	NDUSTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of a life. Do NOT us				ng					
COMP	12			Muti	ual Sur	perv.	isor			Race	e Trac	k	
8	17. FATHER'S NAME (First, Middle, Lest									Middle, Maide		)	
BE	Charles Schoenho	П						,		ppenste			
2	19a. INFORMANT'S NAME (Type/Print) LOUIS A. ZIMMEYM	an		19b. MAILING						land 2		Zip Code)	
	20s METHOD OF DISPOSITION 1 XXIIIvriel 2 Cremetion 3 1	Nemoval from State	-Children Carlo	COMMENSATION OF A									
	21. stoketon 6   Other (Specify) 21. stoketure of Fundanti Service Dennis Stepher	Menal Menal Xeriakis	BES M	ermount° 00640	650	00 Y	ork Ro	oad B	altim	l-Wiede one, Ma	efeld erylan	Home d 2121	ryland 12
RTIFICATION	21. AGNATURE OF FUNETAL SERVICE Deninis Scepner 23. PART I. Enter the discoses,	XEITAK 1S  or complications the pre. List only one ce  b	M. at coused the	odeth. Do elline.	650 not enter i	00 Yo	ork Ro	oad B	tchel altim	l-Wiede one, Ma	efeld erylan	Home d 2121	
MEDICAL CE	23. PART I. Enter the disease, shock, or hasrt fall immediate CAUSE (Final disease or condition resulting in death)  Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO  C. OUE TO  d.	at ceused the use on each  O (OR AS A COM  O (OR AS A COM  O (OR AS A COM  O (OR AS A COM  O (OR AS A COM	odeth. Do diline.	650 not enter in	00 Yo	cut	oad Bring, such	tchel altim ph ss con	1-Wiede one, Ma diec or rea	efeld invlan apiratory	Home d 2121 arreat,	12 Approx
MEDICAL CE	23. PART I. Enter the disease, shock, or hasrt fall immediate CAUSE (Final disease or condition resulting in death)  Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO  C.  OUE TO  C.  OUE TO  C.  OUE TO  C.  OUE TO  A.	at ceused the use on each  O (OR AS A COM  O (OR AS A COM  O (OR AS A COM  O (OR AS A COM  O (OR AS A COM	odeth. Do diline.	F):	00 Y(C) the mo	cut	pad Balling, such	richel altim wid	24a. WAS 1 PERF	efeld invlan apiratory	Home d 2121 arreat,	Approx Interval Onset s  Onset s  b. Were autops: AMAILABLE PRINCOMPLETION COF DEATH?
MEDICAL CE	23. PART I. Enter the diseases, shock, or heart fells immediate CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent cond  Dom on 1  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	A VEITAL IS  OF COMPILESTIONS the prescription of the prescription	of Correction of	odesth. Do silne.  Odesth. Do si	F):  OTHER 4 \( \text{Nurse} \)	26. PI	cause	pad Balling, such	Part I.	24a. WAS 1 PERF	efeld invlan apiratory	Home d 2121 arreat,	Approx Interval Onset s  Onset s  b. Were autops: AMAILABLE PRINCOMPLETION COF DEATH?
AL CE	23. PART I. Enter the diseases, shock, or hast fall immediate CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond	DUE TO  A. DUE TO  B. DUE TO  C. OUE TO  d. HOSPITAL: 1 Vinpatient 2 28e. DATE O (Month,	of Correction of	O0640  deeth. Do iline.  O 100  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O  NSEQUENCE O	650 not enter   Fh: Fh: OTHER 4   Nurs	26. Plu WWW	g cause	given in	Part I.	24a. WAS PERF 1 YES	AN AUTOPS ORMED?	Home d 2121 arreat,	Approx Interval Onset s  Onset s  b. Were autops: AMAILABLE PRINCOMPLETION COF DEATH?

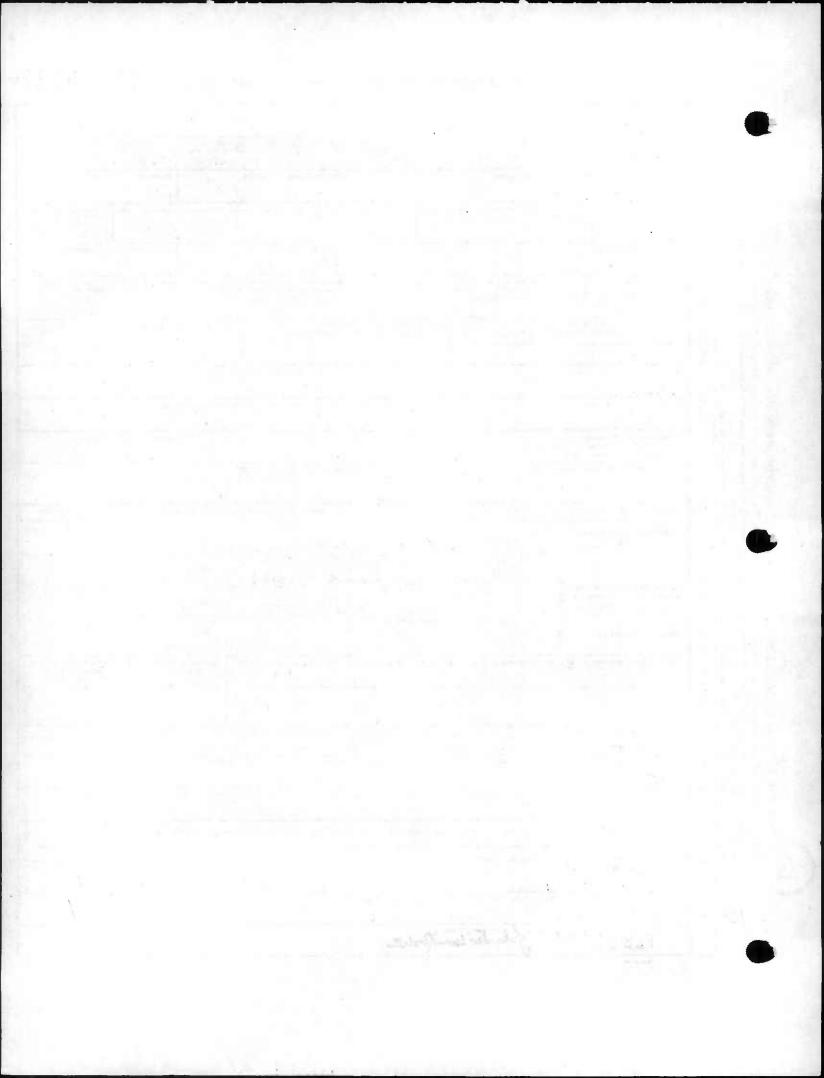


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IVISION OF VITAL RECORDS, P.O. BOX 68760	1
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	FUNERARY DIBECTOR: After this certificate has been signed by the attending physician and complement in by the funeral director, page 5 should be detached for use as the burial-tra	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
1	HO	F	with

94 04922 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	OIRIE OF MAIN		ATE OF DEATH	ND MENTAL HYGI REG.		4 0492
	1. DECEDENT'S NAME (First, Middle, La				2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
	GERALD		EEHAN		February 1	, , , , , , , , , , , , , , , , , , , ,	7:14
	4. SOCIAL SECURITY NUMBER		MOR	UNDER 1 YEAR F UNDER 24 H ITHS DAYS HOURS M	In. (Month, Day, Yea	7)	BIRTHPLACE (State or Foreign Country)
	217-01-5571  Da. FACILITY NAME (If not institution, gi	1	19	CITY, TOWN OR LOCATION	December 9	9c. COUNTY	aryland
OR	604 Highwood Dr:	ive		Baltimore	or \$60000	Jac Cookin	OF BEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COU		10c. CITY, TO	OWN OR LOCATION			10d, INSIDE CITY
DIR	Maryland			ltimore			LIMITS?
IAL	10e. STREET AND NUMBER			101, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	604 Highwood Dr.			21212		U.S.	
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DECENDENT OF H If yee, specify Cuban, N 1  YES 2 NO	lexican, Puarto Rican, etc.		RACE — American Indian, Black, Whita, atc. Specify: White
ED	15. DECEDENT'S E (Specify only highest gr		16s. DECEDENT'S USU	AL OCCUPATION done during most of working	16b, KIND OF	BUSINESS/INDUST	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 6+)	life. Do NOT use ret	ired.)			
N N	10 years 17. FATHER'S NAME (First, Middle, Last)		Auto Mech		Brooks 'S NAME (First, Middle, Mai	Buick	
E C	Howard R. Sheeh	an		Rose		oon surrame)	
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street and Number or I		Town, Stete, Zip Coo	lo)
F	Joy Craig			igby Road, Pa			
	20e. METHOD OF DISPOSITION  1 Method 2 Cremation 3 R		Ob. PLACE AND DATE OF DI emetery, cremetory or other p	sposition/Name of al Cemetery		LOCATION — City	
	4 Donation 5 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE		New Cathedr	22. NAME AND ADDRESS (		altimore	, MD
	▶ Robert Micha	ael Kratz	m. Krot	Mitchell-W: 6500 York			
RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):	heart for	pofly		
CERI	resulting in death) LAST	_ d					
		iona contributing to deeth	but not reculting in th	ne underlying cause give		AN AUTOPSY	24b. WERE AUTOPSY FINDS
MEDICAL	PART II. Other aignificant condi					S 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEAT	1 _ YE		COMPLETION OF CAU OF DEATH?
SICIAN: MEDICAL			ulpatient 3 DOA 4		1   YE		OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpetiant 2 ER/Ox 28a. DATE OF INJUR (Month, Day, Year,	y 28b. TIME OF INJURY	28. PLACE OF DEAT THER: Nursing Homa 5 Reald F 28c. INJURY AT WORK? M 1 VES 2 N	H (Check only one)		COMPLETION OF CAU OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  10  27. MANNER OF DEATH  1  Metural 5  Pending	HOSPITAL: 1 Inpetiant 2 ER/Ox 28a. DATE OF INJUR (Month, Day, Year the PLACE OF INJUR 28a. PLACE OF INJUR be be	y 28b. TIME OF INJURY	28. PLACE OF DEAT THER: Nursing Homa 5 Reald F 28c. INJURY AT WORK? M 1 VES 2 N	H (Check only one)  Pince 6 Other (Specify)  28d. DESCRIBE HO	OW INJURY OCCURI	COMPLETION OF CAU OF DEATH?  1 YES 2 NO
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E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Inpettant 2   ER/Ox  28a. DATE OF INJURY (Month, Day, Year, be building, arc. (S)  IVSICIAN: To the best of my kno  INNER: On the basis of examinat	At home, farm, atree or iton and/or investigation, in DEATH (ITEM 27) (Type, Print DEATH (ITEM 27) (TYPE) (TY	28. PLACE OF DEAT THER: Nursing Homa 5 Reader 28c. INJURY AT M 1 YES 2 N t, factory, office  The time, data and piece, en my opinion, death occured of The time of the time of	H (Check only one)  ence 6 Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Str. City or Town, S	OW INJURY OCCURI	COMPLETION OF CAU OF DEATH?  1 YES 2 NO  Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inpetiant 2 ER/Ox 28a. DATE OF INJUR (Month, Day, Year	At home, farm, atree overly)  RY — At home, farm, atree overly)  RY — At home, farm, atree overly)  RY — At home, farm, atree overly)  RY — At home, farm, atree overly)  RY — At home, farm, atree  RY — At home, farm, atree	28. PLACE OF DEAT THER: Nursing Homa 5 Reader 28c. INJURY AT M 1 YES 2 N t, factory, office  The time, data and piece, en my opinion, death occured of The time of the time of	H (Check only one)  ence 6 Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Str. City or Town, S	OW INJURY OCCURI	COMPLETION OF CA OF BEATH?  1 VES 2 NI  ED  Rural Route Number,



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TO THE FLORENCE AND REPOSICIAN: The law requires that the death certificate be executed within the float of the float. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	Anita Elino		i lpp							Pedruary	rn / <sup>12</sup> 18	1994	11:00	Эм
	4. SOCIAL SECURITY NUMBER			. AGE (In yrs. Ia		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE OF BIRTI	M	8. BIRTN Country	PLACE (State or Foreign)	<u> </u>
	216-38-4887  9e. FACILITY NAME (# not inst		1 🗆 M 2 💢 💢 F	85	YRS.					March 5,		Mar	ryland	
TOR	317 Dumbart	on Ro	,				ltim	ore ore	ON OF DEA	ATN		ltimo		
FUNERAL DIRECTOR	Maryland	Balt:				v, town o ltimo		ЮН					10d. INSIDE CITY LIMITS? 1 YES 2XX NO	,
RAL	317 Dumbart	on Po:	ad					ZIP CODE 21212			1		Charles	
5	11. MARITAL STATUS	OII KO	12. WAS DECEDENT (	EVER IN U.S., A	RMED	13.	WAS DEC	ENDENT OF	F HISPANI	C ORIGIN? (Specif	ly Yee or No-		States  - American Indian, , White, etc.	$\dashv$
B≺	1 Never Merried 2 kg a Never Merried 2 kg kg a Never Merried 2 kg kg kg kg kg kg kg kg kg kg kg kg kg		FORCES? 1 L	YES 2//	МО		If yes, sp 1  YES	ecify Cuber 2XXNO	Specify:	, Puerto Rican, etc	C.)	Black Specif		
TEC	(Specify only		completed)	18e. O	ECEDENT'S Give kind of us B. Do NOT us	USUAL O	CCUPATIO	ON st of working	g	16b, KIND O	F BUSINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-1	12)	College (1-4 or 5+)	""		emake				Own	Home			
CON	17. FATHER'S NAME (First, Mid									E (First, Middle, Mi	aiden Sumeme)			
BE	William Fos									oeger				_
임	Rosalyn S.			11	321					OWSON,			204	
	20a, METHOD OF DISPOSITIO	N 3 □ Reme	oval from Stata	20b. PLACE	ANDDATE	OF DISPOS	SITION /Na	me of		DATE 20	c. LOCATION —	City or To	wn, State	$\neg$
	4 Donation 5 Other (		ENSEF	MOY E	land			l Par		2-22-94	Carney,	Maryla	and	
			11 0	ny	+	.   1	1itcl	nell-	Wied	lefeld H				
	Robert M			aused the d	eath Doy	oot anter	10500	YORK	ROa	d Balt	imore,	Mary	land 212	
	ahock, pr had iMMEDIATE CAUSE (Final disease pr condition resulting in dasth)	art failura. I	List only one cause	Dn each lin	m	(	ببا	iei	4	Olls	ear		Interval Betw Onset and D	neev
CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injurithat Initiated eventa resulting in death) LAST	lata IG	DUE TO (O	HAS A CONSE	OUENCE OF		201	l	w	wyc	ran	Phe	1	
MEDICAL	PART II. Other algniffcen	t condition	s contributing fo do	ath but not	resulting	in the ur	dariyin	cause g	iven In F	PE	S AN AUTOPSY REORMED? ES 2 NO	24b.	WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES 2 NO	ISE
CIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF DE	EATN (Chec	ck only one)				$\equiv$
PHYSICIAN	1 YES 2 1 NO		1 Inpatient 2 E		3 DOA	4 🗌 Nur	sing Nom			Other (Specify		CHRED		_
ВУ РІ	1 Natural 5 P	ending westigation	(Month, Day,	Year)	INJ	URY M	1 🗍 1	RK? YES 2	NO NO					
ETED		ould not be etermined	26e. PLACE OF I building, etc	c. (Specify)	ome, airm, i	street, fact	lory, offic	•		281. LOCATION (S) City or Town,		r or Runal R	loute Number,	
COMPLETE			CIAN: To the best of m										and menner ee state	ed.
TO BE	29b. SIGNATURE AND TITLE O	CERTIFIEF	LEY	ula	~	M	2	29c. LICE	NSE NUME	BER > 24	29d. DAT	E SIGNED	(Month, Day, Year)	
F	30. NAME AND ADDRESS OF		COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print)	0	slev	De	#405	- Ba	Oti	more	50
	FEB 2 2 19		32. REGISTRAN	S SIGNATURE	此									

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DIVISION OF VITAL RECORDS, P.O. BOA 86760,	TENDING PHYSICIAN: The law requires that the death certificate be executed with
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FOR STATE REGISTRAR

should

1. DECEDENT'S NAME (First, Middle, Last)

MARGARET

362-14-7190

DIRECTOR Pages 1, 2, 3 715 MAIDEN CHOICE LANE CR202 CATONSVILLE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE permit. CATONSVILLE FUNERAL 10a STREET AND NUMBER 101. ZIP CODE funeral director, page 5 should be detached for use as the burial-transit 715 MAIDEN CHOICE LANE CR 202 21228 hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify ) BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puerto Rica 1 Never Married 2 Married BY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF B Elementary/Secondary (0-12) College (1-4 or 5+) HEA REGISTERED NURSE once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malde retained by the 16 BE WALTER G. BOOTH ESTER DOWLING notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or R 0 SCHUTT (SON) 4866 OAKCREST DRIVE FAIRFAX VIF Page 6 may be P 20a. METHOD OF DISPOSITION
1 Duriel 2 Cremetion 3 Rem
4 Donation 6 Other (Specific) 20b. PLACE AND DATE OF DISPOSITION (Name of 02/23/94 DATE compatery compatery compatery of other place) 20c. L must Donation 5 Other (Specify) MARYLAND VETERANS CEMETERY examiner 21. BIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WIT in by the fi 1630 EDMONDSON AVENUE C medical folications that ceused the deeth. Do not enter the mode of dying, such as cardiec or res shock, or heart falls 6 pally IMMEDIATE CAUSE (Finel the disease or condition cremation, heart congestine resulting in death) event. DUE TO OR AS A CONSEQUENCE OF) and com traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING other CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST the attending p Injury, or PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL by and shows any 1 TYES anemia been . PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? the State HOSPITAL OTHER 1 🗆 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 50 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW 1 Natural 1 YES 2 NO BY Accident Investigation DOMECTUR: A hours after do tem 28 is n 26s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 261. LOCATION (Street 3 Sulcide 6 Could not be detarmined COMPLETED 4 Homicide 29s. CERTIFIER
(Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and m MERAL Thin 72 I =

Me

Marchen Choice

NESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

711

32 REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

29c. LICENSE NUMBER

042678

tensville

SP CITY TOWN OR LOCATION OF DEATH

DAYS

SCHUTT

YRS.

6. AGE (In yrs. last birthday)

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1 M 2 X F

NAME (If not institution, give street and number)

2 MEDICAL EXAMINER: On

29b. SIGNATURE AND TITLE OF CERTIFIER

Alan

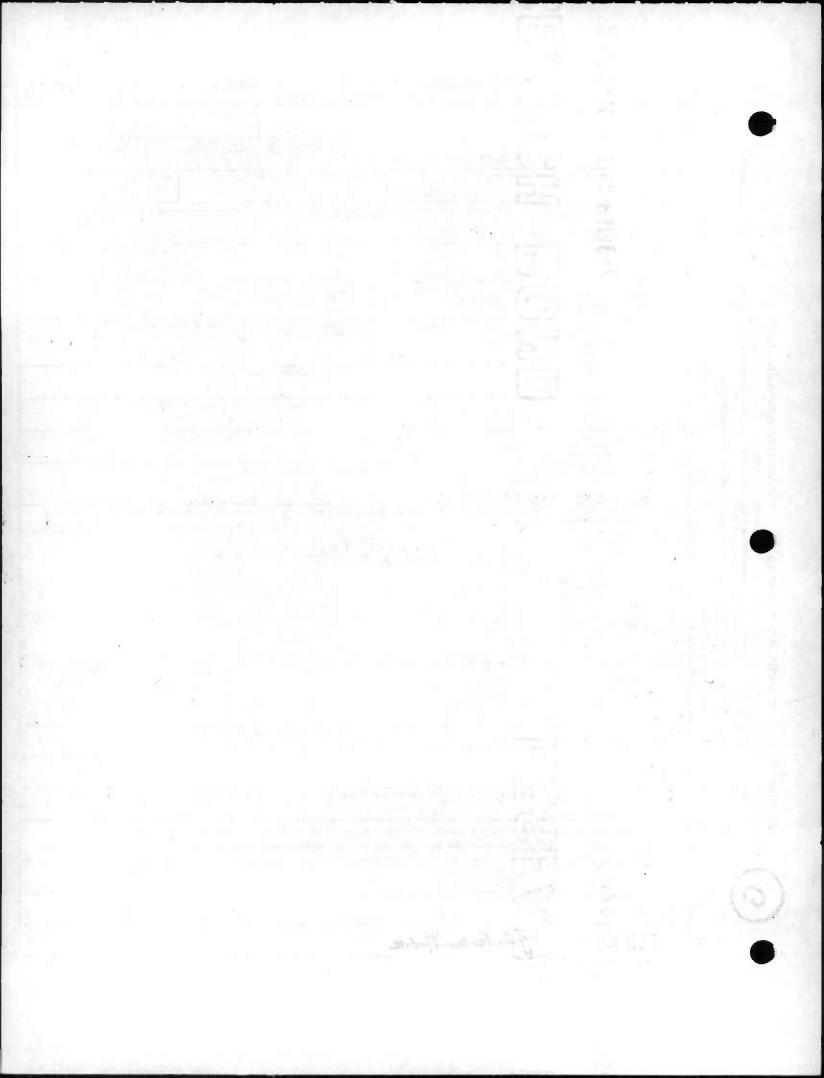
31. DATE FILED (Month, Day, FEB 2 2

2. DATE OF DEATH MONTH 02

7. DATE OF BIRTH (Month, Day, Year)

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NE D.	94	04924
7 7	94 8. BIRTH	3. TIME OF DEATH  10:15 P. M  NPLACE (State or Foreign
	WT OF C	SCONSTN
I	BALTI	MORE
1		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	U.	S.A.
es or No-	14. RACI Black Spec	E — American Indian, k, White, etc. #y: WHITE
JSINESS/IN		
Surname)	ANU	
GINIA	22	
RISON	1 FOR	REST MARYLAN
	VILL	AL HOMES E MARYT, AND Approximate interval Between Onaat and Death
N AUTOPSY PRMED? 2 (NO	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	- Jungo	
and Number		Route Number,
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294 DA	TE SIGNED	(Month Day Year)

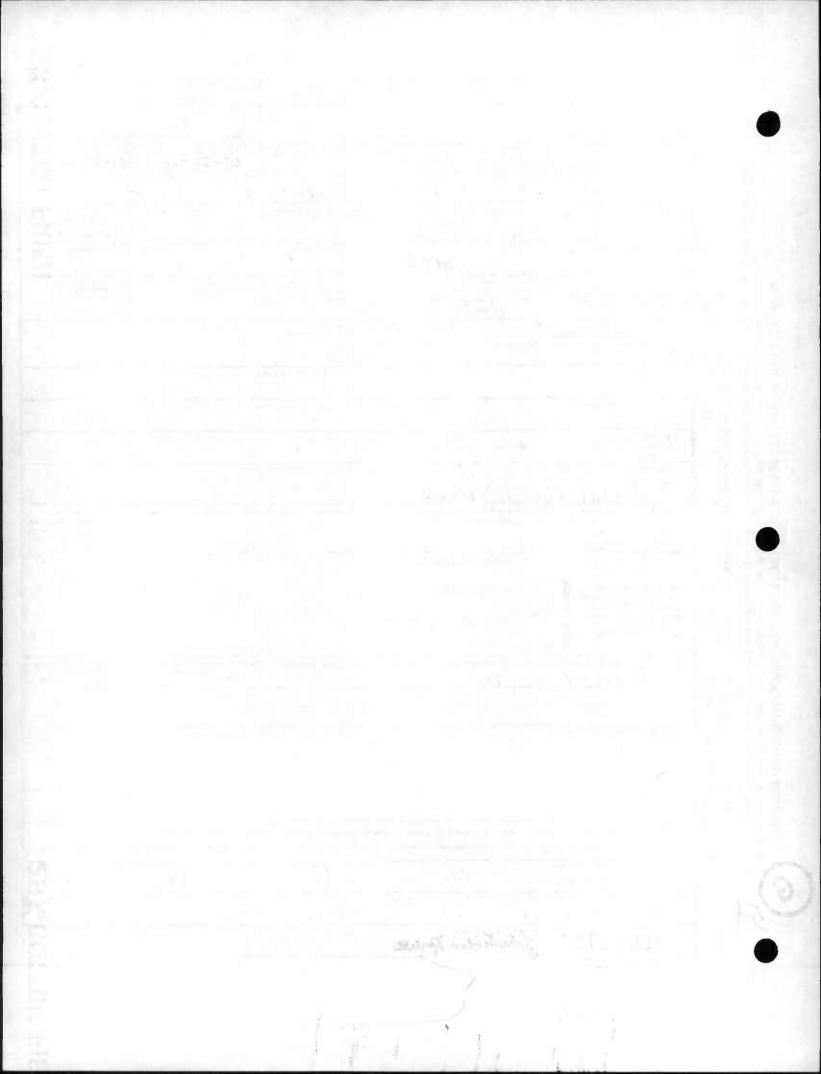


ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, HEXPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

541 TO

1. DECEDENT'S NAME (First, Middle, Lest)	Smith				2. DATE OF MONTH	DEATH	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2 1 9 -30 - 1816	5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF (Month, D		8. BIRTH Countr	IPLACE (State or Foreign
9e. FACILITY NAME (If not institution, give Buthmen		dical Cent		N OR LOCATION OF E		9c. CO	UNTY OF D	EATN
10a. STATE 10b. COUNT		10c. CIT	TY, TOWN OR LO	CATION	1			10d, INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Ltimore	111	Rand	allstown	2	10g. CF	TIZEN OF V	1 TYES 2 NO
8337 Mindale		APTE		21207				.S.A.
11. MARITAL STATUS  1 Never Married 2 Married  X Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? XX IF YES, GIVE WAR	YES 2 NO	If yes,	DECENDENT OF NISPA , specify Cuben, Maxic YES 2 NO Speci	an, Puerlo Rica			E — American Indian, k, White, atc. Hy: White
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	16b. KI	IND OF BUSINESS/IN	DUSTRY	wiite
	Contrago (1-4 of 5-4)	Pipe	Fitte	er		Constru	ctic	on
17. FATNER'S NAME (First, Middle, Last)  John Smith				Mil	dred	die, Meiden Surname)		
Jeffrey Smit	h	19b. MAIUNG 133	9 Weld	et and Number or Rural don Aven	noute Number,	City or Town, State, Zi Baltimor	ip code) e Ma	aryland
20a. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Rer  4 Donalion 5 Other (Specify)	moval from State	20b. PLACE AND DATE cemetery, cremetery or o	other place)	ok Cemet	2/23	20c. LOCATION -		wn, State , Maryland
21. SIGNATURE OF JUNERAL SERVICE L	2 LA C A C	( ,,)	22, NAME	and address of F	MCILITY	uneral	Home	e 21211
23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Live	on each line.  Fail C AS A CONSEQUENCE O	LYR		S ROA	c or reapiratory as	rreat,	Approximata Interval Between
shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. LIVE DUE TO (OR DUE TO (OR C.	on each line.	not enter the	mode of dying, su	S ROA	c or respiratory as	rrest,	Approximata Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a	AS A CONSEQUENCE O	いて enter the パイ デラ: デラ:	mode of dying, su	Part I. 24	ta. WAS AN AUTOPSY PERFORMED?	rreat,	Approximata Interval Between
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Shock, or heert failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiltated events resulting in death) LAST  PART II. Other aignificant condition  LYPEY TO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Vetural 5 Pending Investigation 3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	a	AS A CONSEQUENCE O  AS A C	OTHER: 4   Nursing h  IE OF JURY M 1 [ street, factory, o	ying cause given in  PLACE OF DEATN (Come 5   Residence INJURY AT WORK? YES 2   NO	Part I. 24  1 Part I. 24  1 Deck only one)  6 Other (S  28d. DESCR	C OF respiratory as a control of the	24b.	Approximata Interval Between Onset and Daeth Onset and Daeth Start Onset and Daeth Start Onset and Daeth Start Onset and Daeth Start Onset
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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1. DECEDENT'S NAME (First, Middle, Last)			CT	- A A I	1511	2. DATE O	F DEATH	AY	3, 1	TIME OF DEATH
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4. SOCIAL SECURITY NUMBER			MONT			(Month,	Day, Year)	7 0	Country)	CE (State or Foreig
9a. FACILITY NAME (If not institution, give a		//		CITY, TOW	N OR LOCATION OF D		12- 1	9c, COUNT		JERSEY
	HOSPITAL			BAL	TIMORE ,	MD		1	n/a	
10a. STATE 10b. COUNT			10c. CITY, TO	M BAL	TIMORE					LINSIDE CITY
10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZE		
2320 1120 40111					21218			UNIT	ED S	TATES
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15. DECEDENT'S EDU (Specify only highest grade	CATION completed)					16b. H	IND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-12) 9 TH	College (1-4 or 5+)	Ilfe. Di	NOT use retir	ed.)			n/a			
17. FATHER'S NAME (First, Middle, Last) WILLIAM TAYLOR					16. MOTHER'S N			Sumame)		
190. INFORMANT'S NAME (Type/Print) RUDOLPH G. ROL	ES				ot and Number or Rural	ET, BA	LTIM	n. State, Zip C	MD 2	1218
20a. METHOD OF DISPOSITION  1 💢 Surial 2 🗆 Cremation 3 🗆 Ram  4 🗆 Donation 6 🖨 Other (Specify)	oval from State				PARK	DATE				
21. SIGNATURE OF FUNERAL SERVICE LA	Control of the Contro	thi	K	22. NAME			1101	E. N	ORTH	AVENUI
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR A	S A CONSEQU	ENCE OF):							
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ		PLACE OF DEATH (C	heck only one)				
1 YES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 ER/C			Nursing H	ome 6 Rasidence	-		NJURY OCCU	DEO.	
_/ _	(Month, Day, Yea		INJURY		WORK? YES 2 NO	200.000	MOE NOW	NOON OCCO	neb	
1 Natural 6 Pending		JRY — At home	, farm, street,	, factory, of	ffica			and Number or	Rural Route	406
2 Accident investigation 3 Suicide 6 Could not be datarmined	28e. PLACE OF INJU building, etc. (S					City of	Town, State)			NUMBER,
2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFYINO PHYS	iCIAN: To the best of my kr	owledge, desti				e to the cause	e(a) and ma	nner aa stated		
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2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIE	ICIAN: To the best of my kr	nowledge, death	estigation, in	my opinior	29c. LICENSE NU	e to the cause e time, data s	e(a) and ma nd place, ar	nner se stated nd due to the 29d. DATE:	cause(s) and	I manner sa sta
	4. SOCIAL SECURITY NUMBER  2 1 4 7 8 6 1 3  9e. FACILITY NAME (If not institution, give a GOOD SAMAR ITAN RESIDENCE OF DECEDENT  10e. STATE 10e. COUNT MARYLAND  10e. STREET AND NUMBER  1910 AISQUITH  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  9 TH  17. FATHER'S NAME (First, Middle, Last) WILLIAM TAYLOR  19e. INFORMANT'S NAME (Type/Print) RUDOLPH G. ROL  20e. METHOD OF DISPOSITION  10 METHOD OF DISPOSITION  10 METHOD OF DISPOSITION  11 MARTIAL STATUS  23. PART'I. Enter the diseeses, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel diseese or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST  PART II. Other eignificent condition Resulting in death) LAST	4. SOCIAL SECURITY NUMBER  2. 1 4 7 6 3 1	4. SOCIAL SECURITY NUMBER 2 14 0 78 613 1	4. SOCIAL SECURITY NUMBER 2   4   7   8   6   1   1   M 2   F   77   YRS.  9e. FACRUTY NAME (If not institution, give street and number) GOOD SAMARITAN HOSPITAL  RESIDENCE OF DECEDENT 10e. STATE MARYLAND 10e. COUNTY MARYLAND 10e. STREET AND NUMBER 1   10e. COUNTY MARYLAND 10e. STREET AND NUMBER 1   10e. COUNTY MARYLAND 11e. MARITAL STATUS 1   Never Merried 2   Married 3   Widowed 4   Divorced 1   Never Merried 2   Married 3   Widowed 4   Divorced 1   Never Merried 2   Married 3   Widowed 4   Divorced 1   Never Merried 2   Married 3   Widowed 4   Divorced 1   Never Merried 2   Married 3   Widowed 4   Divorced 1   Never Merried 2   Married 3   Widowed 4   Divorced 1   Never Merried 2   Married 3   Widowed 4   Divorced 1   Never Merried 2   Married 3   Widowed 4   Divorced 1   Never Merried 2   Married 3   Widowed 4   Divorced 1   Never Merried 2   Married 3   Widowed 4   Divorced 1   Never Merried 2   Married 3   Widowed 4   Divorced 1   Never Merried 2   Married 1   Never Merried 2   Married 1   Never Merried 2   Married 2   Net Merried 3   Married 3   Widowed 4   Divorced 1   Never Merried 2   Married 2   Net Merried 3   Net Merried 2   Net Merried 3   Net Merried 2   Net Merried 4   Divorced 2   Net Merried 2	4. SOCIAL SECURITY NUMBER 2   4 0 7 86   3   5 SEX   77 YRS.   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PATHER'S NAME (First, Middin, Last)    WILL I AM TAYLOR    198. INFORMANT'S NAME (First, Middin, Last)    WILL I AM TAYLOR    199. MAILING ADDRESS (Sire 1910 AISQUIT AL 20. PLACE AND DATE OF DISPOSITION    199. MAILING ADDRESS (Sire 1910 AISQUIT AL 20. PLACE AND DATE OF DISPOSITION    199. MAILING ADDRESS (Sire 1910 AISQUIT AL 20. PLACE AND DATE OF DISPOSITION    199. MAILING ADDRESS (Sire 1910 AISQUIT AL 20. PLACE AND DATE OF DISPOSITION    199. MAILING ADDRESS (Sire 1910 AISQUIT AL 20. PLACE AND DATE OF DISPOSITION    199. MAILING ADDRESS (Sire 1910 AISQUIT AL 20. PLACE AND DATE OF DISPOSITION    199. MAILING ADDRESS (Sire 1910 AISQUIT AL 20. PLACE AND DATE OF DISPOSITION    199. MAILING ADDRESS (Sire 1910 AISQUIT AL 20. PLACE AND DATE OF DISPOSITION    199. MAILING ADDRESS (Sire 1910 AISQUIT AL 20. PLACE AND DATE OF DATE	4. SOCIAL SECURITY NUMBER 2   4 0 7 8 6 13  1   M 2   F   S. SEX 7   YRS. WORTHS   DATE   HOURS 24 MSS.  96. FACILITY NAME (If not institution, give street and number) GOOD SAMARITAN HOSPITAL  106. STATE   106. COUNTY   106. CITY, TOWN OR LOCATION OF C BALTIMORE   106. STATE   106. COUNTY   107. STATE   106. CITY, TOWN OR LOCATION OF C BALTIMORE   11. MARITAL STATUS   12. MAS DECEDENT EVER IN U.S. ARMED   FORCES? 1   YES 2 2 2 No   If YES, QUIVE WARR OR DATES!  11. MARITAL STATUS   12. MAS DECEDENTS EDUCATION   12. MAS DECEDENTS OF HOPM IT YES 2 2 2 No   If YES, QUIVE WARR OR DATES!  11. MARITAL STATUS   12. MAS DECEDENTS EDUCATION   12. MAS DECEDENTS OF HOPM IT YES 2 2 No   If YES, QUIVE WARR OR DATES!  12. MAS DECEDENTS OF HOPM IT YES 2 2 No   If YES, QUIVE WARR OR DATES!  13. MAS DECEDENTS OF HOPM IT YES 2 2 No   If YES 2 2 No   If YES, QUIVE WARR OR DATES!  14. DOUBLE OF CONTROLLING OF COMPRISED   16. DECEDENTS USUAL OCCUPATION   16. DECEDENTS USUAL OCCUPATION   16. DOUBLE OF COMPRISED   16. DECEDENTS USUAL OCCUPATION   16. DOUBLE OF COMPRISED   16. DECEDENTS USUAL OCCUPATION   16. 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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

04926

REG. NO.

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 nours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
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TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
l examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should nal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
or death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Expound after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIE		4 04927	
	1. DECEDENT'S NAME (First, Middle, Last) GLADYS	MAE SPENCER				2. DATE OF DEATH FEBRUAR	PAY 15, Y	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 418-22-2782	5. SEX 8. AGE (In yrs. 1 M 2 KVF	//	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-12-24	1.	BIRTHPLACE (State or Foreign Country) _ABAMA	
OR		RESTON STREET	96		MORE, MD	ATN	9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  MARYLAND  10b. COUNTY  10c. TOWNS		10c. CITY, TO	BALTI				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 2418 E. PRESTON	STREET			ZIP CODE 21213		10g. CITIZE	N OF WHAT COUNTRY?	
В	11. MARITAL STATUS 1 Never Married 2 W Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	YES 2 NO If yes, specify Cuban, Maxican,				an, Puerto Ricen, atc.) Black, White, atc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12 TH		16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  LABORER				16b. KIND OF BUSINESS/INDUSTRY  SINAI HOSPITAL		
BE CO	17. FATNER'S NAME (First, Middle, Last) RUFUS BURROWS				KATIE	HOLMES			
0	t9a. INFORMANT'S NAME (Type/Print) MAJORIE LILLY					EET, BAL		MARYLAND #13	
	20a. METNOD OF DISPOSITION 1) XBurial 2 Cremetton 3 Remo 4 Donation 6 Other (Specify)	val from State	RISUN OTHER	OREST.	VA CEM	ITERY OV	VINGS	y or Town, Stata MILLS, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE			. MARCH		E. N	ORTH AVENUE	
	IMMEDIATE CAUSE (Finel	NESPIRATO DUE TO (OR AS A CON-	ORY FA	ILVRE	ø	n aa cerdlec or res	piratory arrea	t, Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inklated events resulting in deeth) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):	RIC (	ANCER			11 /93	
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	contributing to death but no	et resulting in the	ne underlying	ceuse given in		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
SICIAN		HOSPITAL:		THER:	ACE OF DEATH (Che	ck only one)  6  Other (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		RY AT	28d. DESCRIBE NOV	INJURY OCCUP	RED	
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined	26s. PLACE OF INJURY — At building, stc. (Specify)	home, larm, stree	t, factory, office		28f. LOCATION (Stree City or Town, Sta		Rurel Route Number,	
COMPLET	one)	CIAN: To the best of my knowledge,							
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	w ( mi)		Ī	29c. LICENSE NUM	IBER		INED (Month, Day, Year)	
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (	TEM 27) (Type, Prin	00	א טיזו (	343939	1 /	161 177	
	600 N. WOLFES	T. BALTIN		MD	2171	17-891	5		

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	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
4G PHY	ter this	
TENDIA	after de	
OR A	DIREC	

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR SAUNDERS JOHN JR. FEBRUARY 18 994 6:10 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 M 2 | F 213-30-1917 60 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 1923 E. LaFayette 21213 USA 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married
3 Wildowed 4 Divorced If yes, specify Cuban, Maxican, Puerto Rican, etc.)

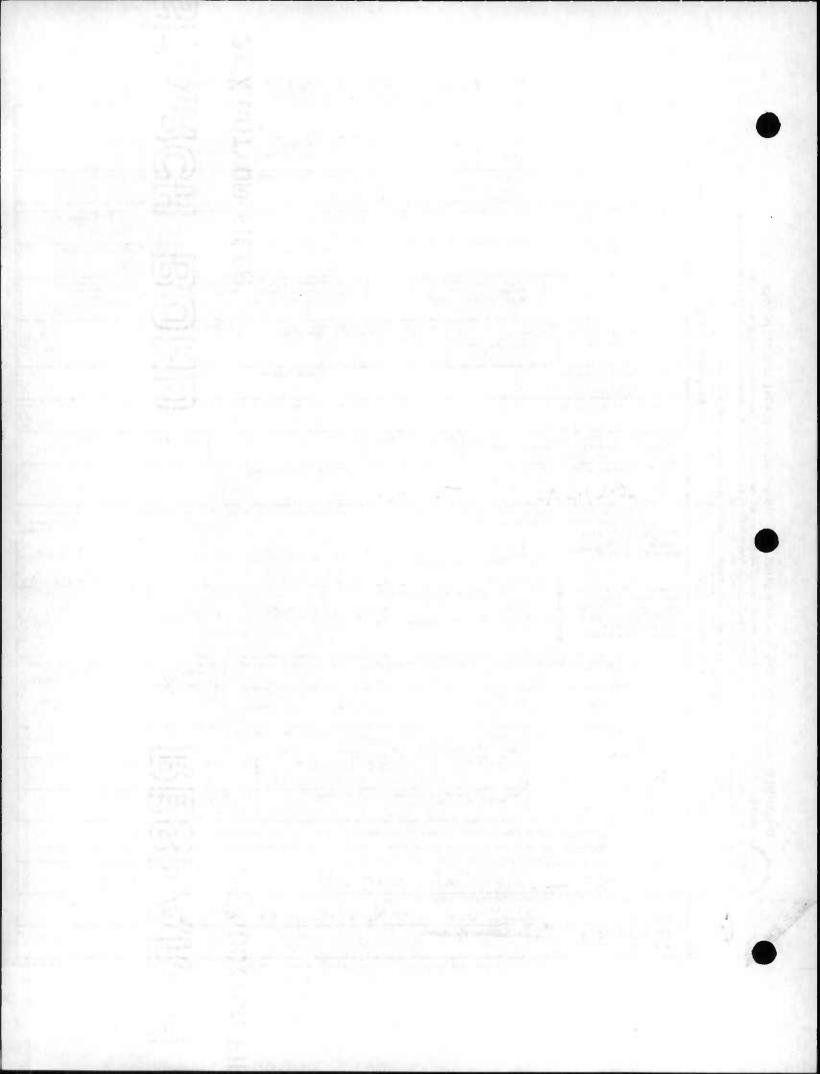
1 YES 2 NO Specify: Specify: Black BY COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 12 Addiction Counselor Social Work once. 17, FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) John Saunders, Louise Johnson BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Floradeen S. Walker 2620 Loyola Northway Balto, MD 21215 2 20a, METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must Arbutus memorial Park 2/22/94 4 Donation 5 Other (Specify) Arbutus examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY UNITY FUNERAL HOME 108 W. North Av Balto, 21201 medical 23. PART | Enter the diseases, or complications that caused the death. Do not anter the mods of dying, such as cardiac or respiratory arrest, Approximats shock, or heart failure. List only one cause on each line Interval Between **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition resulting in death) Pulmoriary embolus 4 hours event, percoagulable traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING Metastatic colon CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PHYSICIAN: MEDICAL ашу Sepsis 1 TYES 2 NO Shows 1 - YES 2 NO S 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Nome 5 □ Residence 6 □ Other (Specify) Inpatient 2 - ER/Outpatient 3 - DOA 6 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation M 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 100 COMPLETED 4 Nomicide 28 Hem 29e. CERTIFIER

Chack and 1

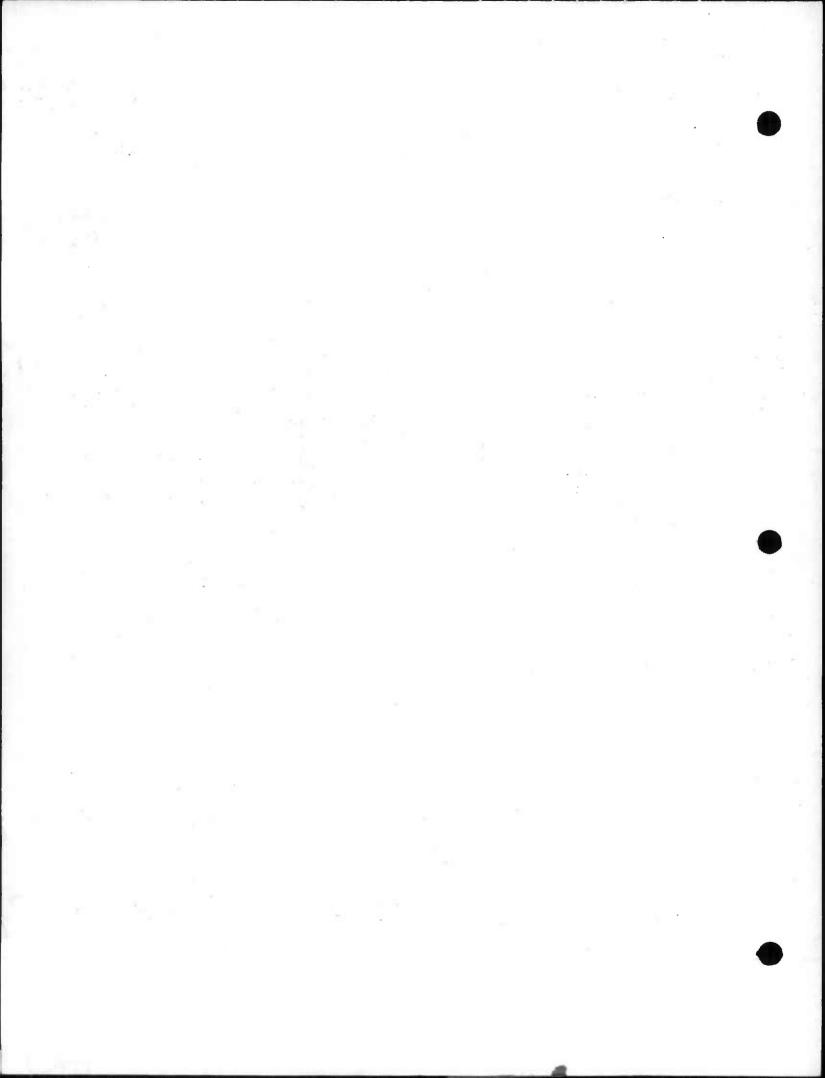
CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE Medical Housestaff and MIZ 94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9

STREETSTRAPPS IGNATION

JHH, 600 N. Wolfe Street, Balto., MD 21205



	* REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last,		CE	RTIF	ICATI	OF	DEAT		REG. NO 2. DATE OF DEATH MONTH D	AY	YEAR 3.	. TIME OF DEATN
	STEVEN R.								FEB 12		94	9:47P
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)	2	6. BIRTNPL	ACE (State or Fore
Œ	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN C	R LOCATIO	N OF DEAT	TN 277 US	9c. COUNT	TY OF DEA	TN /
RECTOR	UNIVERSITY HOSE	ITAL			B	LTI	MORE	CIT	<u>Y</u>	<u> </u>		
DIRE	100, STATE 106, COUNT	TY		10c. CI	A / +		ORL	_				Dd. INSIDE CITY LIMITS? YES 2 N
	10e. STREET AND NUMBER	11 n		~			. ZIP CODE	_	7	10g. CITIZ		AT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.	WAS DEC	2/ ENDENT O	L / /	ORIGIN? (Specify Yar	or No-	14. BACE -	American Indian
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X N	0	1	f yes, sp	ecify Cuber	Specify:	Puerto Rican, etc.)		Black, V Specify:	White, etc. Black
ETED	15. DECEDENT'S ED (Specify only highest grad	fe completed)	(Gh	re kind of	USUAL O work done se retired.)	CCUPATIO	ON st of working	g	16b. KIND OF BU	SINESS/INDU	ISTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	')	1A	into	enc	e					
ш	17. FATHER'S NAME (First, Middle, Last)	HASK	INS					ER'S NAME	(First, Middle, Maiden	Sumame)	Boo	245
TO B	190. INFORMANT'S NAME (Type/Print) VERA TANICE	Boot	196	MAILING	ADDRES	(Street a	nd Number	or Aurel Acc	te Number, City or Tow	n, State, Zip (	Code)	d 2121
	20e. METHOD OF DISPOSITION 1 IX Burlat 2 Cremation 3 Res 4 Donation 6 Other (Specify)	movel from State	20b. PLACEA		other water)		me of	o U	DATE 20c. LO	CATION - C	ity or Town	Mapula
	21. SIGNATURE OF FUNDRAL BERVICE &	COURT	11/12	,0,,	22	NAME AN	ID ADDRES	STE FACIL	ity Com	manit	Fun	ecor No-
	William C. BROWN Com munity Funceal Home 1206 WEST Morth Avenue 2/2/7  23. PART L'Enter-the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
RTIFICATION	immediate cause (Final disease or condition resulting in deeth)	. Narco	tic into	oxic		1	.=-					interval Bet Onset and
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
IL CE	PART II. Other significant condition	ons contributing to	death but not re	sulting	In the ur	deriying	ceuse g	iven in Pa	art I. 24a. WAS AN	AUTOPSY		ERE AUTOPSY FIN
4: MEDICAL	Cocaine abu	se							PERFOR		Di	MILABLE PRIOR TO DMPLETION DF CA F DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	EATH (Check	k only one)			
PHYS	27. MANNER OF DEATN		INJURY	28b. Til	4 🗆 Nur	ing Nom 28c. INJ	URY AT	-	Other (Specify)	NJURY OCCL	JRED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	2-12-	28a. DATE OF INJURY (Month, Day, Year) 2-12-94  28b. TIME OF INJURY AT WORK?  1 YES 2 NO					NO	28d. DESCRIBE HOW INJURY OCCURED UNKNOWN			
ETED	3 Suicide 6 Could not be 4 Homicide determined	Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1202 Myrtle Ave., Balto., N			
MPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMIN							and due to	the cause(s) and ma	nner sa state	d.	
BE CO	29h. SIGNATURE AND TITLE OF CERTIFIC		0.		<u> </u>		29c. LICE	M.E.		29d. DATE	SIGNED (M	fonth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W					<b>.</b> +	Dal±-	imo	Maw-1-	# FE		13/94
	31. DATFEB 22 1994	32. REGISTRA	R'S SIGNATURE		orre	<b>:L,</b>	DdT[]	шоте	, Marylan	u 212	UI	
	FEB 42 1994	dolin senie	m- Rudal	<b>4</b>								

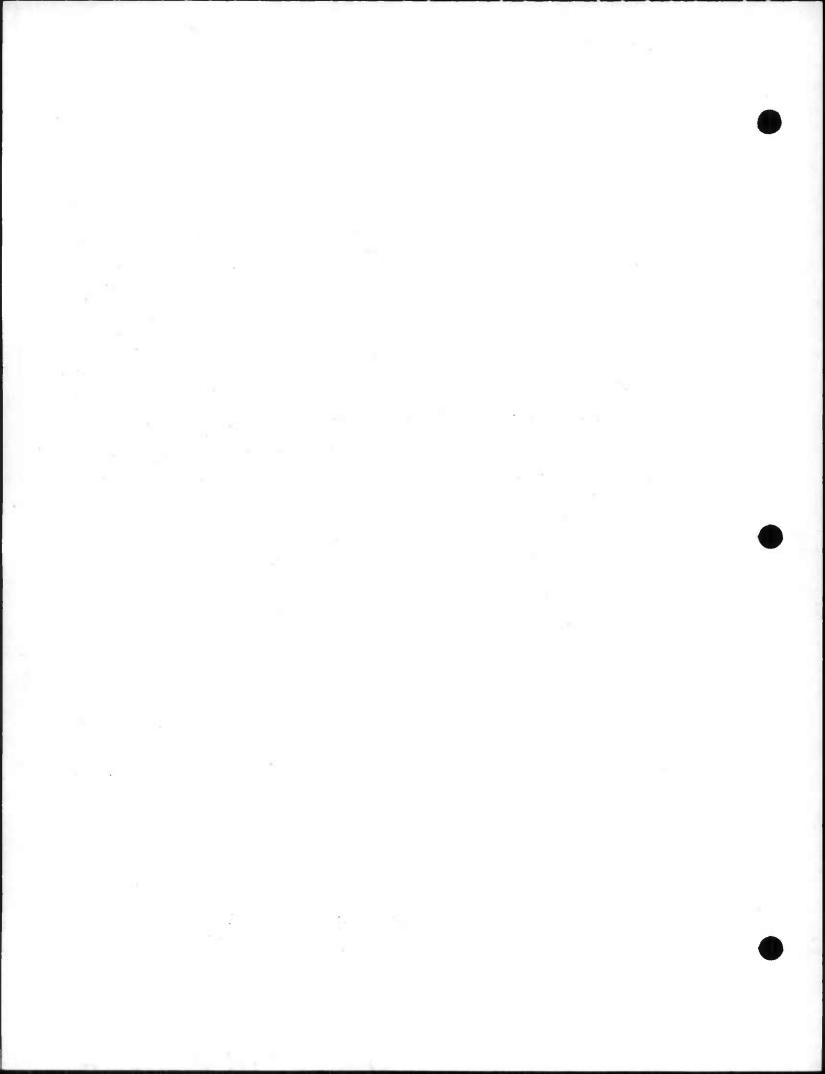


FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE QL 01930

		_	REGISTRAR		CERTIF	ICATE C	OF DEATH		REG. NO	). =	7 4	0470	U
			1. DECEDENT'S NAME (First, Middle, Last)					2, DATE (	OF DEATH	DAY		3. TIME OF DEATH	
			Edward C.	Sh	affer			Fe			YEAR 994	1546	
		- 1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE		7. DATE C	OF BIRTH	1	8. BIRTHP	LACE (State or Forei	gn
-		,	218-42-0744	1 🖾 M 2 🗆 F 40	YRS.	MONTHS DA	YS HOURS MIN.		Day, Year)	1944	Country)	Virginia	,
pinods	- 1	1	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TO	WN OR LOCATION OF E		12,		ITY OF DE		
63		8	Francis Scott	Vow Modian	1 Cn+-	D-1+	2						
1, 2,		5	Francis Scott							1			
Pages		DIRECTOR	10a. STATE 10b. COUNT	Y		Y, TOWN OR LO						10d. INSIDE CITY LIMITS?	
permit. F			Maryland		Ba	ltimor	е					1 🔀 YES 2 🗌 NO	5
		₹.	10e. STREET AND NUMBER			Section 1	101. ZIP CODE					IAT COUNTRY?	
in. Tansit		FUNERA	904 Quantril Way				21205			U.	S.A.		
020 physician. burial-transit		5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	ANIC ORIGIN	(Specify Ye	s or No-	14. RACE Black.	- American Indian, White, atc.	
		B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 K NO Speci		ouri, orday		Specify		
215-0 attending se as the	- 1	ED	15. DECEDENT'S EDU	CATION						1		White	
12 or att		ETE	(Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life Do NOT u	work done during	most of working	16b.	KIND OF BU	JSINE\$S/IND	USTRY		
ND 21 hospital or ached for u		ا ي	Elementary/Secondary (0-12) N/A	College (1-4 or 5+)					Truc	king (	Compa	nv	
AND.	once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	1/ A	Truck	Driver			_		Joinpa		_
	at o	- 11					18. MOTHER'S N.						
IARYI tained by should be	1.50	8	Harry Shaffer  190. INFORMANT'S NAME (Type/Print)					V. Bo		_			
MAR retained 5 should	notified	2	The state of the s	The section 1			eet and Number or Rural						
may be or, page 5	9		Aida V. Boston (				x 424, Ly	7	1		4501		
may be	must		20a. METHOD OF DISPOSITION 1   Burlel 2 □ Cremation 3 □ Rem	oval from State Ce	b. PLACE AND DATE	OF DISPOSITION	N (Name of	DATE	20c. L0	DCATION —	City or Tow	n, State	
MOR age 6 m; director,			4 Donation 6 Other (Specify)		arrison		VA Cemete		24 0	)wings	Mil	ls, Md.	
BALTIMO er death. Page 6 the funeral directo	examiner		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	2		E AND ADDRESS OF F		TT	- т			
deat	exa exa		M Kentasa	Valabote	1		imunek Fu 1 Brehms					21212	
aft aft	dical		23. PART I. Enter the diseases, or	complications that cause	ed/the death. Do	not enter the	mode of dving, su	ch as card	ac or rest	Piratory arr	est.	21213	_
5	medical	- 1	shock, or heart faljure.	List only one couse on	each line.				12 70 100	1	T. T. S.	interval Bety	weer
filled of	the se		IMMEDIATE CAUSE (Finel disease or condition	And my	200 12	0- 1		1	1	-	_	Onset and D	/ matt
vithin Tipletel	event,	ł	resulting in death)	e. DUE TO (OR AS	A CONSEQUENCE O	- (QQ	Arovasa	حما	0.	Yas	<b>1</b>		
executed withing and complete	0	_	_	7 3 300 10 (01110	A CONSEQUENCE O	r. j.							
and and	traumatic	ERTIFICATION	Sequentially list conditions,	b DUE TO (OR AS	A CONSEQUENCE O	F):						+	
2 % E	Tan I	¥	if any, leading to immediate cause. Enter UNDERLYING			,						ĺ	
phys phys	other	윤	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE O	NF):						+	
onding of the	10 to	E	resulting in death) LAST										
death after	7	8		u.								+	
that the death certificate of by the attending physical	Injury,	DICAL	PART II. Other algnificant condition	s contributing to death	but not resulting	In the under	ying cause given in	Part I.	24s. WAS AP			WERE AUTOPSY FIND	
es that	any	용						_	1 XYES			COMPLETION OF CAU	
2 0 5	shows	ME						1	/			1 N YES 2 1 NO	
AL KE												/	
A	22	CIAN	25. WAS CASE REFERRED TO MEDICAL			21	B. PLACE OF DEATH (C	heck only one	)				_
1		Signal Signal	EXAMINER?	HOSPITAL: 1 ☐ Inpetient 2 🖔 ER/Out	tpatient 3 DOA	OTHER:	Home 5 - Residence	6 Other	(Specify)				
夏 5		ŧ	27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TIN	NE OF 28c	INJURY AT			INJURY OCC	URED		_
2 1	4	t	1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY M 1	WORK?						
S IN S	٢	m	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR	Y — At home, farm,	stree1, factory,	office	28f. LOCA	TION (Street	and Number	or Rural Ro	ute Number	
DIVISION DR ATTENDINE DIRECTOR: AT	00		4 Homicide 6 Could not be	building, etc. (Spi	ecify)				r Town, State				
OR A DIREC	Item Tem	₩°	29a. CERTIFIER			-10/-2011							_
4 48	7 <del>=</del>	COMPLET	(Check only	R: On the heat of exemines									
HOSPITAL	AN	8		R: On the beals of examination	On arra/or investigation	on, in my opinic	m, death occurse at the	e time, date :	and place, e	nd due to the	e cause(a)	end manner es atat	ad.
THE HOSPITAL THE FUNERAL	B	8	296. SIGNATURE AND TITLE OF CERTIFIE	20			29c. LICENSE NU	MBER		29d. DATE	SIGNED	Month, Day, Year)	
2 2 2		2		W/			ОСМ	F		Fe	h 21	1994	
1/1	L		30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	o, Print)							
10	1		HUNDIKON		111 p	enn Si	reet R	altir	nore	Mar	vla	nd 2120	1
			31. DATE PILED (Month, Day, Year)	32 EGISTRAR'S SIG	NATURE						-		
		- 4	FEB 22 1994	1 min Banda	m-Rudall								

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deam, r	TOTHE FURTHER DESCRIPTION: The rights certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	O / DEPARTI			MENTAL HYGIENI REG. NO.	94	04931			
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATN		3. TIME OF DEATN			
١.	Mary Margaret Stei	gleman				2/18/94	Y YEA	5:45 P.M.			
1				F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	8. Bi	IRTNPLACE (State or Foreign			
	215~42~7577 1	M 2 K F 91	YRS.	DAYS DAYS	HOURS MIN.	7/19/190	2 Pc. COUNTY C	Md Md			
Œ	Charlestown	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'			111					
DIRECTOR	Charlestown Catonsville Baltimore										
H	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.										
	Md Balti	more						LIMITS? 1 TYES 2 TO NO			
AL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN (	OF WHAT COUNTRY?			
FUNERAL	1330 N. Rolling Roa	d			21228		US	SA			
5		WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2				C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No 14, R	ACE — American Indian, Black, White, etc.			
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TES	2 NO Specify:	, Puerto ricari, etc.)		Specify:			
	15. DECEDENT'S EDUCATION	ON Leas	200000000000000000000000000000000000000	1			1	white			
H	(Specify only highest grade com	pleted)	Give kind of work iffe. Do NOT use n	k done during mos	t of working	16b. KIND OF BUS	INESS/INDUSTR	Y			
2	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	Homemake			Own	Homo				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		nomemake	ET	40 MOTNED'S MAN	ME (First, Middle, Maiden )					
	Charles A. Smith			1				,			
H	19a. INFORMANT'S NAME (Type/Print)		195 MAII ING AF	DDBESS /Stmat on		a Ann Bewl	-				
임	William Steigleman					, Baltimor		·			
	20a. METHOD OF DISPOSITION	20h Pi A	CEANDDATEOF				ATION - City o				
	1 Surial 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	irom Stata cemetery	crematory or other	place)	soleum	1	ltimore				
	21. SIGNATURE OF FUNERAL SERVICE LICENS		zuzne re		ADDRESS OF FAC		TEIMOIC	.,			
	* tuter & le	m Helse	020 11			on Funeral Avenue, B		4d 21228			
	23. PART I. Enter the diseases, or companion, or heart failure. List	plications that caused the	deeth. Do not	enter the mod	le of dying, auch	ae cardiac or respir	atory arrest,	Approximate			
=	IMMEDIATE CAUSE (Final	Cardio nu DUE TO (OR ASÍA COM	4	~4	Arres	F		interval Between Onset and Death			
NO	Sequentially list conditions, Distriction of the Construction of t										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING										
TE	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	ISEQUENCE OF):								
1	d.										
AL 0	PART II. Other aignificant conditions co	entributing to death but n	ot resulting in	the underlying	cauae given in I	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS			
						PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC	Ü					1	7000	OF OEATH?			
2								1 123 2 10			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL/	ACE OF DEATH (Che	ck only one)					
Sic		OSPITAL: Inpatient 2 - ER/Outpatien		THER:	5 - Residence	B C Other (Specify)					
È	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJU	RY AT	28d. OESCRIBE HOW IN	JURY OCCURE	>			
ВУ Б	1) Natural 5 Pending 2 Accident Investigation	(MONITI, Day, Tear)	INJUR	44	ES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — A building, atc. (Specify)	t home, larm, atre	et, lectory, office		28I. LOCATION (Street as City or Town, State)	nd Number or Ru	ral Route Number,			
=	4 Nomicide determined	ounding, and (apoon))				City or lown, State)					
1 1	29e. CERTIFIER 1 CHeck only 1	: To the best of my knowledge	, death occurred	at the time, date	and place, and due	to the cause(e) and man	ner ee stated.				
COMPLETED	one) 2 MEDICAL EXAMINER: O							se(e) and manner se stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			NEO (Month, Day, Year)			
2	Shaan	h. m. (	onar	L MD	D387	762	▶ 2	2194			
2	30. NAME AND ADDRESS OF PERSON WHO	MPLETEO CAUSE OF OEATH	1 61	int)			4				
	31. DATE FILED (Month, Day, Year)	32. SEGISTRAPIS SIGNATUR	E -	ν							
	31. DATE FILED (MONTH, Day, Your 1994	guile deviden	Alandese								

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FEB 2 2 1994

32. Aprilytranipsignature fundale

	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF	HEALTH AND			94 0493		
	1. DECEDENT'S NAME (First, Middle, Last)  ALBERT B. SHAT	VAHAN, SR	OLITTI	IOATE OF	DEATH	2. DATE OF DEATH MONTH	DAY 1	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER  214-40-5079  9a. FACILITY NAME (If not institution, give s	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 1-2-12		BIRTHPLACE (State or Foreign Country)  Md.			
DIRECTOR	3020 Stafford St	•			or location of t	DEATH		Y OF DEATH		
	Md. 10a. STATE 10b. COUNTY	10c. CIT	y, town on Local				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	3020 Stafford S	12. WAS DECEDENT EVER IN U FORCES? 1 YES	SARMED	13. WAS DE	INIC ORIGIN? (Specify Ye	U.S.	I. RACE - American Indian.			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced  15. DECEDENT'S EDU	IF YES, GIVE WAR OR OAT	S	1 🗆 YE	S 2 X NO Speci			Specify: White		
COMPLETED	(Specify only highest grade	Completed)  College (1-4 or 5+)	(Give kind of a life. Do NOT us	USUAL OCCUPATI work done during m retired.)  Foreman	ION ost of working	16b. KIND OF BU	timore			
Š Į	17. FATHER'S NAME (First, Middle, Last)	247 22	00,	FOT CHIEFTI	18. MOTHER'S NA	AME (First, Middle, Melder		Clty		
BE	Thomas Shanaha	an			Mary	UNKNO	NWO			
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tov				
-	Maggie L. Shanal	nan	3020	020 Stafford StBaltimore, Md. 21223						
	20a. METHOD OF DISPOSITION  1 Burlet	oval from State   cemets	ry, crematory or o	OF DISPOSITION (Nather place)			CATION — City	y or Town, State		
	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	Me.	tro Cr	emator	y, Inc.	2-21-94	В:	alto. Md.		
	G. Truman	Schwab		3512 Balt	imore.	rick Aver	29			
	23. PART i. Enter the disesses, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	a. DUE TO (OR AS A CO	atic	Car	ode of dying, suc	Lung	iratory arrest	t, Approximate Intervel Between Onset and Deati		
AICN	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART ii. Other significent conditions	s contributing to deeth but	not resulting l	n the underlyin	g csuse given in	n Part I. 24s. WAS AN AUTOPST PERFORMEO?  1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
rn i Sician:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (Ch	neck only one)				
2	1 TYES 2 NO	mt 3 🗆 DOA	4 - Nursing Hon	ne 5 🗆 Rasidenca	6 Other (Specify)					
10	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation		M 1	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
3	3 Suicide S Could not be determined	28e. PLACE OF INJURY — building, etc. (Specily)	At home, farm, s	treet, factory, offic		28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLE		CIAN: To the best of my knowledge: On the bests of examination as						nuse(s) and menner as stated.		
IO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	X. Giv	/'		29c. LICENSE NUI		29d. DATE SI			
	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF GEATH	(ITEM 27) (Type,	Print)			-	-14		

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Markey

ING PHYSICIAN: THE MECONDS, F.O. BOX 80700, BALLIMORE, MARYLAND 21215-0020  ING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.  If this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  Marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	PLETED BY FUNERAL	10a. STATE 10b. Maryland 10c. STREET AND NUMBER 406 Crosby 11. MARITAL STATUS 1 Never Merried 2 Marrie 3 Widowed 4 Divorced 15. DECEDEN (Specily only highs Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middle, William A. 19a. INFORMANT'S NAME (Type/Pri Sandra M. 20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 4 Donation 5 Other (Specil 21. SIGNATURE OF FUNERAL SER G. Truman 23. PART I, Enter the disease shock, or heart f IMMEDIATE CAUSE (Final disease or condition
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or atta.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant co  25. WAS CASE REFERRED TO MEDICAL STAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendia Investing Suickle 6 Could detarm  29a. CERTIFIER (Check only one) 2 MEDICAL E

REGISTRAR				CERTIFIC	ATE O	F DEATH		REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last)						2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH
John W.	Shaf	fer					2	1.8			10:45 P M
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In y		UNDER 1 YEAR			E OF BIRTH			LACE (State or Foreign
172-24-9	068	1 M 2 □ F	62	YRS,	NTHS DAY	HOURS MIN.	1	/6/19:	32	Harr	isburg, PA
9a. FACILITY NAME (If not in	stitution, give s	treet and number)		9	b. CITY, TOW	N OR LOCATION OF D			_	NTY OF DE	
Summit N	ursir	g Home			Cato	nsville	, M	D	В	alti	more
RESIDENCE OF DEC											
	10b. COUNT				OWN OR LO					1	IOd. INSIDE CITY LIMITS?
Maryland	ватт	imore		Ca	tonsv					1	YES 2 NO
406 Cros	by Ro	1.				101. ZIP CODE 2122	8		10g. CIT	USA	IAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	EVER IN U.	S. ABMED		ECENDENT OF HISPA			or No-	14. RACE -	- American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  FORCES? 1 YES 2 NO Specify:  If yes, specify Cuban, Mexican, Puerto Rican, etc.)  Black, White, etc.  Specify: White, etc.  Specify: White, etc.											
15. DEC	EDENT'S EDU	CATION completed)	16	e. DECEDENT'S US	UAL OCCUPA	TION	16	b. KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5+	)	Itle. Do NOT use n	itired.)				_	_	
N/A		N/A		Psy	cnol	ogist		sel	t-en	np1o3	red
17. FATHER'S NAME (First, MI William A		affer				Anni e		Middle, Maiden	Surname)		
19a, INFORMANT'S NAME (7)	/pe/Print)			19b. MAILING AC	ORESS (Street	et and Number or Rural	Boude Nur	mher City or Trav	o Ctata 7in	Codel	-
Sandra M.		ffer				y Rd., (					21228
20a. METHOD OF DISPOSITI  1 □ Burlal 2 ☑ Crematio 4 □ Donation 5 □ Other	n 3 🗆 Rem	oval from State	cemeter	ACE AND DATE OF E	place)		1			City or Tow	
21. SIGNATURE OF FUNERAL		ENSEE		Metro C		AND ADDRESS OF F	ACILITY	2/194	Cato	nsv]	lle, Md.
▶G.Truman Schwab Funeral Home 5151 Balto.Natl.Pike,Balto.Md.21229									Md.21229		
23. PART I, Enter the di shock, or h IMMEDIATE CAUSE (Fin disease or condition resulting in death)	part fallure.	a. Alzh	e on each	line.	) (yes		ch aa ca	rdiac or respi	ratory arr	rest,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  oue TO (OR AS A CONSEQUENCE OF):											
PART II. Other aignifica	nt condition	a contributing to	death but	not resulting in t	he underly	ing cause given in	Part I.	24a. WAS AN			VERE AUTOPSY FINDINGS
								PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
								1 163 2	A NO	1	OF DEATH?
										'	YES 2 NO
25. WAS CASE REFERRED TO	MEOICAL.				26	PLACE OF DEATH (C)	heck only	(ne)			
EXAMINER?	and read	HOSPITAL:	FB/Outpatio	m 3   DO4	THER:						
27. MANNER OF DEATH		28a. DATE OF	INJURY	26b, TIME C	F 28c. I	ome 5 Residence		er (Specify) ESCRIBE HOW I	NJURY OC	CURED	
	Pending nvestigation	(Month, De	ny, Yber)	INJUR	M 1	WORK? YES 2 NO					
3 Suicide 6	Could not be determined	26e. PLACE Of building,	F INJURY — etc. (Specify)	At home, farm, stre	et, factory, of	fice		CATION (Street a y or Town, State)		or Rural Ro	ute Number,
0000						ate and place, and due					and manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIE	2	2			29c. LICENSE NU			29d, DAT		Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type,-87)	int)	1	1		-	1	17
En Macza	ماد	405 12	elera	d R	I su	Je 100					
FEB 2	1994	32. geggerra	SUI CAN	-Ander					-3		
	-										

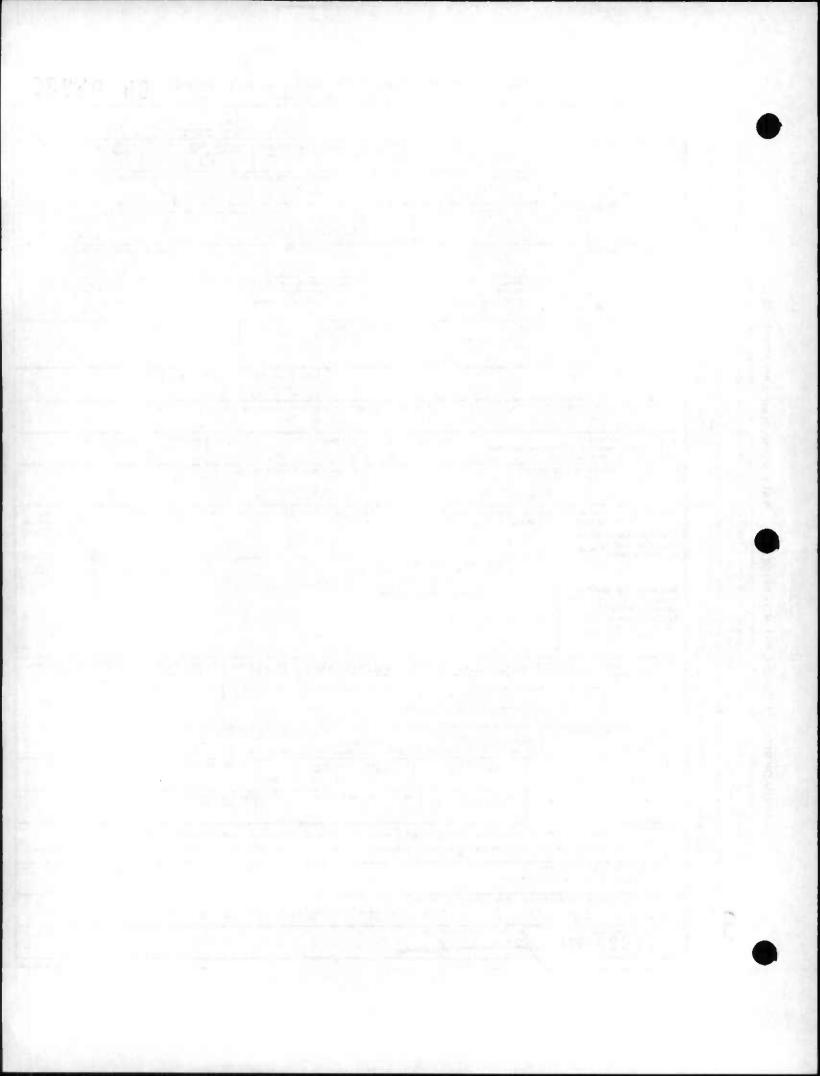
BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed with.	s perificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dect. of Health and Mental Horiene prior to burial, cremation, or removal.	medical examiner must be neithful at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	E HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	Front Put, Direction, After this perificate has been signed by the attending physician and completely filled in by the	PRINT II In 21 to marked or Mem 23 shows any injury or other traumatic event the medical eventines must be neithfield at once
_	1	日番	9

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF					MENTAL	REG. NO.	E 9	14	04934
	t. OECEOENT'S NAME (First, Middle,	Surgec						2. DATE MONTH	OF DEATH	20 9	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219 30 5690	5. SEX	(In yrs. lest birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month)	PERIFITH Day, Year) 9 32		Country)	NCE (State or Foreign
LOR		Key Medical C	enter			imore		ATH		9c. COUNT	Y OF OEAT	Н
DIRECTOR		TATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										d. INSIDE CITY LIMITS?  YES 2 NO
	1703 Holawick Bood Art - 2						10g. CITIZE	10g. CITIZEN OF WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMEO  13. WAS DECEMBENT OF HISPANIC OF FORCES? 1 YES 2 NO  14 yes, specify Cuben, Maxican, Pue					n, Puerto R	ORIGIN? (Specify Yea or No. 14. RACE -			American Indian, Trita, atc.	
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  7  16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relined.) Fork Lift Operator  Superior Firep.							ce				
BE COA	17. FATHER'S NAME (First, Middle, La Henry Snyder							ME (First, M Sparr	iddle, Maiden	Surname)		
2	Jean A. Snyder	)	19b. MAILING 1703	Hola	S (Street a Viev	Number Rd.	or Rural F Dur	ndalk	Md.	21222		
	20a. METHOD OF DISPOSITION  1 Denation B Other (Specify	Removal from State ce	b. PLACE AND DATE melery, crematory or d HOLLY Hi	other plece)	emet	erv	2-23			ation – cii lle Ri		
	21. SIGNATURE OF FUNERAL SERVI	D- Jale		6	224	East more	ern		ue Cha		S.Ze	
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Due to (on as	A CONSEQUENCE O	PFI:						atory srive	, ,	Approximate Interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):		Ш						
PHYSICIAN: MEDICAL	PART II. Other algnificant con	ditions contributing to death	but not resulting	in the ur	nderlylng	cause g	iven in	Part I.	24s. WAS AN PERFOR 1 VES 2	MED?	CC OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		OTHE		ACE OF O	EATH (Ch	ock only one	)			
₹	1 VES 2 NO	1 ☑ Inpetient 2 ☐ ER/Out		4 🗆 Nur			aldence	6 Other	(Specify)	1 11 11 11 11 11 11 11	-50	
BY P	1 Natural 8 Pending 2 Accident Investig	(Month, Day, Year)	IN	JURY M	1   Y	RK7 rES 2	) NO					
TED	3 Suicide B Could n 4 Homicide determin		Y — At home, ferm, sc/fy)	street, fact	tory, office				TION (Street a r Town, State)	nd Number or	Rural Rout	e Number,
COMPLETED	one)	PHYSICIAN: To the beat of my kno AMINER: On the basis of axaminati										nd menner se stated.
BE	29b. SIGNATURE AND TITLE OF CE	RTIFIER (MD)				29c. LICE	NSE NUN	BER		29d, DATE :	SIGNEO (M	onth, Day, Year) 8 - 94
۵	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	, Print)			/ 0			0		
	31. DATE FILED (NO.112 0 1994	J.E. SERIBANG	Azdenida									

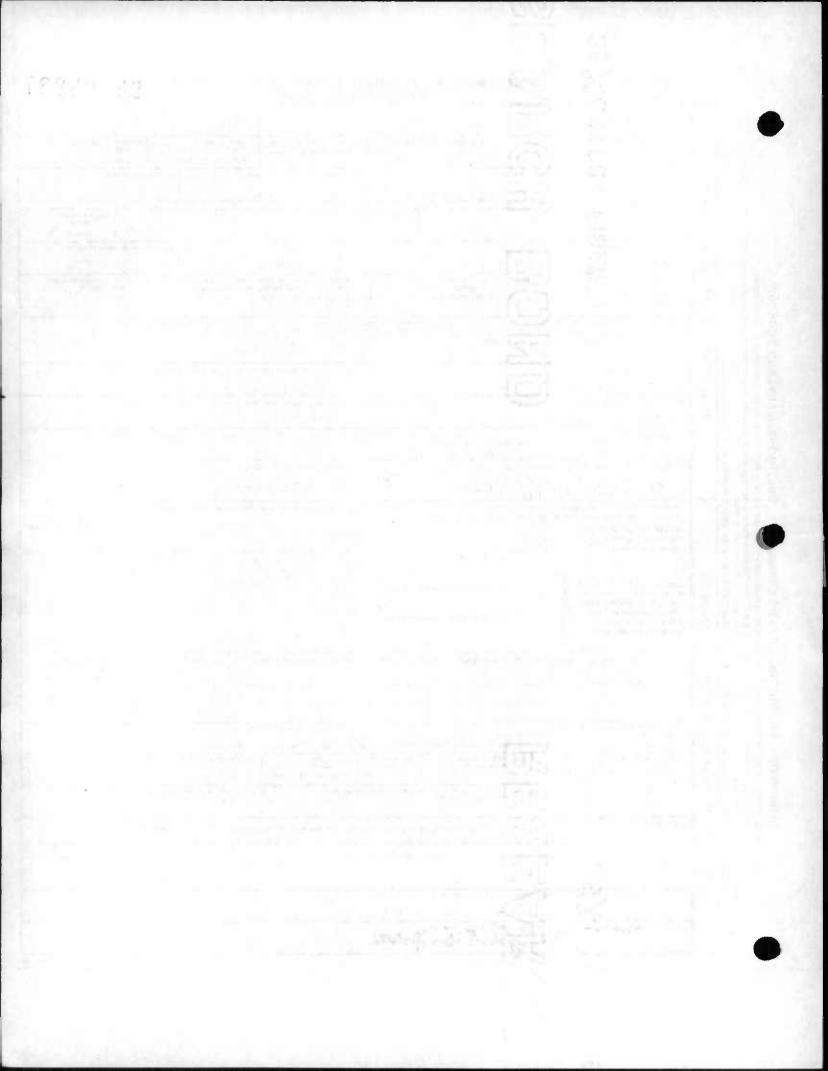
REGISTRAR		L	ERITE	CALE	OF	DEATH	1	REG. NO			
1. DECEDENT'S NAME (First, Middle, La RICHARD JOSEPH		SR.						DATE OF DEATH	AY 1 F 1 (	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. Ia	at biotholous	IF UNDER	VEAR	IF UNDER 24		EBRUARY DATE OF BIRTH	15,15		1:35 P M
213-26-2115	1 🕱 M 2 🗆 F	62		MONTHS	DAYS	HOURS A	MIN,	(Month, Day, Year) 3-16-19	31	Countr	IPLACE (State or Foreign y) RYLAND
9a. FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY,	TOWH (	R LOCATION	OF DEATH		9c. COU	NTY OF D	EATH
THE JOHNS HOPKI				BALT	IM0	RE CIT	Υ				
10a. STATE 10b. COU	INTY			, TOWN O							10d. INSIDE CITY LIMITS?
MARYLAND				BAL	rim	ORE					1 YES 2 NO
10e. STREET AND NUMBER					101	ZIP CODE		1000	10g. CITI	ZEN OF W	VHAT COUNTRY?
2606 ORLEANS	ST.					2122	24		ι	J.S.	A.
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 □NO					If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify: Specify:					
15. DECEDENT'S 8 (Specify only highest gi		16a. D	ECEOENT'S	USUAL OC	CUPATIO	ON		16b. KINO OF BUS	SINESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	lik.	Give kind of w e. Do NOT use	ork done d e retired.)	unng mo	st or working					
8	4	D	ISAB	LED				DIS	ABLI	ED	
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER	R'S NAME (	First, Middle, Maiden	Sumame)		
STANLEY A. S	HARNES SI	₹.				M	IARY	CRISP			
19a. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADORESS	(Street a	nd Number or	Rural Route	Number, City or Tow	n, State, Zip	Code)	
BONNIE STEVEN	S		260	6 OF	RLE	ANS S	ST.	BALTO.,	MD.	212	24.
20a. METHOD OF DISPOSITION  1 M Burlal 2 Cremation 3 R	amoval from State		AND DATE O			me of	em re D		cation –		wn, State
4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE	LICENSEE	GARR	TOOM			D ADDRESS					MD.
170	0 0							KINS &	SONS	s co	
William	K. Valla.	4						. BALTO			
23. PART I. Enter the diseases, shock, pr heert fellu iMMEDIATE CAUSE (Final disease or condition reaulting in death)	re. List only one ceue	e on each lin	e.				,			est,	Approximate interval Batweer Onset and Deatl
Sequentially list conditions, if any, leading to immediate	b. Uri	OR AS A CONSE	Fraci	1 10	rfec	tren		infecti			3 days
cause. Enter UNDERLYING											22 years
CAUSE (Disease or injury that initiated avents	DUE TO (C	OR AS A CONSE	OUENCE OF	7					-		La Atres
resulting in death) LAST	d.										
DATE II Other steelds and an ill											
PART II. Other significent condit	ione contributing to d	leeth but not	reculting is	n the und	derlyin	ceuse give	en in Par	t i. 24a. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
											1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL					00.00	40E 0E ===	FM 604	-transi			
EXAMINER?	HOSPITAL:			OTHER	:	ACE OF DEAT					
1 □ YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2		_				7	Other (Specify)			
1 Netural 5 Pending	28e. DATE OF II (Month, Day		28b. TIME			URY AT RK? /ES 2 1 N		d. DESCRIBE HOW I	NJURY OC	CURED	
3 Suicide 8 Could not 4 Homicide determined	28e. PLACE OF building, at	INJURY — At h	ome, ferm, s	treet, facto	ry, offic		28	LOCATION (Street : City or Town, State)	and Number	or Rural R	Route Number,
290. CERTIFIER	WOODAN, T										
(Check only	INER: On the best of m										) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTI						29c. LICENS					(Month, Day, Year)
5 1	11 mD						314		<b>&gt;</b> -	2/10	1011
30. NAME AND AODRESS OF PERSON	WHO COMPLETED CALICE	OF DEATH (IT	EM 27) (Time	Print)					- 6	1/2	777
STUART RUSSELL.	MD THE 1	OUNC LI	OD V T NI	LIDE	דדם	B/	ALTIN	MORE _ MD.	212	87	
31. DATE FILED (Month, Day, Year)	32. REGISTRAG	S-SIGNATURE		<u>э поз</u>	PII	AL, DI	UU IV	WULFE S	KEEL		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	0	3
-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the huneral director, page 5 should be detached for use as the bu	-
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH YEAR Rebecca Sinkfield 4:45<sup>A</sup> 1994 February 17 4, SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year, 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 X F YRS. 216-28-6273 6-25-24 MD 69 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Maryland General Hospital Baltimore DIRECTOR N/A RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Baltimore City N/A 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1921 EUTAW PLACE APT. A3 rial-transit 21217 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PHO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. OECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INOUSTRY tary/Secondary (0-12) College (1-4 or 5+) 3rd DOMESTIC N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) to ELSIE QUICKLEY SAMUEL WILSON BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 WENDY C. SPENCER 7 MULLINGER CT./ Padonia, MD. 21093 Pe METHOD OF DISPOSITION
Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION --- City or Town, State must GARRISON FOREST VA CEM. OWINGS MILLS, MD 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE medicai 23. PART I/Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fallure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition Sepsis event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Abdominal Pelvis Absess traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. Protien Calorie Malnutrition, Aspiration Pneumonia 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY MEDICAL PERFORMEO? any 1 ☐ YES 2 ☐ NO Shows Carcinoma 1 ☐ YES 2 ☐ NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 ☐ YES 2 ☐ NO 1 🗋 Inpatient 2 🗀 ER/Outpatient 3 🗀 DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 28 determined Hem 29a. CERTIFIER 1 Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE Jayronia Jus FAB. 17, 1774 9 30. NAME AND AGGRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) Dr. Josephine Waite C/O Maryland General Hospital 827 Linden Avenue FEB 2 2 1994 P. REGISTRAR'S SIGNATURE i Sinden R

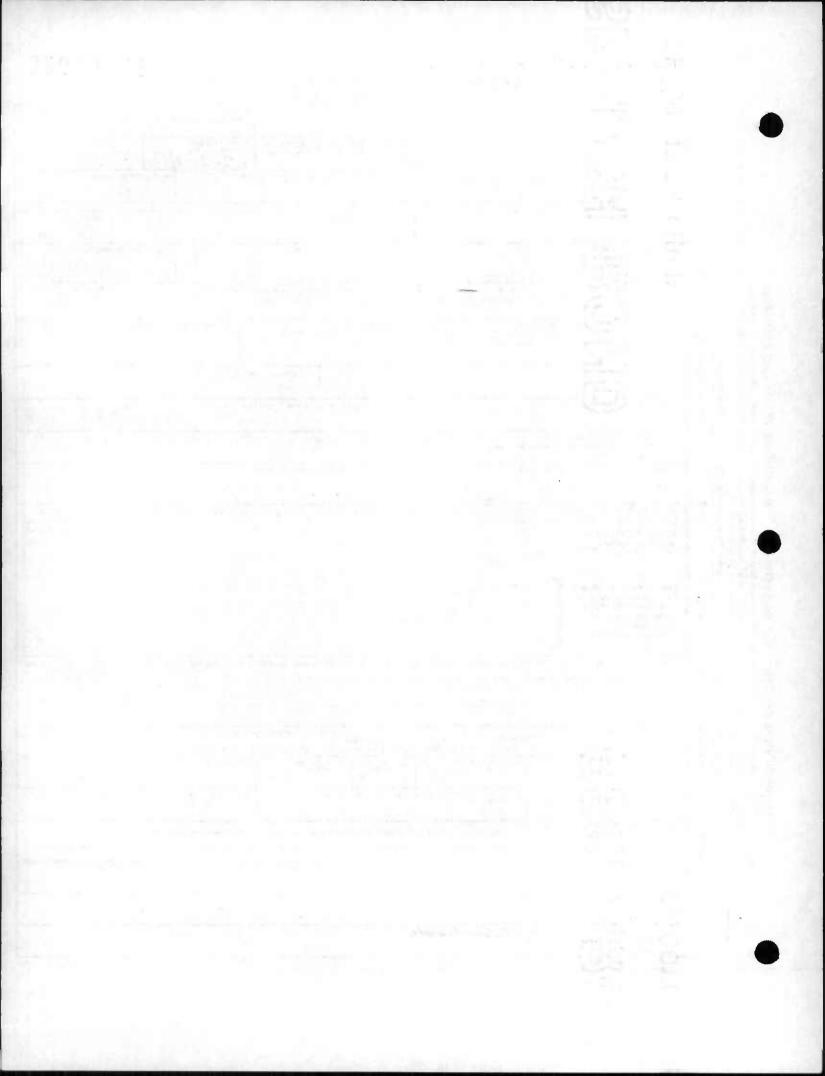


	1 - FOR STATE REGISTRAR	STATE OF MARYL	CERTIFI	REG. NO.	94	0493		
	1. DECEDENT'S NAME (First, Middle, Last)	Candaliar	ia Sant	os Jr		DATE OF DEATH	YEAR	3. TIME OF DEATH
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	220 74 4926	1 Q M 2 G F			IOURS MIN.	Month, Day, Year)	Country)	_
	9e. FACILITY NAME (If not institution, give	Ι Λ	39 YHS.	9b. CITY, TOWN OR	LOCATION OF DEATH	0-31-54	Pen DUNTY OF DE	nsylvan.
OR	Francis Scott	t Key Med C	Center	В	altimore	n	a	•
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			TOWN OR LOCATIO				10d. INSIDE CITY
DIR	Maryland na	a		altîmor				LIMITS?
AL	10e. STREET AND NUMBER				IP CODE	10g. C		HAT COUNTRY?
FUNERAL	1619 Elrino	T			21224		USA	
	11. MARITAL STATUS  1. Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	It yes, speci	ly Cuban, Mexican, Pu	RIGIN? (Specify Yes or No- erto Rican, etc.)	Black,	- American Indian, White, stc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR C	NO	1 TYES 2	□ NO Specify:		Specify	White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		(Give kind of wo	JSUAL OCCUPATION ork done during most	of working	16b. KIND OF BUSINESS/I	NDUSTRY	
J.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	Cook	11000			
DW.	7+GED  17. FATHER'S NAME (First, Middle, Last)				A MOTHED'S NAME /	irst, Middle, Malden Surname		
	Felîsîsîmo Can	daliaria S	antos Si			Snyder	,	
) BE	19a, INFORMANT'S NAME (Type/Print)	radilidi id				Number, City or Town, State,	Zip Code)	
2	Shirley Fisher	r e						
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ren	noval from State	b. PLACE AND DATE Of metery, cremetory or oth		ol	OATE 20c. LOCATION	— Cify or Tow	rn, Stata
	4 Donation 5 Other (Specify)	n state del	moval	22 NAME AND	ADDRESS OF FACILITY			
	34. SIDMATURE OF FUNERAL SERVICE LI	Ronald	Wade, Dir			State And		
/	22 SADT I Enter the diseases or	complications that saves	od the death. De se			eSt,Balto		
		List only one cause on a	each line.	or enter the mode	or dying, such as	cardiac or respiratory	errest,	Approximata intervai Betwee
	IMMEDIATE CAUSE (Final disease or condition	SEC	3515					Onset and De
	resulting in death)							
		DUE TO (OR AS	A CONSEQUENCE OF	):				
N		EMF	NEME	7				
ATION	Sequentially list conditions, if any, leading to immediate	EMF	A CONSEQUENCE OF)	7				
FICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	NEME	101				
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF)	101				
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. EMP DUE TO (OR AS C. DUE TO (OR AS d.	A CONSEQUENCE OF	iel	ause olven in Part	I. 24a. WAS AN AUTOPS	Y 24b. V	WERF ALITOPRY PINGIN
AL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. EMP DUE TO (OR AS C. DUE TO (OR AS d.	A CONSEQUENCE OF	iel	ause given in Part	PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSI
AL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. EMP DUE TO (OR AS C. DUE TO (OR AS d.	A CONSEQUENCE OF	iel	ause given in Part	I. 24a. WAS AN AUTOPS PERFORMED?  1  YES 2 NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Panding Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d.  HOSPITAL: 11 inpution 2 ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF)  A CONSEQUENCE OF)  A CONSEQUENCE OF)  but not resulting in  tipettent 3 DOA  28b. Time injury  Y — At home, term, st  wiedge, death occurred	28. PLAC OTHER: 4   Nursing Home OF 28c. INJURY M 1   YES	E OF DEATH (Check of 5 Residence 6 28d 2 NO 29t.	PERFORMED?  1 YES 2 NO  Other (Specify)  DESCRIBE HOW INJURY Control (Street and Number City or Town, State)	DCCUREO  Der or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural S Pending Investigation 3 Sulcide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d.  HOSPITAL:  1 1 4 inpetient 2 ER/Out  26a. DATE OF INJURY (Month, Day, Ver)  26a. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF)  A CONSEQUENCE OF)  A CONSEQUENCE OF)  A CONSEQUENCE OF)  Dut not resulting in  Experient 3 DOA  28b. TIME INJU  Y — At home, term, st softy)  wiedge, death occurred on and/or investigation	28. PLAC OTHER: 4   Nursing Home OF 28c. INJURY M   1   YES reet, factory, office d at the time, data and, in my opinion, dear	E OF DEATH (Check of 5 Residence 6 PY AT 28d 2 NO 29t. At the process of the proc	PERFORMED?  1 YES 2 NO  Other (Specify)  . DESCRIBE HOW INJURY Company of the com	DCCUREO ber or Rural Ro stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  oute Number,  and menner as stated
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d.  HOSPITAL:  1 1 4 inpetient 2 ER/Out  26a. DATE OF INJURY (Month, Day, Ver)  26a. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF)  A CONSEQUENCE OF)  A CONSEQUENCE OF)  A CONSEQUENCE OF)  Dut not resulting in  Experient 3 DOA  28b. TIME INJU  Y — At home, term, st softy)  wiedge, death occurred on and/or investigation	28. PLAC OTHER: 4   Nursing Home OF   26c. INJUR WORK M   1   YES reet, factory, office d at the time, deta ar	E OF DEATH (Check of 5 Residence 6 PY AT 28d 2 NO 29t. At the process of the proc	PERFORMED?  1 YES 2 NO  Other (Specify)  OEŞCRIBE HOW INJURY Control (Street and Number City or Town, State)  e cause(a) and manner as a data and place, and due to	DOCCURED  Der or Rural Ro  Reted.  The cause(s)  ATE SIGNED (1)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  oute Number,  and menner as stated



ITEM: 12. PER F.H. FILM G-708 2/22/94 t.t 94 04938 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 7:45 P February 14, 1994 Shirley Sydnor 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 5-21-4 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 218-46-5278 MARYLAND 1 M 2 Pages 1, 2, 3 should Maryland General Hospital 96. CITY TOWN OR LOCATION OF DEATH BELL TINOTE 9c. COUNTY OF DEATH DIRECTOR n/a RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND Baltimore City n/a MX YES 2 NO permit. 10f. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? be retained by the hospital or attending physician. UNITED 1641 RALWORTH ROAD 21218 STATES 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 A WES 2 M NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black. White, etc. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2XX Married If yes, specify Cuban, Mexican

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced BLACK ETED 18s. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EQUICATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) 10 TH HOUSEWIFE n/a COMPL once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Ma MARY MERRITT JOHN ALEXANDER funeral director, page 5 should be notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (SI ESS (Street and Number or Rural Route Number, City or Town State, Zip Gode)
RALWORTH ROAD, BALTIMORE, MARYLAND 21218 NORMAN SYDNOR 1641 Pe 20c. LOCATION -- City or Town, State
OWINGS MILLS, MD Page 6 may 20a, METHOD OF DISPOSITION
1 Derivation 2 Committee 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must GARRI'SON' Place OREST 02-22 VA 4 Donation 5 Other (Specify) examiner FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. WM. C. MARCH FH.- 1101 E. NORTH AMENUE y the furmedical filled in by the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. Interval Betwe Onset and Death IMMEDIATE CAUSE (Finel n and completely filled to burlat, cremation, the Aspiration Pneumonia disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): End Stage Renal Disease executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury attending physician ntal Hygiene prior to certificate be Peritonitis, Possible Small Bowel Obstruction other 1 OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 death the atter injury, PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? the 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL signed by t any Severe Coronary Artery Disease; Cardiomyopathy COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? The law requires shows 1 YES 2 NO has been : Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item certificate I HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 DOA 1 YES 2 NO ng Home 5 Residence 6 Other (Specify) 0 28a, DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural M 1 YES 2 NO BY After 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 69 ETED DIRECTOR: / 4 Homicide 28 Hem 29a. CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated, HOSPITAL FUNERAL WITHIN 72 P TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) man 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Khanna Kalikhman C/O Maryland General Hospital 827 Linden Avenue FEB 22 1994 22. PEGISTRAB'S CONSTITUTE



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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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L DB ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 hours after death. Page 6 may be retained by the hospital or attending ph	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by bours after death with the State fleet of Health and Meetal Mortal Mortal Politics in Fundal remeation or removal	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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94 04939 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 YEAR FEB MARIE STEINACH 17 6:50 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Formior 1 - M XXF 212-28-2078 YRS 76 1 24 1918 9s. FACILITY NAME (If not institution, give street and numb 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 534 BALTIMORE 48th st. Dwmdalk RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dumda I k 1 TYES 2 THO FUNERAL 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 48'th Street 534 21224 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 YES NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ntary/Secondary (0-12) College (1-4 or 5+) 10 line tender Distilery 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surnar te Alexander Stanczak BE Stella notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 **Joann** Franklin Square Dr. 9407 Balto., Md. Cramer pe 20e METHOD OF DISPOSITION

1 Suriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Sagred Heart of Mary 4 Donation 5 Other (Specify) 2/21 Dundalk, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES. examiner 22. NAME AND ADDRESS OF FACILITY

W. Dabrowski/ Chojnacki F.H. P.A. 1005 Dundalk Ave. Balto., Md. 21224 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hasrt fallure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) GM event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO any COMPLETION OF CAUSE YES 2 NO OF DEATH? Shows YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER:
4 | Nursing Home | Ne Residence | 6 | Other (Specify) 1 X YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending FEB 17,1994 6:41AM 1 YES 2 X NO VICTIM OF HOUSE FIRE BY 2 Accident
3 Suicide Investigation 28e. PLACE OF INJURY — At h building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 90 COMPLETED 8 Could not be 534 4 Homicide 28 determined HOME 48th ST/BALTO CO, MD 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the wiedge, death occurred at the time, data end place, and due to the cause(e) and menner as stated. HOSPITAL TUNERAL IN INTHIN 72 h id/or Investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and menner as atated. E AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE FEB 17,1994 O.C.M.E

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

12. REGISTRAR'S SIGNATURE when the day

Mandelle

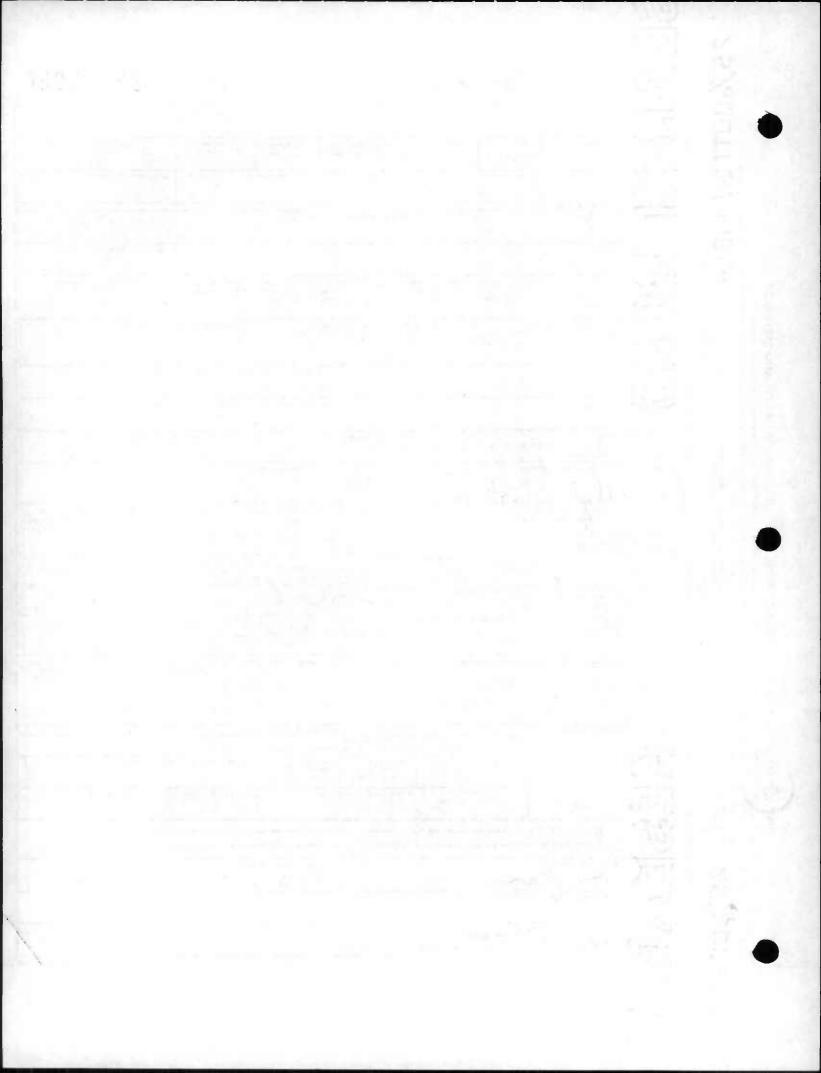
111 Penn Street, Baltimore, Maryland 21201

TO THE HOSPITAL OR AT WINDOW. The law requires that the death certificate be executed within 25 hours after death. Page 5 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR THAT THE SAME HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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			TIFICATI					
1. DECEDENT'S NAME (First, Middle, Last)  Myrtle			THOMA	S	MONTH		YEAR	
	5. SEX 6. AGE	(In yrs. lest birt			7. DATE O	F BIRTH	A. BIE	THPLACE (State or Foreign
220-54-8963  90. FACILITY NAME (If not institution, give street	1 □ M 2 ☑ F	97 Y	YRS. MONTHS	DAYS HOURS MIN.		24,1896	N	Maryland
		+ - 1	96. CIT	ROSSVILLE			OUNTY OF	
Franklin Squa	TE HOSDI					LBa	ltimo	ore County
Md. Balt	imore	10	Di	inda1k				10d. INSIDE CITY LIMITS? 1 YES 2 XHO
1.046 Old Nor	th Point	Road		101. ZIP CODE 2 1	224	10g.		JSA
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 200		WAS DECENDENT OF HISP If yea, specify Cuban, Mexi 1 YES 2 NO Spe	can, Puarto R		81	ACE — American Indian, lack, White, atc.
15. DECEDENT'S EDUCA' (Specify only highest grade co Elementary/Secondary (0-12)		(Give ki	NOT use retired.)	during most of working	16b.	KIND OF BUSINESS	/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)		T Ho	ousewi		AME /Elm! 44	lddle, Maiden Surnam	-	
Andrew Stuck	rath			11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	zabe		.,	
19a. INFORMANT'S NAME (Type/Print)		196. MA	AILING ADDRES	S (Street and Number or Run	al Route Numbe	er, City or Town, State,	Zip Code)	
Agatha Huber		21:	3 S. 3	Caylor Ave	Ba.	1timore	MD.	. 21221
20e. METHOD OF DISPOSITION  1 & Burial 2 Cremation 3 Remove			DATE OF DISPOS		DATE	20c. LOCATION	- City or	Town, State
4 Donation 5 Other (Specify)		Weste:			123/9	4 Balt	imor	re MD.
	NSEE	1	22.	NAME AND ADDRESS OF	FACILITY			
PART I. Enter the diseases, or conshort follows I.	mplications that cause	od the deeth.	22.	Connelly B	FACILITY Funer	Baltimo	re N	Essex Md. 21221 Approximate
PART I. Enter the disease, or conshock, or heart fellure. Lie immediate CAUSE (Final disease or condition resulting in death)	mplications that cause on tonly one cause on Multis	ystem (	Do not enter	NAME AND ADDRESS OF CONNELLY ENDING TO Mace 7 the mode of dying, as	FACILITY Funer	Baltimo	re N	Essex  Md. 21221 Approximate Interval Betw
shock, or higher failure. Lie IMMEDIATE CAUSE (Final disease or condition	mplications that cause at only one cause on Multis	ystem ( A CONSEQUENT   A CONSEQUENT   A CONSEQUENT	Do not enter Organ I NCE OF): Resista	NAME AND ADDRESS OF CONNELLY ENDING TO Mace 7 the mode of dying, as	FACILITY FUNCT  AVC. sch as cardi	Baltimo ac or reapiretory	re N	Essex  Md. 21221 Approximate Interval Betw
shock, or heart feilure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	mplications that cause at only one cause on Multis DUE TO (OR AS Methic DUE TO (OR AS	ystem ( A CONSEQUENT A CONSEQUE	Do not enter Organ I NCE OF): Resista	NAME AND ADDRESS OF CONNELLY ENDOUGH PROPERTY OF THE PROPERTY	FACILITY Funer Ave. ach as cardi	Baltimo lac or reapiretory	re Narreat,	Essex Md. 21221 Approximate Interval Betw Onset and Do
shock, or heart feilure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions	mplications that cause at only one cause on Multis DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	ystem ( A CONSEQUENT A CONSEQUE	Do not enter Organ I NCE OF): Resista	NAME AND ADDRESS OF CONNELLY ENDOUGH PROPERTY OF THE PROPERTY	FACILITY Funer Ave sch as card	Baltimo ac or reapiretory Infection  24a. WAS AN AUTOP PERFORMED?	re harrest,	Essex  Md. 21221  Approximata Interval Betw Onset and Da  24b. WERE AUTOPSY FINDII AMALABLE PRIOR TO
shock, or heart feilure. Lie  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions Gastroint	mplications that cause at only one cause on Multis DUE TO (OR AS Methic DUE TO (OR AS DUE TO (OR AS Contributing to death cestinal B1	ystem ( A CONSEQUENT A CONSEQUE	Do not enter Organ I NCE OF): Resista	NAME AND ADDRESS OF CONNELLY ENDOUGH PROPERTY OF THE PROPERTY	FACILITY Funer Ave sch as card	Baltimo ac or reapiretory Infection	re harrest,	ESSEX  Md. 21221  Approximate Interval Betwoonset and Description of Cause Of Death?  AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions Gastroint Dehydrati	mplications that cause of only one cause on Multis DUE TO (OR AS Methic DUE TO (OR AS DUE TO (OR AS Contributing to death cestinal B1	ystem ( A CONSEQUENT A CONSEQUE	Do not enter Organ I NCE OF): Resista	NAME AND ADDRESS OF CONNELLY ENDOUGH PROPERTY OF THE PROPERTY	FACILITY Funer Ave sch as card	Baltimo ac or reapiretory Infection  24a. WAS AN AUTOP PERFORMED?	re harrest,	ESSEX  Md. 21221  Approximate Interval Betwo Onset and De
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shock, or heart feilure. Lie  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions Gastroint Dehydrati Renal Fai  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	mplications that cause of only one cause on Multis DUE TO (OR AS Methic DUE TO (OR AS DUE TO (OR AS Contributing to death cestinal B1	anch line.  ystem ( A consequentillin ) A consequent A consequent but not resulted	Do not enter Organ I NCE OF): Resista NCE OF):	NAME AND ADDRESS OF CONNELLY FROM Mace And Address of the mode of dying, as a failure and Staph Autoritying cause given to the mode of the	FACILITY Funer Ave. sch as cerdi	Baltimo ac or reapiretory  Infection  24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	re harrest,	ESSEX  Md. 21221  Approximate Interval Betwoonset and Description of Cause Of Death?  AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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shock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  Gastroint  Dehydrati Renal Fai  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	mplications that cause of only one cause on Multis: DUE TO (OR AS  Methic DUE TO (OR AS  DUE TO (OR AS  Contributing to death estinal B1  On  Lure  HOSPITAL:   Impetient 2   ERVOU   280. DATE OF INJURY	anch line.  ystem ( A consequentillin ) A consequent A consequent A consequent but not result eed  stepstient 3 = 0	DOA OTHE	NAME AND ADDRESS OF CONNELLY FROM Mace 7 the mode of dying, at the mode of dying, at the mode of dying, at the mode of dying, at the mode of dying, at the mode of dying at the mode of dying cause given of the mode of the m	in Part I.  Check only one 6 © Other 28d. DES4	Baltimo ac or reapiretory  Infection  24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	arreat,	ESSEX  Md. 21221  Approximate Interval Betwoonset and De C

Joseph Kaplan 31. DATE FILED (Month, Day, War) FFB 2 2, 1994 9000 Franklin Square Drive, Baltimore,

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Albert

Talbott

6. AGE (In yrs. last birthday)

Glenn

4. SOCIAL SECURITY NUMBER

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, P.O. BOX 68760	And the second contractions the second contraction to the second contraction to the second contraction to the second contraction to the second contract cont
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HOURS ØCXM 2 □ F YRS 212 07 8283 12/02/1918 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Meridian At Brightwood Brooklandville RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore permit. 10e. STREET AND NUMBER FUNERAL funeral director, page 5 should be detached for use as the burial-transit 801 W. 35th Street 21211 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuben, Mexican, Puerto Ricen, stc.) FORCES? 1 X MES 2 FYES, GIVE WAR OR DATES Never Merried 2 Merried

Widowed 4 Divorced 1 TYES 2 X NO Specify ВҮ WW COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 10 Assembly Line Auto Manufacture 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Sumeme) Earl Talbott Ħ Margaret BE notified 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21211 2 Mildred Justice 3648 Keystone Avenue, Baltimore, Maryland iours after death. Page 6 may be pe 20e. METNOD OF DISPOSITION

XXBurlat 2 Cremetton 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Weisburg Cemetery 4 Donetion 5 Other (Specify) White Hall 21. SIGNATURE OF UNERAL SERVICE LICENSE examiner 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 23. PART I. Enter the discesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory street, shock, printers failure. List pnly one cause on each line. filled in by the Baltimore medicai Ö IMMEDIATE CAUSE Final event, the cremation, disease Dr condition and completely resulting in death) burial, other traumatic CERTIFICATION Sequentially list conditions, prior to t If eny, leeding to immediate ceuse. Enter UNDERLYING attending physician CAUSE (Disease or injury that initieted events resulting in death) LAST 6 the sta PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL and and 23 shows any T YES 2 7 HO Deen ō PHYSICIAN has t 25. WAS CASE REFERRED TO MG 28. PLACE DE DEATH (Check only one) this certificate HOSPITAL 1 YES 2 V B Inpatient 2 - ER/Outpatient 3 - DOA 10 the 288. DATE OF INJERY 28d, DESCRIBE HE marked, with Natural Accide BY death Accident Suicide .00 COMPLETED hours after item 28 is DIRECTOR Nomicide FUNERAL within 72 ? IMPORTANT: If EXAMINER: On th 29c. LICENSE NUMBER BE 문 문 문 문 문 2 3 0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

DAYS

96 04941 3. TIME OF DEATN

8. BIRTNPLACE (State or Foreign

9c. COUNTY OF DEATH

Baltimore

10g, CITIZEN OF WHAT COUNTRY?

Specify:

U.S.A

Buell

WashingtonDC

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

XX YES 2 NO

White

Maryland

Maryland

Onset and Death

21211

Approximate Interval Between

COMPLETION OF CAUSE

OF DEATH? T TYES COME

29d. DATE SIGNED/(Month, Day).

6:20 PM M

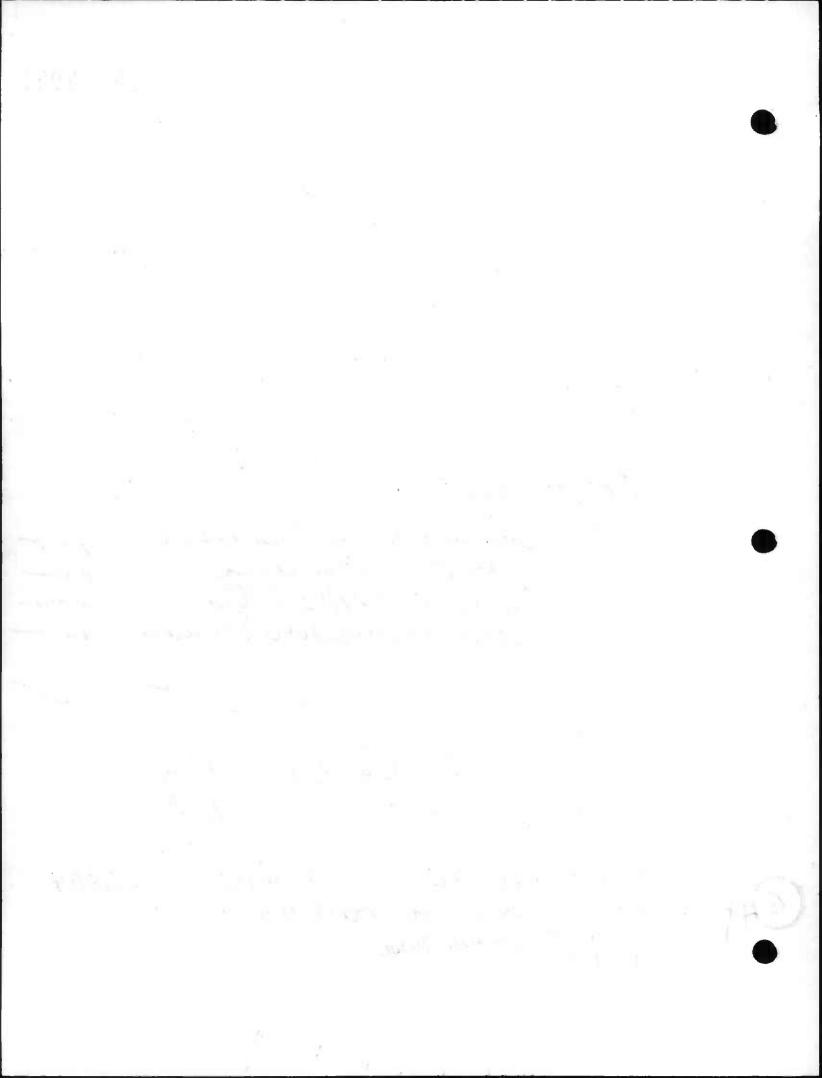
REG NO

02/17/1994

2. DATE OF DEATH

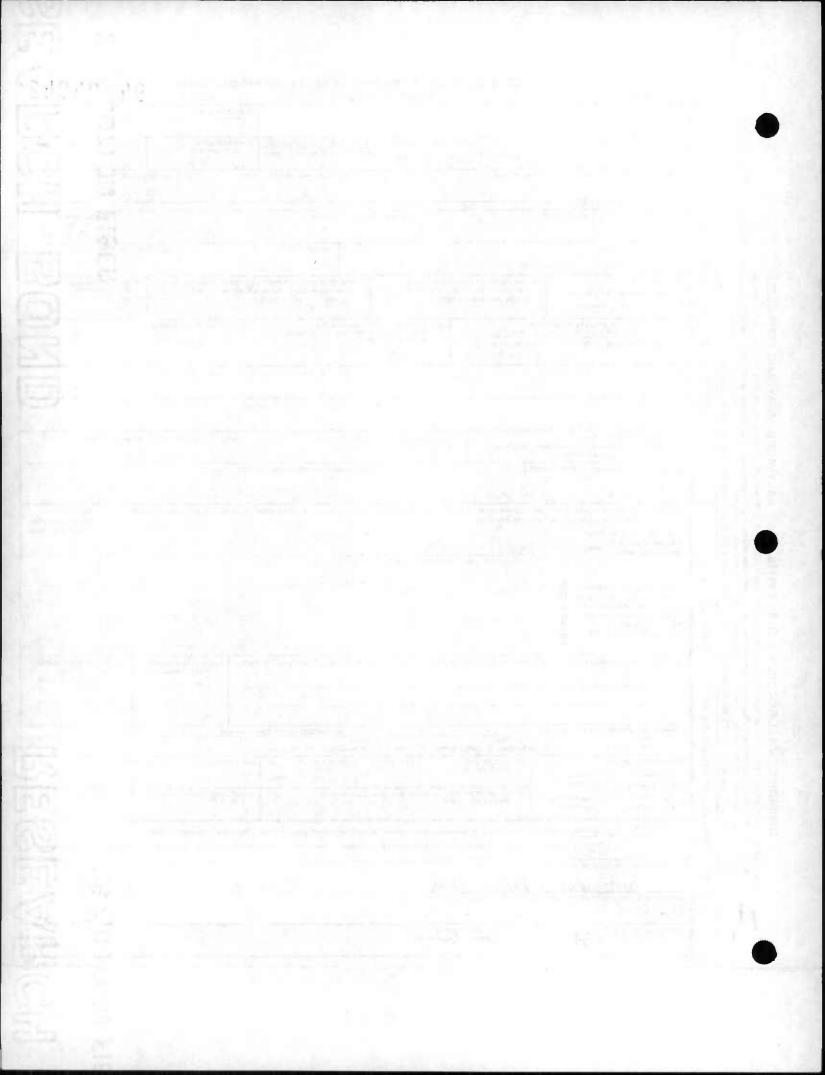
7. DATE OF BIRTH (Month, Day, Year)

DNMN-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with from size death. Page 6 may be retained by the bosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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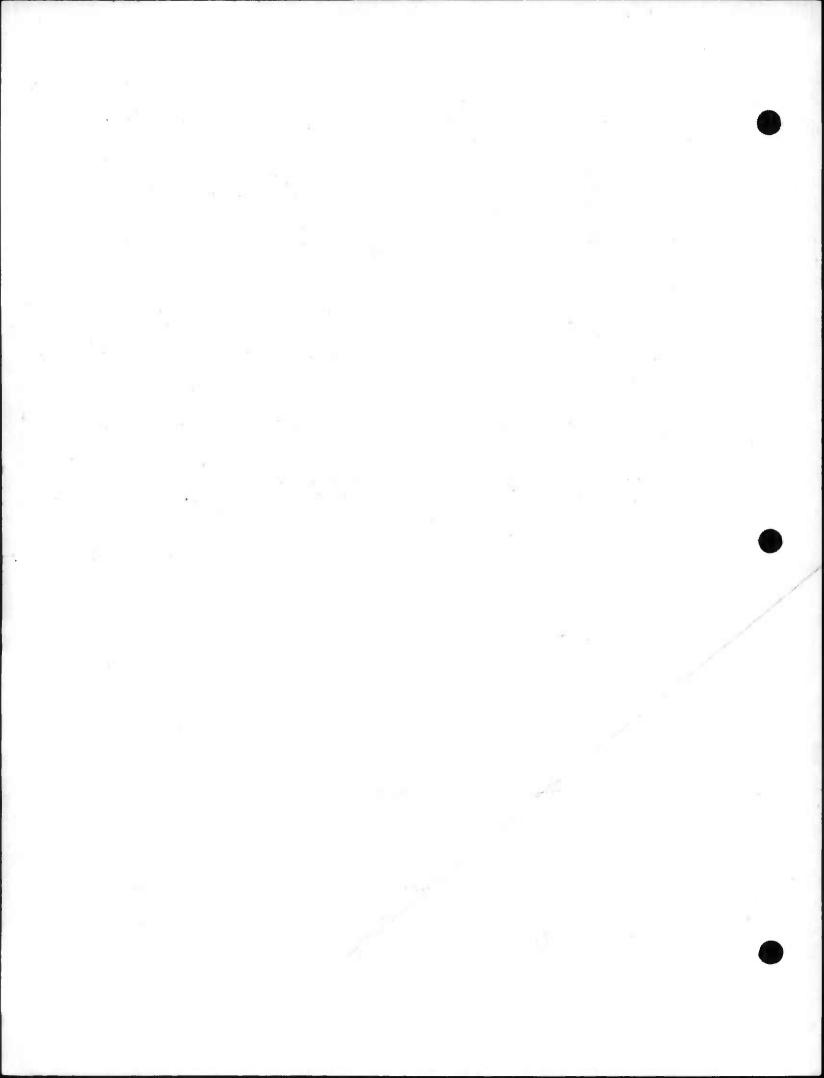
REGISTRAR  1. DECEDENT'S NAME (First,	Middle, Last)			ERTIF						REG. NO		94	3. TIME OF DE	АТН
GIRARD	R		TA	YLOR					MON'		L5	94	7:00	P
4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs. I	_	IF UNDER		IF UNDER			OF BIRTH		8. BIRTI	HPLACE (State or	Foreign
216 32 0868		1 M 2 D F	57	YRS.	MONTHS	DAYS	HOURS	MIN.		26/36		MA	RYLAND	
9a. FACILITY NAME (If not int	stitution, give a	street end number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE	EATH		9c. COL	UNTY OF E	DEATH	
VA MEDICAL		R			FOR	T HO	OWARI	)			BA	LTIM	ORE	
10a. STATE	10b. COUNT	Υ		10c. CI1	TY, TOWN O	R LOCAT	ION						10d. INSIDE CIT	Υ
MD	N	/A		B	ALTIM	ODE							MX YES 2	NO
10e. STREET AND NUMBER					4.1	101	. ZIP COD	E		7100	10g. CIT	TIZEN OF	WHAT COUNTRY?	
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3 Widowed 4 X Divo	roed	IF YES, GIVE	MAH ON DATES		Ι,	[] YES	<sup>2</sup> X NO	Specify	<b>y</b> :			Spec	BLACK	
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Elementary/Secondary (0	-12)	College (1-4 or 5	+) "	Me. Do NOT u					M	T. VE	RNON	REST	AURANT	
17. FATHER'S NAME (First, MI	iddle ( eet)	4 yrs.		CHEF			40. 44077	ucolo Ma	105 (5)	****				
FROST MARSI		JR.					10000			Middle, Meide	n Sumame)			
19e. INFORMANT'S NAME (7)	vpa/Print)			19b. MAILING	ADDRESS	(Street e		or Rural I		ber, City or To	wn, State, Zi	ip Code)		
DEBORRAH AN	NN TAY	LOR		595 C	LARIN	IADA	AVE	. AP	T. 2	/DALY	CITY	, CA	94015	
20e. METHOD OF DISPOSITI		oval from State		E AND DATE		TION (Na	me of		OAT	E 20c. L	OCATION -	- City or To	own, State	
4 Donation 8 Other	(Specify)			ISON	FORES					OW	INGS	MILL	S, MD	
21. SIGNATURE OF FUNERAL	L SERVICE LK	CENSEE												
	-7/	511	1 1	0			ID ADDRE							
	part fellure.	Stole complications the List only one cer	la caused the cuse on each lis	death, Do	WM	1.C.	MARC	HF.	H./]	101 E			Approxir	Betwe
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FOR STATE

REGISTRAR CERTIFICATE OF DEATH REG. NO. t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CHARLES 9447 1994 THURSTON, JR. FEB 10:25 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 D F YRS. 309-80-0767 1966 Apr Illinois permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR SHOCK TRAUMA BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Pennsylvania Philadelphia 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit orbinal, or removal. 1704 South 4th Street 19146 USA Page 6 may be retained by the hospital or attending physician. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? t X YES 2 NO IF YES, GIVE WAR OR DATES tt. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, alc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married 1 YES 2 NO Specify BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Helicoptor Repair Man United States Govt. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Charles Thurston, Brenda Thomas notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Irene Thurston 1704 South 4th St. Philadelphia, PA pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Fern Oak 28 Griffin, Indiana 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NO examiner nours after death. Verno 2501 GWYMS 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory 21216 medical Approximate shock, or haert fallure. List pnly one cause on each line. interval Batween IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition muries resulting in deeth) executed within event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF) 2 the attending physician in Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reculting in deeth) LAST 0 shows any Injury, PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the 1 YES 2 NO OF DEATH? t YES 2 | NO been . PHYSICIAN: has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate hours after death with the State HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: IXXYES 2 □ NO 4 Nursing Home 5 Residence 6 Other (Specify) 9 27. MANNER OF DEATH 28e. OATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Negural 5 Pending Investigation FEB.17,1994 9:21P DRIVER IN AUTO ACCIDENT ВY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number,
City or Town, State)
I - 295 NEAR NURSERY ROAD 69 3 Sulcide COMPLETED 6 Could not be 4 Homicide 28 ROADWAY 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DID BE filed within 72 ho 2 M MEDICAL EXAMINER: On the b mination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) BE lennis ut ans FEB.18,1994 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) FEB 22 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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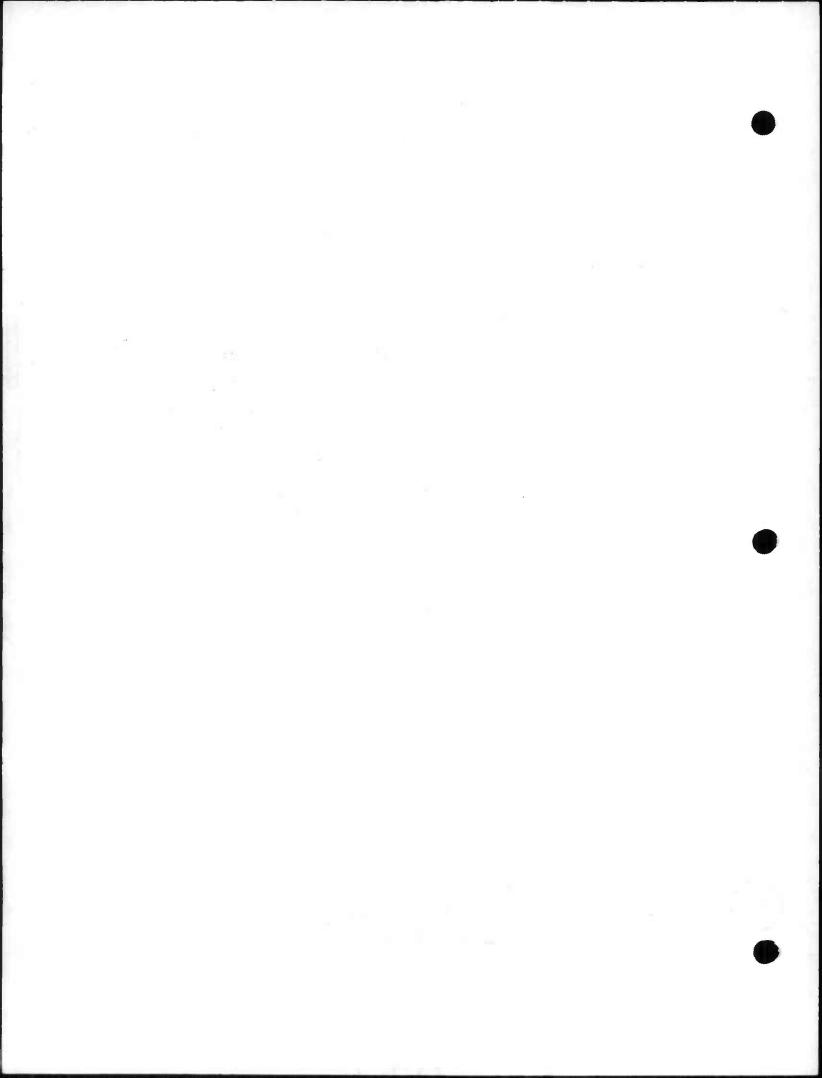
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2	TO HE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within mountained	WHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	🕵 illed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or a	IMPORTANT: If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the me

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Annie L. Tate 2 18 7. DATE OF BIRTN (Month, Day, Year) Annie L. Tate 8. BIRTNPLACE (SI 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 X F 68 YRS. 2-22-3186 2-1925 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN DIRECTOR Francis Scott Key Med. Ctr Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Ma. Baltimore Dundalk 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? //U4 German\_Hill Road 21222 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxicon, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried 1 ☐ YES 2 ☑ NO Specify: Specify: ВУ 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EQUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify College (1-4 or 5+) Maryland School for 12 Ret.Teachers Alde The Blind 17, FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) BE James Howard Musgrove Rachel Alinda Reed notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles E. Tate German Hill Rd., Baltimore, Md. 21222 Pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Green Mount 22. NAME AND ADDRESS OF FACILITY Balto., Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE R.Phillip Stacks Bradley-Ashton Funeral Home, Inc. Tullez. M00550 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate the medical shock, Dr heart failure. List Dnly Dne cause Dn eech line. Interval Between Onset and Death **IMMEDIATE CAUSE (Finsi** disease or condition resulting in death) ventricular fibrillation 1 minute event, DUE TO (OR AS A CONSEQUENCE OF): 10 minutes myocardial interction traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING coronary artery disease 15 yrs other CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, or PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL AVAILABLE PRIOR TO lipidamia shows any COMPLETION OF CAUSE 1 TES 2 1 NO OF DEATH? 1 YES 2 AND PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 W NO 1 | Inpatient 2 | ER/Oulpatient 3 PDOA 4 ☐ Nursing Nome 5 ☐ Residence 6 ☐ Other (Specify) 0 27. MANNER OF OEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28 is marked, 1 Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, streel, factory, offica building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide Hem 29e. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the heals of examination and/or investigation in my entities to the cause(s) and manner as stated. 2 \_\_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE devoud fangen 041997 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) M.D. 1005 North Point Blad. Edward Fancovic Balto MD 31. OATE FILED (Month, Day, Year) FEB 2 2 1994 32. HEGISTRAP'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Quits after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burilal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND /		IT OF HEALTH AN E OF DEATH	D MENTA	L HYGIEN		4 04945
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	1.11	6. AGE (In yrs. last	YRS. MONTHS	ER 1 YEAR IF UNDER 24 HR DAYS HOURS MIN	i. (Mont	OF BIRTH th, Day, Year) —29—07	7	BIRTHPLACE (State or Foreign Country)
TOR	LORIEN FRANKFORD N			ALTIMORE	PUEATH		9c. COUNTY	
DIRECTOR	MD 10b. COUNTY	'A	10c. CITY, TOWN	IMORE				10d. INSIDE CITY LIMITS?  1 X XYES 2 \( \text{I ND} \)
FUNERAL	1634 E. CHASE STR	EET		10f. ZIP CODE 21213			4.5	of what country?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FDRCES? 1 ☐ YES 2 ☐ N IF YES, GIVE WAR DR DATES		I. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 ND St			or No 14.	RACE — American Indien, Black, White, atc. Specify: BLACK
COMPLETED	16, DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) N/A	empleted) (GI	CEDENT'S USUAL the kind of work don Do NOT use retired	e during most of working .)		EAL S		TRY
BE COM	17. FATHER'S NAME (First, Middle, Last) JOSEPH GRIFFIN			16. MOTHER'S	NAME (First, RIE HA	Middle, Maiden	Surname)	
5	19a. INFORMANT'S NAME (Type/Print) PEARL DOWDY			SS (Street and Number or RI CHASE ST./B		A. D. C. L. L. C.		
	20s. METHOD OF DISPOSITION 1 Surfel 2 Cremation 3 Remov 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE CE	all from State other pla ARBU	FUS MEMO	Name of cometery, cremetory RIAL PARK 2. NAME AND ADDRESS D	F FACILITY	ARI	BUTUS,	
z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications thet ceused the de at only one cause on each line  SCPS SUE TO (DR AS A CONSECTATION OF THE CONSECTATION OF THE CONSECTATION OF THE CONSECTATION OF THE CONSECTATION OF THE CONSECTATION OF THE CONSECTATION OF T	ath. Do not ant					
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (DR AS A CONSECUTION OF TO (DR AS A CONSE	QUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other significant conditions  HTW	contributing to death but not r	esulting in the	underlying cause give	in Part i.	24e. WAS AN PERFOR 1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
ICIAN		HOSPITAL:	ОТН	26. PLACE OF DEATH	(Check only o	vne)		
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d, DE	er (Specify) ESCRIBE HOW I	NJURY OCCUR	ED
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, street, f	actory, office		CATION (Street of Town, State)		Rural Route Number,
COMPLETED	anal anal	AN: To the best of my knowledge, de On the basis of axamination and/or						ause(e) and manner as stated.
TO BE	29b. HOMATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE		29c. LICENSE	NUMBER () 298		29d. DATE S	IGNED (Month, Day, Year)



PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
V. Hone MD 4940 South e MD 4940 32. REGISTRANS SIGNATURE SI SEVILLEN PROJECT

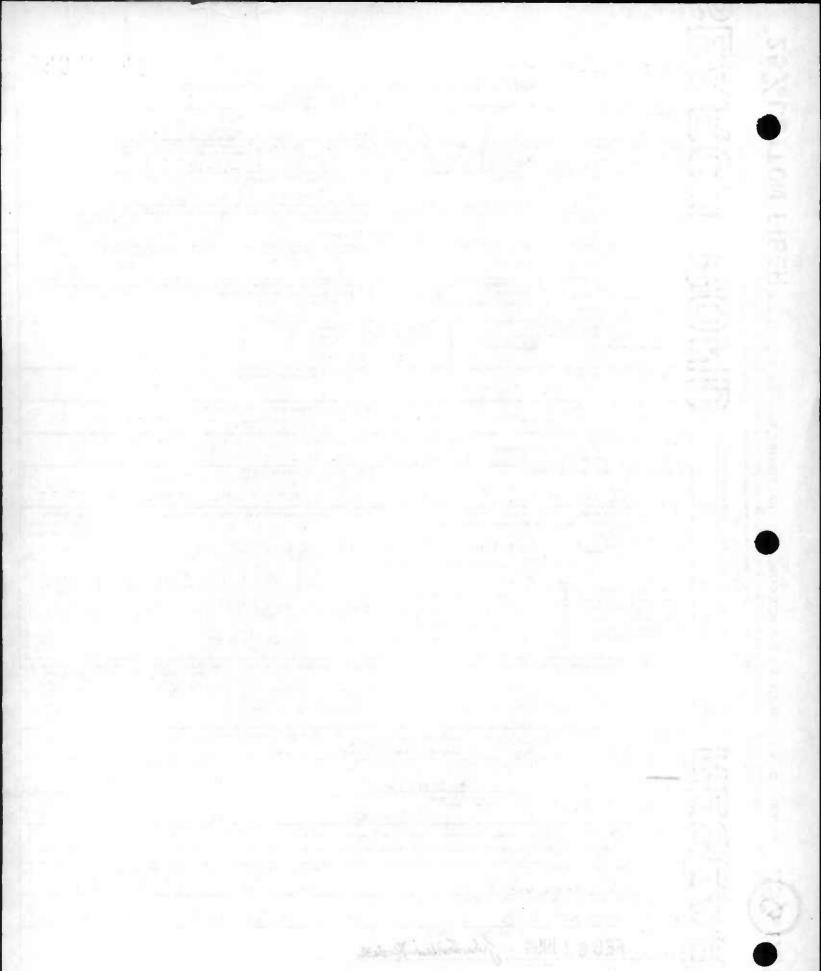
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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OD ATTENDIAG DUVELCIAN. The law consises that the death codificate he evented with
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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ERIIF	ICAIL	F DEA	АТН	REG.			3. TIME OF DEATH
3	BENJAN	AID F	F. T.	How	ZAN			MONTH COLD -	DAY	YEAR	6.1235A
	4. SOCIAL SECURITY NUMBER 2 18 637273	5. SEX	6. AGE (In yrs. 82	last birthday) YRS.	IF UNDER 1 YE		ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	1)	Count	HPLACE (State or Foreign
	9s. FACILITY NAME (If not institution, give				9b. CITY, TO					UNTY OF D	
	Liberty Med	ical			Bal	timo	re				
DIRECTOR	10a. STATE 10b. COUNT	Υ			1 time						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2407 Baker	Street.				10f. ZIP CO	o∈ 1216		10g. Cf	US	WHAT COUNTRY?
R	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES 2		If yes	DECENDENT , specify Cul YES 201 N	ban, Mexica	NC ORIGIN? (Specify n, Puerto Rican, etc. y:	Yes or No-	Blac	E — American Indian, ik, White, etc.
ED	15. DECEDENT'S EDU (Specify only highest grade	e completed)		DECEDENT'S (Give kind of the Do NOT us	USUAL OCCUI	PATION g most of wor	king	16b. KIND OF	BUSINESS/IP	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)		tenan	ce		Bal	to.	City	
COMPLEI	17. FATHER'S NAME (First, Middle, Lest)							ME (First, Middle, Ma	iden Sumeme)		
BE	Louis E	. Thom						helia			
2	19a. INFORMANT'S NAME (Type/Print)  Dorothy Tho	mas						to., Md			
	200, METHOD OF DISPOSITION				OF DISPOSITION		Dal		LOCATION -	_	own State
	1 NBurisi 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	novel from State	Crow	nsvil	le Vet	. Cem					
	21. SIGNAPURE OF FUNERAL SERVICE LI	CENSEE	MAG	-				rton &	Sons		
	23. PART V Enter the diseases, or	complications the	st ceused the	death. Do							d. 21217
RIFICATION	23. PART I Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finst disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	BOUE TO NECES	OR AS A CONS	EGA  BEOUENCE O  BEOUENCE O  N  BEOUENCE O	TLUE	mode of d	EFP.	es cardiac or n	espiratory a	irreat,	Approximate interval Betwee Onset and De 2 4 /
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO LE	(OR AS A COME (OR AS A COME (OR AS A COME (OR AS A COME (OR AS A COME (OR AS A COME (OR AS A COME (OR AS A COME	EGA  BEOUENCE O  IN G  BEOUENCE O  HSAT	FI AN	mode of of	Control of the contro	SIS  UROGE  Part I. 24e, WA.	S EN M	AL A	Approximata interval Betwee Onset and Dat 2 4 1/2
MEDICAL CE	Shock, or heart fellure.  IMMEDIATE CAUSE (Finel disesse or condition reauting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions.	a. DUE TO	M N (OR AS A COMS TO ME OF AS A COMS OF COM AS A COMS OF	EGA SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O T T T T T T T T T T T T T T T T T T T	FI: FI: FI: FI: FI: FI: FI: FI: FI: FI:	mode of d	Plying, auc	Part I. 24a, WAI. PER 1   YE	S AN AUTOPS:	AL A	Approximata interval Betwee Onset and Dat 2 4 1/2 2 4 1/2 2 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
MEDICAL CE	Shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition reauting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	a. DUE TO b. DUE TO C. DUE TO d. TT HOSPITAL: 1 Unpatient 2 269, DATE OF	OR AS A CONS OT S OT S OT S OT S OT S OT S OT S OT	EGA SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O T T T T T T T T T T T T T T T T T T T	F):  F):  F):  F):  F):  F):  T(DN)  In the under	mode of d	Plying, auc	Part I. 24a, WA. PER	S AN AUTOPS:	AC A	Approximate interval Betwee Onset and Det 2 4 1/2 2 4 1/2 2 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART N. Other significant condition  25. WAS CASE REFERRED TO MEDICAL?  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  TOTAL STREET OF Pending Investigation	B. DUE TO  B. DUE TO  C. DUE TO	(OR AS A CONS OT S (OR AS A CONS OT S (OR AS A CONS PACE (OR AS A CONS	EGA SEQUENCE O SEQUENC	FI:  OTHER: 4   Nursing	mode of d	Plying, auc	Part I. 24a, WA: PER 1   YE  ack only one)  6   Other (Specify)  28d, DESCRIBE HE  28f, LOCATION (St.	S AN AUTOPS: IFORMED? S 2 NO  DW INJURY O	Y 24k	Approximate interval Betwee Onset and Del 2 4 1/2 2 4 1/2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART N. Other significant condition  25. WAS CASE REFERRED TO MEDICAL  EXAMINER:  1 YES 2 NO  27. MANNER OF DEATH  TOTAL STREET STREE	B. DUE TO  B. DUE TO  C. DUE TO	(OR AS A CONS (O	EGA SEQUENCE O SEQUENC	FI:  OTHER: 4 Nursing E OF JURY 1	mode of d	Iving, auc	Part I. 24a. WAL  cock only one)  Control (Specify)  2ad. DESCRIBE HY  Control (Specify)	S AN AUTOPS: IFORMED? S 2 NO  DW INJURY O	Y 24k	Approximate interval Betwee Onset and Deconset and Deconset and Deconset and Deconset and Deconset and Deconset and Deconset and Deconset and Deconset and Topics of Death?  1 yes 2 No
ED BY PHYSICIAN: MEDICAL CE	Shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition reauting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  TYRULUR 5 Pending investigation 3 Suicide 6 Could not be detarmined  290. CERTIFIER (Check only) 1 CERTIFYING PHYS	BICIAN: To the best of	(OR AS A COMS OT S OT S OT S OT S OT S OT S OT S OT	TEGAS SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O TO THE SEQUENCE O TO THE SEQUENCE O TO THE SEQUENCE O TO THE SEQUENCE O THE	FI:  OTHER:  4   Nursing BE OF   26c   25c	mode of d	PEATH (Ch. Reeldence	Part I. 24e. WALPER 1 UVE	S AN AUTOPS: FORMED? S 2 NO  OW INJURY O	Y 24R CCURED IN H	Approximate interval Betwee Onset and Dai 2 4 // 2 2 4 // 2 2 4 // 2 2 2 4 // 2 2 2 4 // 2 2 2 4 // 2 2 2 4 // 2 2 2 4 // 2 2 4 /
D BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART N. Other significant condition  25. WAS CASE REFERRED TO MEDICAL  PART N. Other significant condition  25. WAS CASE REFERRED TO MEDICAL  27. MANNER OF DEATH  TOTAL STREET OF Pending Investigation  3 Suicide 6 Could not be determined  296. CETIFIER (Check only one) 2 MEDICAL EXAMINE  296. SIGNATURE AND TITLE OF SERTIFIER	B. DUE TO  B. DUE TO  B. DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO  C. DUE TO  DUE TO  C. DUE TO  DUE	OR AS A CONS OT S OT S OT S OT S OT S OT S OT S OT	TEGAS SEQUENCE O SEQUE	F: F: F: F: F: F: F: F: F: F: F: F: F: F	mode of d	PEATH (Ch. Reeldence	Part I. 24a. WAI PER  Other (Specify)  28f. DESCRIBE H  City or Town, S  Other (specify)  28f. DESCRIBE H  City or Town, S  Other (specify)	S AN AUTOPS: FORMED? S 2 NO  OW INJURY O  OW INJURY O  Tracet and Numb  itato)  Garage  manner as at a, and due to	CCURED IN THE COURSE OF PRINCE OF PR	Approximate interval Betwee Onset and Da 2 4 1/2 2 4 1/2 2 4 1/2 2 5 1



DALL MANTEAND ZIZIS-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal.	e medical examiner must be notified at once.	
Control of the contro	ID TO POSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Abouts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

2

	FOR 1 - STATE	STATE OF MARYLAND /	DEPARTMEN	T OF HEALTH AND	MENTAL HYGIER	ve 9 L	04947
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	C	ERTIFICAT	E OF DEATH	REG. NO		3. TIME OF DEATH
	DUDLEY  4. SOCIAL SECURITY NUMBER 5	THOMAS  6. AGE (In yrs. les		R 1 YEAR IF UNDER 24 HRS.	2 13 7. DATE OF BIRTH	8. BIF	THPLACE (State or Foreign
	228-36-4584 1 9a. FACILITY NAME (If not institution, give stree	₩ 2 □ F 62	YRS. MONTHS		(Morith, Day, Year) 3-23-1931	VI	RGINIA
TOR	3600 GARRISON BLVI		96. CI1	BALTIMORE CI		9c. COUNTY OF	FDEATH
DIRECTOR	MD .		10c. CITY, TOWN	BALTIMORE C	(TY		10d. this DE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER  3600 GARRISON BLVI	D, APT. A7		10f. ZIP CODE 21215		USA.	F WHAT COUNTRY?
ВҰ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS OECEDENT EVER IN U.S. AP FORCES? 1 XYES 2 1 IF YES, GIVE WAR OR DATES	RMED 13	. WAS DECENDENT OF HISPA tf yea, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puarto Rican, atc.)	a or No— 14. R/	ACE — American Indian, ack, Whita, atc.
COMPLETED	15. OECEDENT'S EOUCAT (Specify only highest grade cor Elamentary/Secondary (0-12)	mpleted) (G life College (1-4 or 5+)	ECEDENT'S USUAL ( Give kind of work done DO NOT use retired.  NVENTORY	during most of working )		ISINESS/INDUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) DUDLEY THOM		11123112		AME (First, Middle, Maider	Sumame)	
10	19a. INFORMANT'S NAME (Type/Print)  TYRONE TH			SS (Street and Number or Rural			ND 21215
	20a. METHOD OF DISPOSITION 15( Burlet 2 Cremation 3 Remove 4 Donatton 5 Other (Specify)			BAPT. CHR. CEM		CATION — CITY OF THERLIN,	Town, Stata VIRGINIA
	21. SIGNATURE OF PUNERAL SERVICE LICEN	-DBm		NAME AND ADDRESS OF FU JOSEPH H. BRO 1913 W. BALT	OWN JR. FU IMORE ST.,	BALTIMO	ME, P.A. RE, MD.21223
	23. PART I. Enter the disease, or con shock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	t Dnly Dna causa on each iins	9.				Approximate Interval Between Onset and Death
2		DUE TO (OR AS A CONSE	OUENCE OF):PV	om# mt Lonorary Vernonna	EMBA	ISM	
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE	OUENCE OF):	/EUMONIA	A		
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):				
ICAL CE	PART ii. Other algnificant conditions of	ontributing to death but not i	rasulting in the u	inderlying cause given in	Pert I. 24a. WAS AT PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL							OF DEATH?
SICIA		IOSPITAL:	DOA 4 Nu	26. PLACE OF DEATH (CI			
	27. MANNER F DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURED	
TED BY	2 Accident investigation 3 Suictde 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	oma, farm, atreet, ta	Ctory, office	281. LOCATION (Street City or Town, State		il Route Number,
COMPLET	one)	N: To the best of my knowledge, de					e(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	R CHARMANEY M.D	F.A.C.C.	29c. LICENSE NU		29d, DATE SIGN	ED (Month, Day, Year)

29c. LICENSE NUMBER
D289 29d. DATE SIGNED (Month, Day, Year)

296. SIGNATURE AND TITLE OF CERTIFIER CHOWEHRY, M.D., F.A.C.C. 30. NAME AND ADDRESS OF PERSON WHO 1979 254 BICKERPY GLADGE ROBBO. Print)

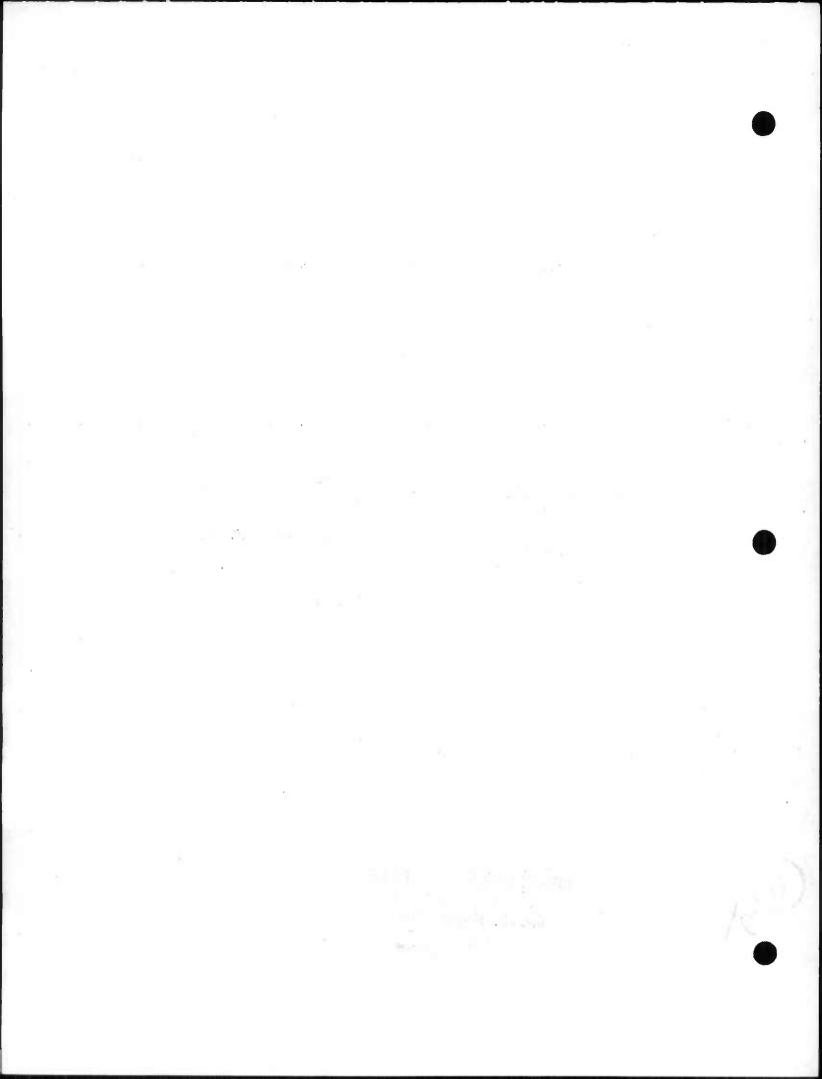
Columbia Maryland 21044

31. DATE FILED (Month, Day, Year)

FEB 2 2 1994

FEB 32 REGISTRAT'S SIGNATURE

21



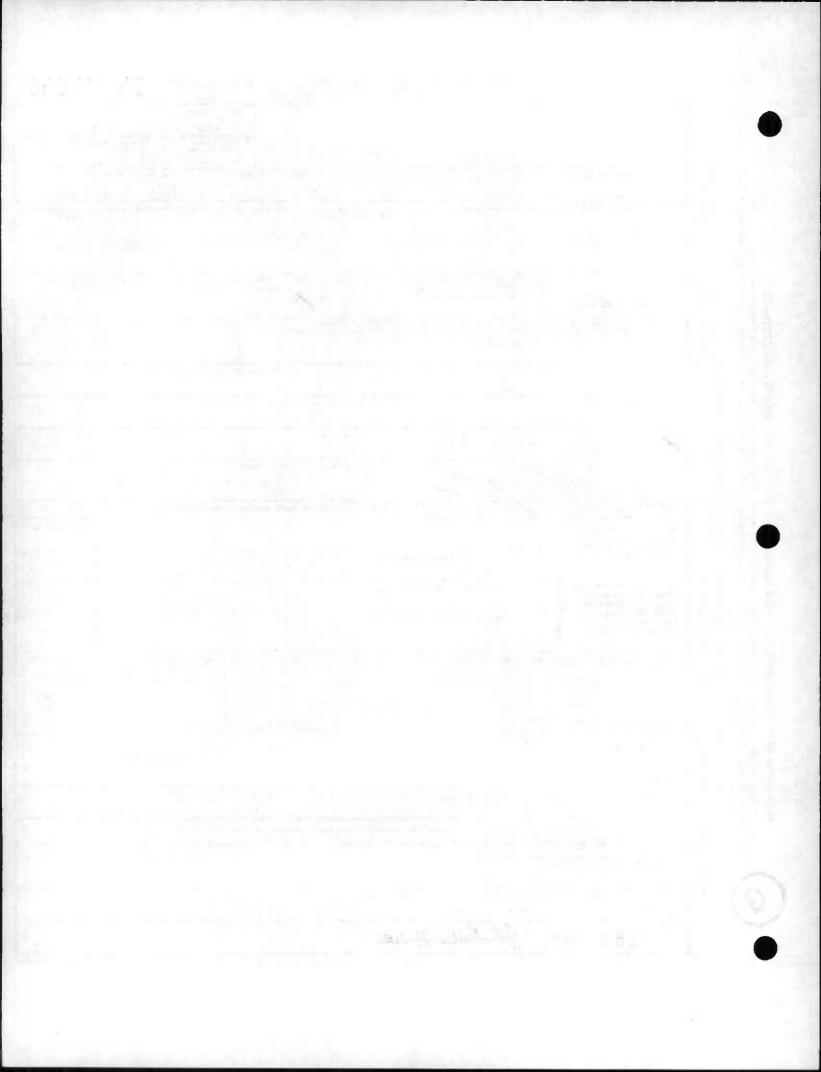
	1 - FOR STATE REGISTRAR			ICATE OF		MENTAL HYGIEN REG. NO		14 1494
	1. DECEDENT'S NAME (First, Middle, Last)					2 DATE OF DEATH		3. TIME OF DEATH
	June Elizabet	h Trump				February .	l̃8, 19̈́9̈́	4:45 A.
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 8	IRTHPLACE (State or Foreign
	236-78-1395	1 M 2 M F 7	74 YRS.	MONTHS DAYS	HOURS MIN.	Feb. 8, 1	920   พื	est Virginia
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
DIRECTOR	4 Clementine Cour	t, Apartmer	nt 3-D	Rosed	ale		Balti	more County
DIRE	Maryland Balti	v imore County		y, town or loca sedale	ITION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER				H. ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?
ER	4 Clementine Cour	t Anartmer	n+ 3-D		21237		U.S	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED			NIC ORIGIN? (Specify Yar	or No.— 14. I	RACE American Indian
F	1 Never Married 2 , Married	FORCES? 1 YE		If yes, s	pecify Cuban, Maxic S 2 XNO Speci	en, Puerto Rican, atc.)	1	Black, White, etc. Specify:
ВУ	3 Widowed 4 Divorced			1	o I geno speci	y.		ite
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION (COMPONENT)	16a. DECEDENT'S	USUAL OCCUPATI	ION	16b. KIND OF BU	SINESS/INDUSTI	PY PY
ET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Itte. Do NOT us	e retired.)	ost or working			
MP	9th Grade		Homema	ker		Hame		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)	
BE (	John F. White				Emma Fo	OX		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Code	9)
Ĕ	Susan June Trump		4 Clem	entine (	Ct., Apt	. 3-D, Balt	timore,	Maryland 21
	20a. METHOD OF DISPOSITION  12○3 Burlal 2 □ Cremation 3 □ Rem 4 □ Donation 6 □ Other (Specify)	oval from Stata	20b. PLACE AND DATE Cometery, crematory or of	PEDISPOSITION (N	lame of	2/21 Balt	CATION — City	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	araeris or	22. NAME A	ND ADDRESS OF F	CILITY	THOLE,	Marytand
	* Kathleen	In Muys	dy	John (	C. Miller	r, Inc.	mro M	aryland 2120
	23. PART I. Enter the diseases, or o	complications that caus	he death. Do n	ot enter the m	ode of dying, suc	th as cardiac or resp	ratory arrest,	Approximate
	shock, or heert failure. iMMEDIATE CAUSE (Finel	List only one cause on	anch line.					Intervel Between Onset and Deal
	disease or condition	Care	11-11 (0 01 11	4-7 1	1 4 6 3 0	4 4		Oliset and Deal
	reculting in death)	DUE TO (OR A	S A CONSEQUENCE OF	D: 10	enerce			
7								İ
ᅙ	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF	ን:				
S	cause. Enter UNDERLYING							
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF	<b>ቫ</b> ):				
	resulting in death) LAST							
H		d.						
CERTIFICATION		d						
يـ	PART II. Other significent condition	d	but not resulting i	n the underlyin	ng ceuse given in	Pert I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
يـ		d	but not resulting i	n the underlyin	ng ceuse given in		MED?	
اید		d	) but not reculting i	n the underlyir	ng ceuse given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
اید		d	n but not resulting i	n the underlyir	ng ceuse given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
اید	PART II. Other significent condition		n but not resulting i		ng ceuse given in	PERFOF	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
اید	PART ii. Other significent condition	d		28. P OTHER:	LACE OF DEATH (C)	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
يـ	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/O	outpatient 3 DOA	28. P OTHER: 4   Nursing Hor	PLACE OF DEATH (C) The 5 - Residence JURY AT	PERFOF	MED?	AWILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	PART ii. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1   Inpetient 2   ER/O	outpatient 3 DOA	28. P OTHER: 4  Nursing Hor E OF  28c. IN	PLACE OF DEATH (C)	PERFORM 1 VES 2  Theck only one) 6 Other (Specify)	MED?	AWILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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. DECEDENT'S NAME (First, Middle, La.	st)					ATH	2. D/	REG. NO		YEAR	3. TIME OF DEATH	
WILLIAM TAYLOR							-	MONTH DAY			3:00 a	
I. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is		IF UNDER 1 YE	AR IF UN	IDER 24 HRS.	7. DA	TE OF BIRTH	10.	1.994 a. BIRTI	HPLACE (State or Foreign	
220 04 5101	XXX 2 DF	80	YRS.	MONTHS DA	YS HOUF	RS MIN.	3 -M	onth, Day, Year)		Count	d.	
330-24-5181  a. FACILITY NAME (If not institution, given		- 00		96. CITY, TO	WN OR LOC	CATION OF D	_	11 13	9c. COL	UNTY OF I		
MARYLAND GENERAL HOSPITAL				BALTIMORE CI			CIT	CITY BALTIM			DRE CITY	
On. STATE 10b. COU	COUNTY			10c. CITY, TOWN OR LOCATION							10d, INSIDE CITY LIMITS?	
Md.				Baltimore				e			TYCKYES 2 NO	
0e. STREET AND NUMBER	STREET AND NUMBER				10f. ZIP CODE				10g. CIT		WHAT COUNTRY?	
2095 Rock Ro	se Ave.			212			11	11		TT	SA	
1. MARITAL STATUS	MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI			RMED 13. WAS DECENDENT OF HISPAN			NIC OR	NIC ORIGIN? (Specify Yes or No-		14. RACE - American Indian,		
Never Married 2 Married				If yet	YES 2	yban, Maxic		an, Puarto Rican, atc.) fy:		Block, White, etc. Specify: White		
Widowed 4 PKDivorced												
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a, D	ECEDENT'S	USUAL OCCUP	PATION	orkina		16b. KIND OF BU	SINESS/IN			
Elementary/Secondary (0-12)			(Give kind of work life. Do NOT use re		, most or we							
Unk			St	eel Wo	orke	r						
7. FATHER'S NAME (First, Middle, Last)					16. M	OTHER'S N	AME (Fire	st, Middle, Meiden	Sumeme)			
	Unk.					Unk						
9a. INFORMANT'S NAME (Type/Print)		1	96. MAILING	ADDRESS (Str	eet and Nun	mber or Rum	Route N	lumber, City or Tow	n, State, Zi	ip Code)		
Arthuie Shaw		8	361	Park A	Ave.	Ba 1	tim	ore, Mo	1.21	201		
1/1/11	My	_				63 P.	8 N	. Giln ie F/H	nor	St.	21217	
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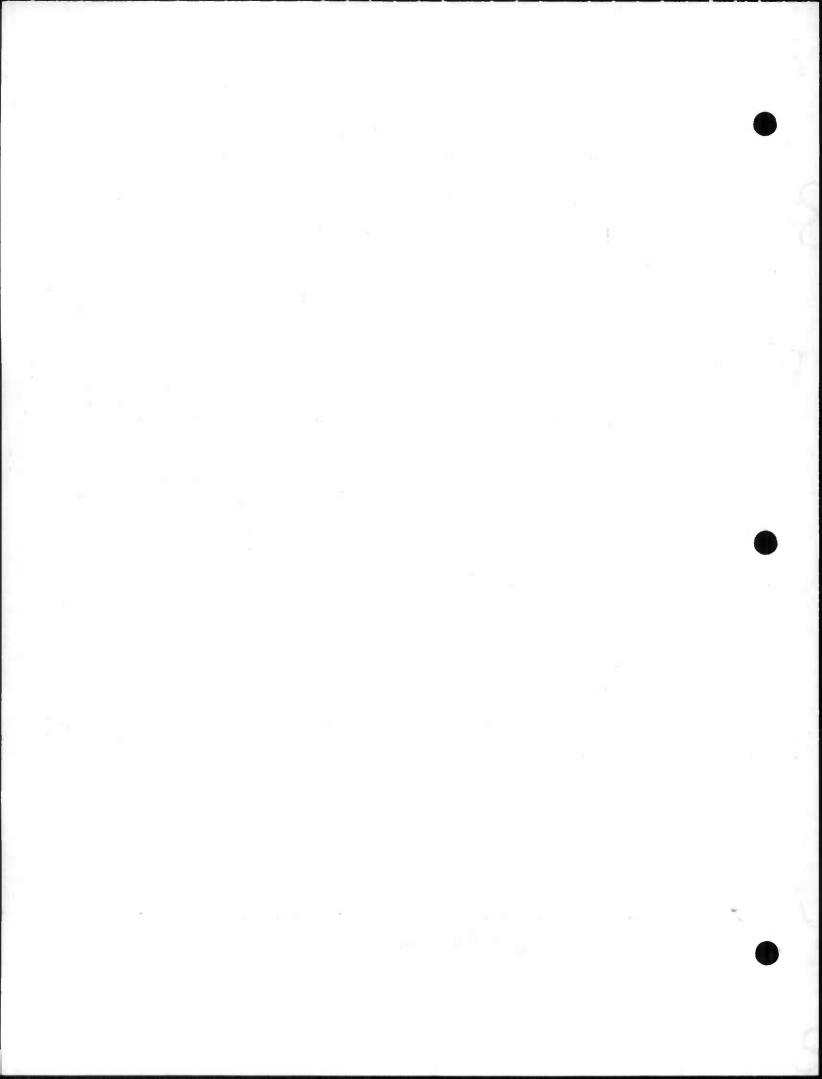
DHMH-16 Rev 1/89

31. DATE FILED (Month, Day, Year) 1994



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Page	- Office	5
TO HE COSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the host	ID THENEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and many 72 hours after death with the State Dent, of Health and Mental Hopiere prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF REGISTRAR	MARYLAN		MENT OF H		MENTAL HYGIEN	-7	+ (	14950		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH		
	LENA	VA	NROSSUM		02 21	94	EAR ()9	:46 PM M			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In )	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPL Country)	ACE (State or Foreign		
	220 09 5569 1□ м 2 🖫 ғ	YRS.			01 /00 /1000			Maryland			
or	9e. FACILITY NAME (If not institution, give street end number)	9b. CITY, TOWN OR LOCATION OF			DEATH 9c. COUNTY			ГН			
DIRECTOR	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEDENT  100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INC. CITY TOWN OR LOCATION 100. STATE							OUNTY			
	Maryland Anne Arunde		en Burn	le				LIMITS?			
FUNERAL	313 Hospital Drive	101. ZIP CODE 21061					S.A.	T COUNTRY?			
N	11. MARITAL STATUS 12. WAS DECEDE				NIC OBIGIN2 (Specify Ver		I. RACE — American Indian,				
	1 Never Married 2 Married FORCES?	2 NO If yea, specify Cuban, Me			ican, Puerto Ricen, etc.)			Black, White, etc.			
BY	3 🔀 Widowed 4 🗌 Divorced		1 10168	* IV No sheer	у.		Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Ba. DECEDENT'S U	ork done during me	ON st of working	16b. KIND OF BUSINESS/INDUSTR						
9	Elementery/Secondary (0-12) College (1-4 or 5	+)	life. Do NOT use	retired.)	at a name						
₹	6th Grade	Housewi	re		Home 1						
	17. FATHER'S NAME (First, Middle, Last) William	Pury				ME (First, Middle, Maiden					
B	190. INFORMANT'S NAME (Type/Print)	Pury	The manne			nanna Sch	nultz				
2	Louise Timmons							n, State, Zip Code) Maryland 21090			
	20e. METHOD OF DISPOSITION						CATION — CIT				
	1X Burlal 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)		idon Par								
	4 Donetton 5 Other (Specify)  I.Oudon Park Cemetery  2/25 Baltimore, Maryland  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.										
- 2	Jeone June June 1 George J. Gonce Funeral Home P. 4001 Ritchie Hwy. Baltimore, N										
=		at caused th	he deeth. Do no								
	23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line.						ι,	Approximate Interval Between Onset and Death			
	IMMEDIATE CAUSE (Final disease or condition	_	Vhac D								
	DUE TO (QRIAS A CONSEQUENCE OF):								27/10		
z	uningu track Indiction										
CERTIFICATION	If any, leading to immediate										
S	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
E											
E I	d										
AL (									ERE AUTOPSY FINDINGS		
	world hastonless	bleed			PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
ME	III giralia										
- I	V										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMMER?  LEXAMMER?  LEXAMMER PLACE OF DEATH (Check only one)										
Sic	1 YES 2 NO HOSPITAL:	☐ ER/Outpatk		OTHER:        Nursing Hore	e 5 🗆 Residence	8 Other (Specify)					
H	27. MANNER OF DEATH 28e. DATE O (Month,	F INJURY Day, Ybar)	28b. TIME		URY AT	28d. DESCRIBE HOW I	NJURY OCCUP	RED			
ΒY	1) Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO								
COMPLETED	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
<b>W</b>	98. CERTIFIER 1 TO ACERTIFYING PHYSICIAN: To the heat of my knowledge death occurred at the time date and allowed the time.										
N N	(Check only one)    1										
	29b. SIGNATURE AND TITLE OF CERTIFIER										
H	Ram C. KA	16-			29c, LICENSE NUMBER 29d,				DATE SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAI	SE OF DEATH	(ITEM 27) (Type. I	Print)	DAG	201	X	24	-14		
	RANI S. KARIPINENI, M.D./337 HOSPITAL DRIVE, BLDG.B/GLEN BURNIE, MARYLAND 21061										
	31. DATE FILE THOOM, Day You 1994 32, TEGISTE	ABIS SIGNATU	-Aunda 10								



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	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFI	MENT OF		REG.	NO. 91	. 1	4.951
	1. DEFAIRY NAME (First, Middle, III)	ERNICE	WISE			2. DATE OF BEAT	H/ 1984	YEAR 3. Y	WEST BETT
	4. SOCIAL SECURITY NUMBER 220-30-4145	1 🗆 M 2 🔀 F	80 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1913	Marv1a	E (State or Foreign
LOR	* Saint'J5'seph' 1108			9b. CITY, TOWN	STOPPATIVIARY	and	9c. COUNT	altimora	•
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COM  Maryland								INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 1027 Cathedral	Street					L. CITIZEN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 X Divorced	12. WAS DECEDENT EVE FORCES? 1 Y Y IF YES, GIYE WAR O	NT EVER IN U.S. ARMED  1 ☐ YES 2 ☐ NO  13. WAS DECENDENT OF HISPAN  1 ☐ YES 2 ☐ NO  16 yes, specify Cuben, Mexica			ANIC ORIGIN? (Specify Yes or No— 14. RACE—Black, 16:ify: Specify:		4. RACE — A Black, Whi	- American Indian, White, etc. black
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 3 years		Ille. Do NOT use	ork done during m	ION lost of working		BUSINESS/INDU		
	17. FATHER'S NAME (First, Middle, Lest) Harrison Butle		Nannie		18. MOTHER'S NA Nettie	ME (First, Middle, Me	te Duty		
TO BE	190. INFORMANT'S NAME (Type/Print) Sr. Ann Lohrfir				end Number or Rural l	Route Number, City or		iode)	
	20. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 1 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNCTIAL SERVICE	Removal from State	20b. PLACE AND DATE OF COMMITTEE OF STREET OF	FDISPOSITION (A ner place) Parl	iame of	21, 1994	Arbutus, 1		
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	AS A CONSEQUENCE OF	):					Onset and E
AN: MEDICAL CERT	PART II. Other significant condi Chronio Obstruo Pneumonia	d	h but not resulting in	n the underlylr	ng cause given in	PEF	S AN AUTOPSY AFORMED? S 2 NO	COM OF D	E AUTOPSY FINDI LABLE PRIOR TO IPLETION OF CAU DEATH?  YES 2 \( \sqrt{N}\)
SICIA	25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch				
ВУ РН	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigati	28e. DATE OF INJUI (Month, Day, Yes		JRY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	OW INJURY OCCU	RED	
ETED	3 Suicide 8 Could not 4 Homicide determine	building, etc. (	URY — At home, term, st Specify)	treet, tectory, offi	ce	28t. LOCATION (St. City or Town, S	reet end Number or Rate)	Rural Route i	Number,
COMPL	and a	HYSICIAN: To the best of my killings: On the basis of examin							menner ee state
BE	29b. SIGNATURE AND WITE OF CENT	House	Poysicia	1~	0°42723"	ABER	29d. DATE S	SIGNEO (Mon	1:001
٩		#8F0M.D0,9745		eam Rd	Balto.,Md 2	1266			
	FEB 2 2 1994	Julia June	IGNATURE HONDER						

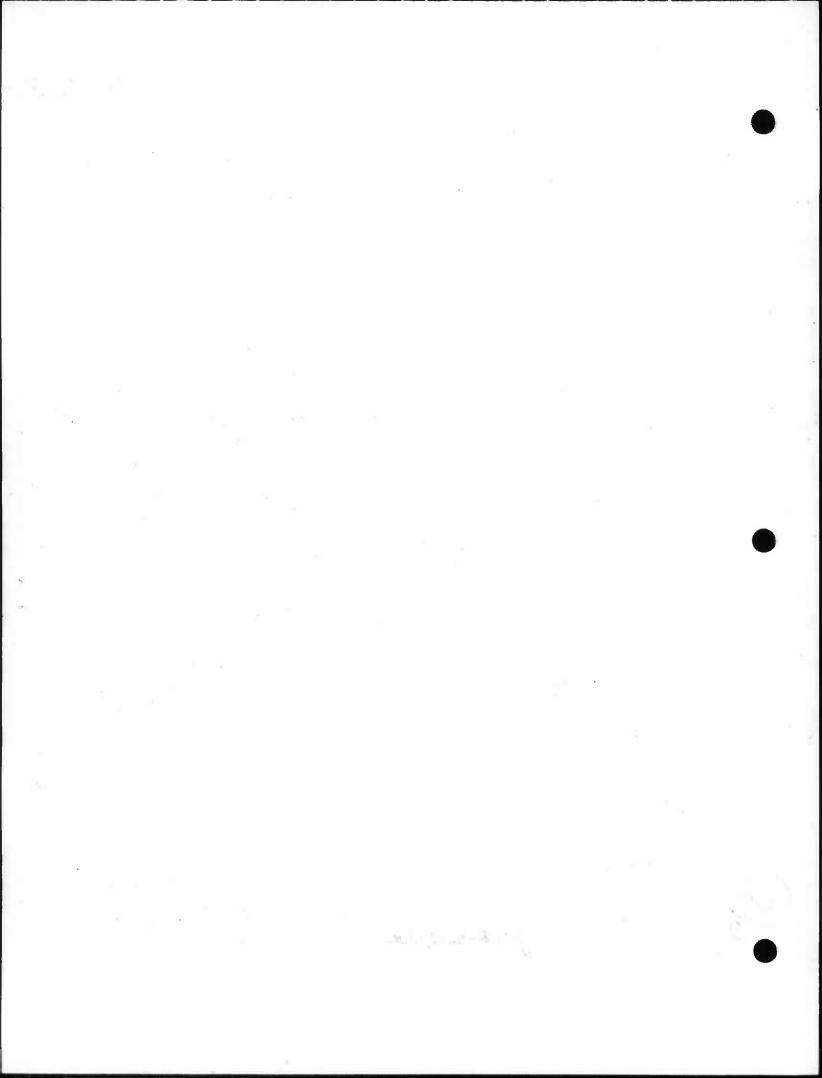
IN II JA TAKE - MANAGE - LEVEL STREET, FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

7	SPINE, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	
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	15	1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE O				3. TIME OF OEATH
		MURIEL		MARY		W	ORDH	AM				02	18		94	9:30 A
		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (	(In yrs. lest l	birthday)	IF UNDER		IF UNDER	7	7. DATE OF				PLACE (State or Foreign
2		215–13–6227		1 ☐ M 25€KF		93	YRS.	MONTHS	DAYS	HOURS	MIN.	JUN.	10,	1900	Oodini	ENGLAND
3 should	~	9e. FACILITY NAME (If not in		treet end number) ORIEN NU	DCTN	C HOM	/IE	9b. CITY	TOWN (	OR LOCATI	DN OF D	EATH		9c. CDU	NTY OF D	EATN
6,	DIRECTOR	6336 CEDAR I	ANE		TOTIN	G HOP			C	OLUM	BIA				HOWA	RD
ges 1,	EC	10a. STATE	10b. COUNTY	1			10c. CIT	Y, TOWN C	R LOCAT	TIDN					Т	10d. INSIDE CITY
permit. Pages	P. C	MARYLAND		HOWARD					COL	UMBI	Ά					LIMITS?  1 YES 2 X ND
perm	AL	10e, STREET AND NUMBER							101	. ZIP COD	E		-	10g. CIT	IZEN OF W	HAT COUNTRY?
in. ansit	FUNER	11922 GOLD N	VEEDLE	WAY							210	44			EN	GLAND
physician. burial-transit	E	11. MARITAL STATUS  1 Never Merried 2	Merried	12. WAS DECEDED FORCES? IF YES, OIVE								NIC ORIGIN?		or No-	14. RACE Black	- American Indian, , White, etc.
	B	3 ☑ Widowed 4 ☐ Divo		IF YES, OIVE	WAR OR DA	ATES *		-	YES	2 X NO	Specif	y:			Speci	WHITE
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de de	8	17, FATNER'S NAME (First, M.										ME (First, Mic			my	
ad by a	BE	G. ERNES		DD							MIE	Α.				SON )
s retained to 5 should notified	6	190. INFORMANT'S NAME (7)		(50)								Route Number				
y be		BILL G. WORD		(SON)	1					EDLE	WAY		UMBIA			
leath. Page 6 may be funeral director, page xaminer must be		1 Buriel 2 Cremetion 4 Donation 5 Other	n 3 🗆 Reme	oval from State		PLACE AN Betery, cremi EIRO					2-21-9	OATE		CATION —		wn, State MARYLAND
Page al dire		21. SIGNATURE OF FUHERA		ENSER A /	1		CLULI			NO ADDRE			CALC	LACATI	<sub>/</sub>	THUING
death. Pag thneral dis the examiner		10/1	in /1	)Al 1	-			LE	ROY	M & .	RUSS	ELL C	WITZ	KE F	UNER	AL HOMES
		23. PART I, Enter the di	200	condications to	of course	the desi	th Do -	عال_	30 F	DMON	DSON	AVEN	UE CA	TONS	VILLI	E MARYLAND
3		shock, or he	eart sullura.	List only one ca	usa on e	ach line.		ot enter	me mo	de or dy	mg, auc	n es cardia	ic or raspi	ratory an	rest,	Approximata Intarval Batween
y filled ation, o		iMMEDIATE CAUSE (Fin disease or condition	al	~ (	en	chn	500	WI.	/ >		10	: de	10	,		Onset and Deat
ted with completely fille ial, cremation, event, the		resulting in death)	8	a DUE TO	O (DR AS A	CONSEQU	JENCE DE	7):	~ ~		7 (1	. (()	W			
executed and com o burial, matic ev	z	· ACT-OFFICE BART STEEL		b.												
	CATIO	Sequantially list conditi If any, leading to immed	diata	DUE TO	(OR AS A	CONSEQU	IENCE DE	7):								
cate be physicia e prior	FICA	CAUSE (Disease or Inju		C	1 (OD 10 1	00110501										
ding phys Hygiene p	RTIF	that initiated aventa resulting in death) LAS	т 📗	DOE 10	OH AS A	CONSEQU	JENCE DI	.);								İ
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5 ND 5	CAL	PART IL Other aignifica		a contributing to	deeth b	ut not rai	sulting I	n tha un	deriyin	g ceuse	given in	Part I. 2	4e. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
S D C E	<u></u>	Skluer	rfea										YES 2			COMPLETION OF CAUSE DF DEATN?
requires been signe of Health	ME											_				1 TYES 2 57 ND
has been bept. of h	AN															
SICIAN: The certificate h the State 6	O	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:				OTHER	R:			eck only one)		_		
certific the S	HYSI	1 YES 2 NO		1 Inpatient 2			DOA 28b. TIM	- Y	alng Hom		esidence	8 Other (		HIEV OC	CURED	
F kits it	0.		Pending	(Month, I	Day, Year)		INJ	URY	WO	PRK?	ND	280. UEŞC	RIBE HOW II	NJUHY OC	CORED	
After death	D BY	2 Cutable	Investigation Could not be	28e. PLACE	OF INJURY	- At hom	e, tarm, s	treet, fact						nd Number	or Rural A	loute Number,
DR ATTENI DIRECTOR: hours after Item 28 Is	ETEC		determined	building	, atc. (Spec	ally)						City or	Yown, Stete)			
DIRE DIRE	LE	29e. CERTIFIER (Check only	IFYING PNYSI	CIAN: To the best o	f my knowi	ledge, deat	h occum	d at the ti	me, date	end place	, end due	lo lhe ceus	e(e) end men	ner es stat	ad.	
HOSPITAL FUNERAL WITHIN 72 BANT: III	JMMC															) end menner ee stated,
Total Control of the	E CO	290. SIGNATURE AND TITLE	OF CERTIFIER							29c. LIÇ	ENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
MPO N	00	XU	-								D3	200	3	X	2/	19/94
QT =	2	30. NAME AND APPRESS DE	PERSON WN	D COMPLETED CAL	SE DF DE	ATN (ITEM	27) (Туре,	Print)				·	gui	t 0	104	7
1/2		DR. BRUCE		ER 1105	5 L	ITTL	E P	ATU:	XEN'	r Pk	WY.	COL	UMBI	A MA	RYL.	AND 21044
		31. DATE FILEO (Month, Day,	1001	32 REGISTR	AR'S SIGN	ATURE A	1. PP									
		FEB 2 2	1334	d'and	-VI COM	malask										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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DIRECTOR

FUNERAL

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Il item 28 is marked, or

CERTIFICATION

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29b. SIGNATURE AND TITLE OF CERTIFIER

M.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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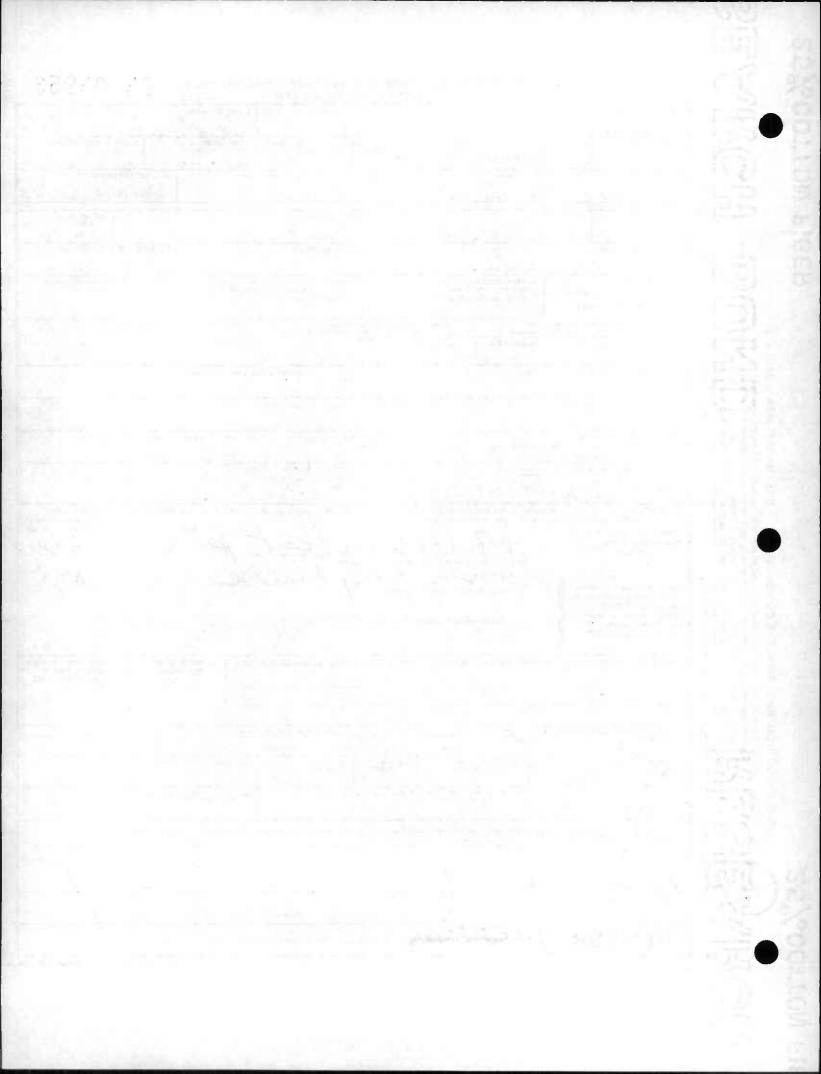
EVENTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZA hours after death. Page 6 may be retained by the hospital or attending physician.	E MINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	
the hosp	detacher	
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Page 6 r	al director	
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MOSPITAL.	UNERAL	the minute of the state of the state Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATN MONTH 25 WITHERS -OULLENIA FEBUARY 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 5. SEX IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) 250 90 1466 DAYS HOURS 1915 SC Aug. 1 M 2 F 78 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATN DECEDENT MARY AND PHINCE GEDAGE שמונוצעון NOW RESIDENCE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges Temple Hills 1 TYES XX NO 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6008 Summer Hill Rd. 20748 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE --- American Indian, Black, White, atc. FORCES? 1 YES YNO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ₹☐ Widowed 4 ☐ Divorced Black 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) Homemaker Home 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Clarence Bethea Hanna Henson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marilyn Cook Same address as #10 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Pleasant Hill Cemetery 2-15 Blenheim SC 22. NAME AND ADDRESS OF FACILITY

IVes-Pearson Funeral Homes 21. SIGNATURE OF FUNCTIAL SERVICE LICENSE 10 Arlington, Va. 22201 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mods dying, such as cardiac or respiretory arrest, Approximate stock, or heart failure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) day DUE TO (OR AS A CON Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF) If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES TONO OF DEATN? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER: Inpatient 2 ER/Outpatient 3 DOA g Nome 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending м 1 YES 2 ND 2 Accident 28s. PLACE DF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 🗌 Homicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. ■ MEOICAL EXAMINER: On the beals of examin ition and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(s) and manner as stated.

> 28c. LICENSE NUMBER AVENUE OLDRIANOTT

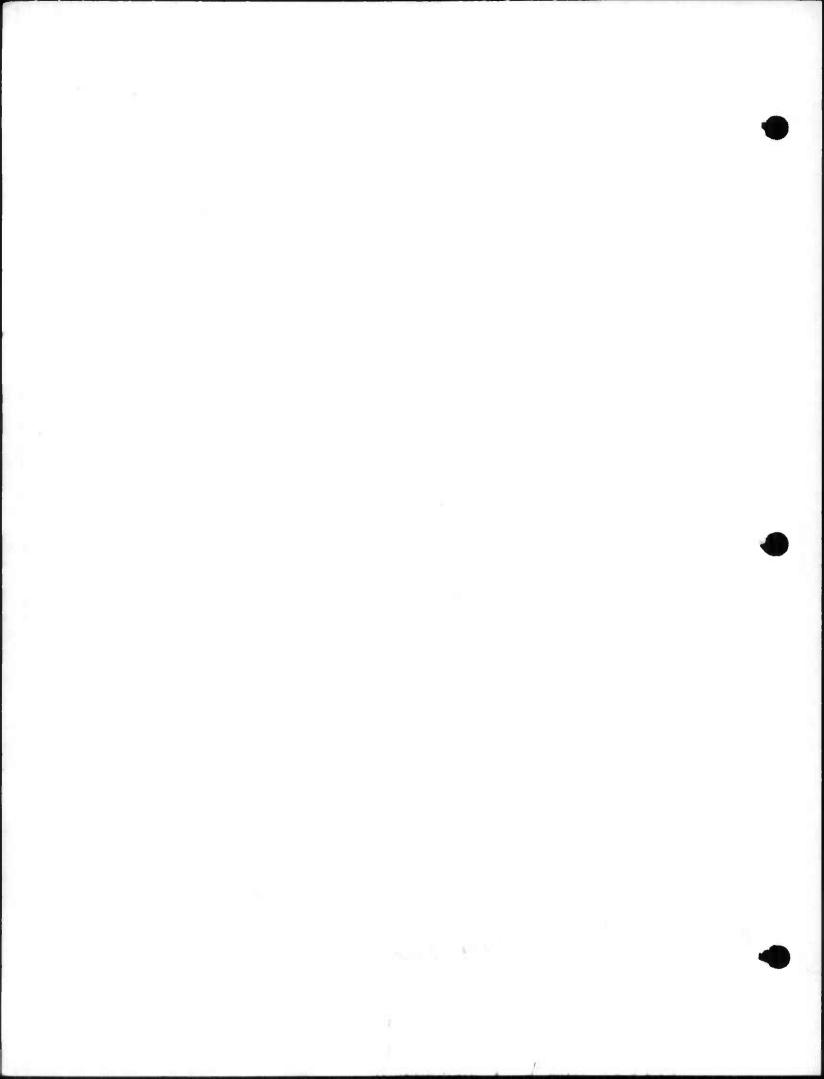


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DIVISION PRINTAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTRACTOR OF THE LOW PRINTINGS that the death cartificate he assurant within

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT CERTIFICATE	OF HEALTH AND OF DEATH	MENTAL HYGIE		4 (	14954
1	1. DECEDENT'S NAME (First, Middle, Last)  Ralph McKir	nley Wareh	ime		2. DATE OF DEATH MONTH		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-05-2440	5. SEX 6. AGE (In yo	rs. last birthday) IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	2/17/1 7. DATE OF BIRTH (Month, Day, Year) 01/08/	1011	Country)	ACE (State or Foreign
OR		oet and number) Vista Avenue		own on Location of D	DEATH		Y OF DEAT	
RECTO	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY, TOWN OR	LOCATION			104	d. INSIDE CITY
AL DI	Maryland		Bal	timore		Tools on the	-	YES 2 NO
	3531 Buena V	/ista Avenue	е	21211			S.A	T COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO It y	S DECENDENT OF HISPA rea, specify Cuben, Maxic YES 2 NO Speci	an, Puerto Rican, etc.)	es or No — 14	Black, Wi Specify:	American Indian, hite, atc. hite
PLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)		a. DECEDENT'S USUAL OCC (Give kind of work done dur life. Do NOT use retired.) Firefight	ing most of working		more	STRY	Dept.
E COMP	17. FATHER'S NAME (First, Middle, Last) L. Warehime	e		16. MOTHER'S N	AME (First, Middle, Maide therine			Вере.
TO B		rehime	196. MAILING ADDRESS (S		Route Number, City or To	wn, State, Zip Co		ryland e 21211
	20a. METHOD OF DISPOSITION  1 M Buriel 2 Premation 3 Remon  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	rel from State cemeter	ACE AND DATE OF DISPOSITI y, crematory or other place) tro Cremat	ory	2/21 Ca	tonsv.	ille	
	· Kegmi !	Burger D	euss Bu	ME AND ADDRESS OF F Irgee-Hen 31 Falls	ss Funer	ltimo	re.	1211 Maryland
	23. PART I. Enter the diseases, pr co shock, pr heert feliure. L IMMEDIATE CAUSE (Final disease or condition	et Dnly One ceuse Dn eech	line.		ch se cerdisc Dr ree	piratory arres	ŧ,	Approximate interval Batween Onset and Death
	resulting in death) s.	DUE TO (OR AS A CO	Infancte  NSEQUENCE OF:  Artery 1)	<u> </u>				Minuter
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OFF:	1 some				
AL CE	PART II. Other significent conditions	contributing to deeth but r	not resulting in the unde	riying ceuse given in	Part I. 24e. WAS A	N AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
MEDIC					1 YES	PRMED?	OF OF	IILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN:		HOSPITAL:	OTHER:	26. PLACE OF DEATH (C)				
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28	C. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	NED	
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — A building, atc. (Specify)	At home, farm, street, factory	, office	28f. LOCATION (Stree City or Town, Stat	t and Number or s)	Rural Route	Number,
COMPLET		AN: To the best of my knowledge On the basis of examination and						d manner as stated.
O BE (	296. SIGNATURE AND TITLE OF CERTIFIER	) () roun	0	29c. LICENSE NU	MBER 076			nth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	DIAMBO	3730	Falls	Rep	Bal	A vec	94 e 212/1
	FEB 2 2 1994	32. FEGISTRABIS SIGNATUR	Rondine		,			
	PP W.							DHMH-16 Rev 1/8

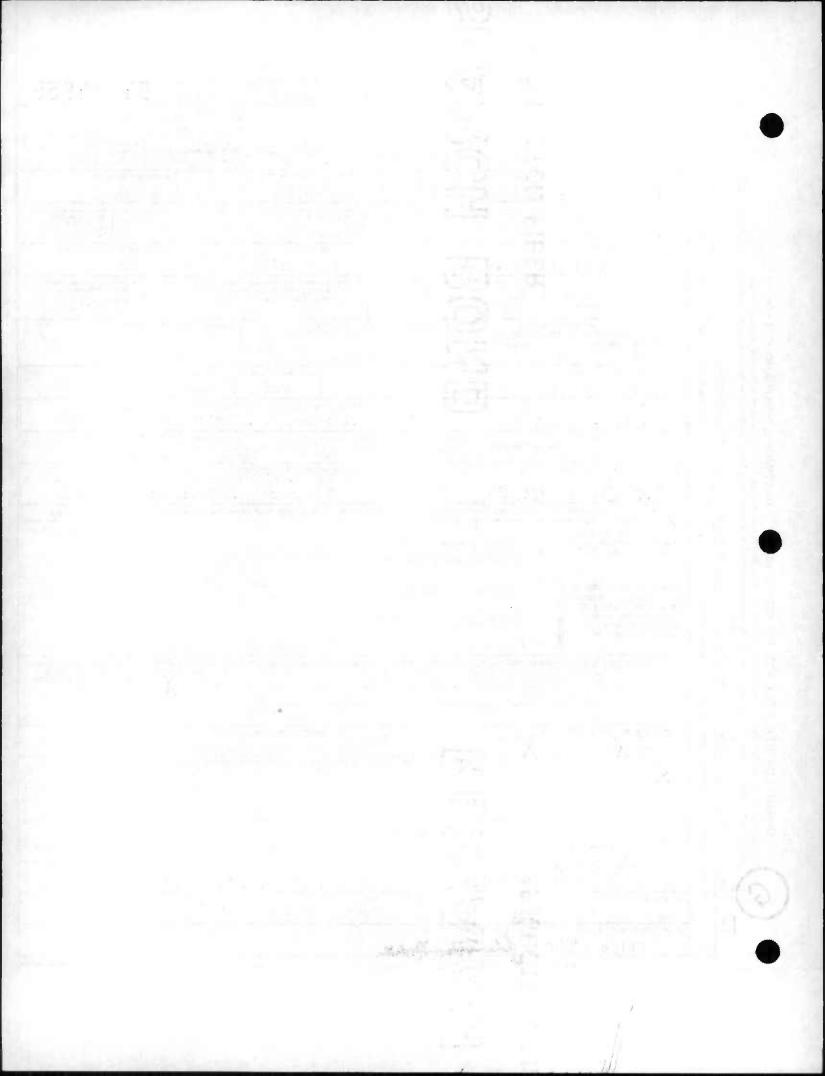
DHMH-16 Rev 1/89



6 may be retained by the hospital or attending physician.	tor, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	sust be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dent, or Health and Mental Hydrene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

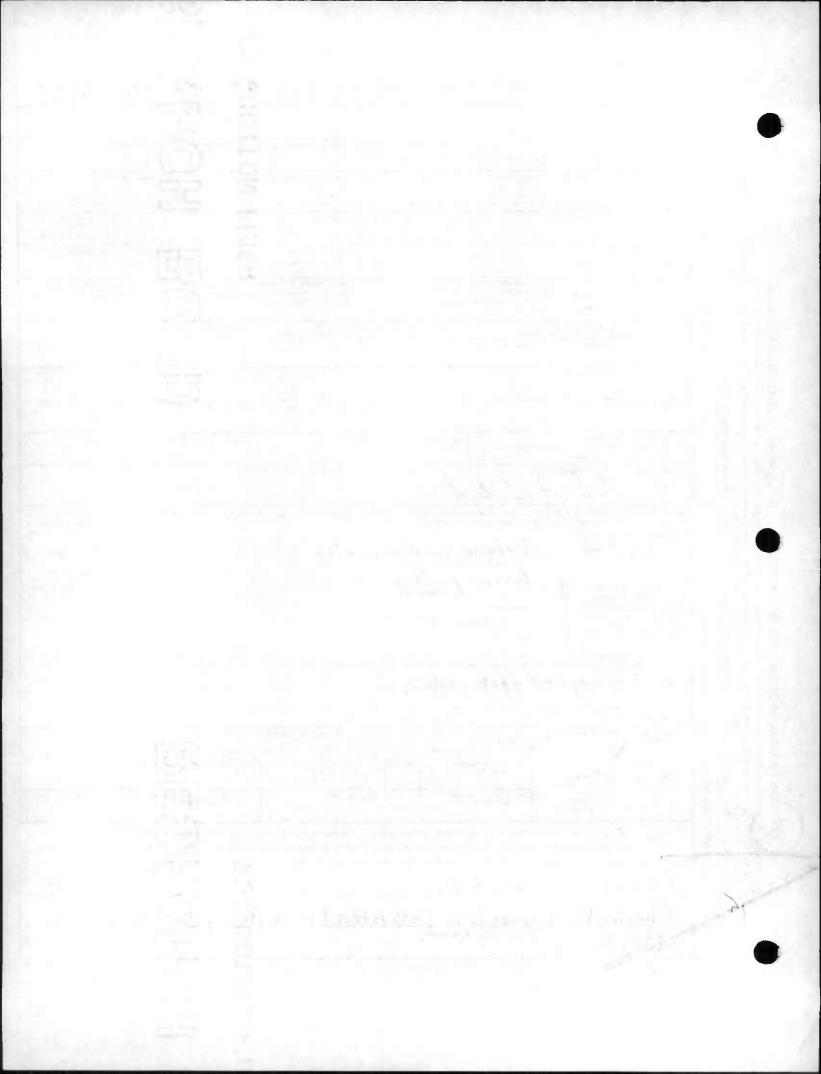
	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTI CERTIFIC			MENTAL HYGI	911	04955
	1. DECEDENT'S NAME (First, Middle, Last)  Jacob	Henry	WRIGHT			2. DATE OF DEATH	DAY YE	3. TIME OF DEATH 4.30 A M
	4. SOCIAL SECURITY NUMBER 218-18-6346	5. SEX 6. A		F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year OCL • 8,	1901	BIRTHPLACE (State or Foreign Country)
5	99. FACILITY NAME (If not institution, give a Franklin Square	The state of the s			SVILLE	ATH	9c. COUNTY Balt:	
UNICOLON	nesidence of decedent  106. STATE 106. COUNT  Maryland	Y		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ENAL	100. STREET AND NUMBER 3001 Christophe	er Ave.	41	101	ZIP CODE 21214		10g. CITIZEN	OF WHAT COUNTRY?
101	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	res 2 XNO	If yes, spe	ENDENT OF HISPAN cify Cuben, Mexica 2 2 NO Specify	IIC ORIGIN? (Specify n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
רכוכה	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Me. Do NOT use i	k done during mo.	N It of working	100000000000000000000000000000000000000	BUSINESS/INDUST	RY
	17. FATHER'S NAME (First, Middle, Last) Charles Wright		Elecc	LICIAN	18. MOTHER'S NAI	ME (First, Middle, Mail	den Surname)	
2	190. INFORMANT'S NAME (Type/Print)  Martin J. Wrigh					Route Number, City or		
	20a, METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)		20b. PLACE AND DATE OF Camplery, Gremetory of othe Parkwood	emeter	7	2/23 E	Baltimore	e, MD
	21. SIGNATURE OF BUNERAL SERVICE LI	Ton O		6009	Harford	Rd., Bal	timore,	IOME, INC. MD 21214
	23. ART's. Enter the diseases, Drahock, or higher failure.  IMMEDIATE CAUSE (Final disease or condition resulting in daeth)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	Brains  a. DUE TO (OR /	as a consequence of):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):					Approximats Interval Batween Onset and Death
MEDIONE OF	PART II. Other algorificant condition Severe periphe Atrial fibrill	ral vascula	th but not resulting in ar disease	the underlying	ceuse given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF OEATH (Ch	ack only one)		
	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not ba determined	28e. DATE OF INJU (Month, Day, Ye	Outpetient 3 DOA 4  IRY 28b. TIME ( INJUE)  IURY — At home, form, str	DF 28c, INJ W 1 1	JRY AT RK? ES 2 NO	8 Other (Specify) 28d. DESCRIBE HO 281. LOCATION (Str. City or Town, St	et and Number or R	
IO DE COMIL PEL	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ER: On the basis of examin	F OEATH (ITEM 27) (Type, P.	In my opinion, d	29c. LICENSE NUN	time, data and placa	29d. DATE SIG	SNED (Month, Day, Year)
	Dr Joseph Kaplan 31. DATE FILED (Month, Day, Year) FFR 2 2 1994	32. REGISTRAR'S	Franklin S	quare 1	rive bal	LO HAIYI	anu ZIZJ	

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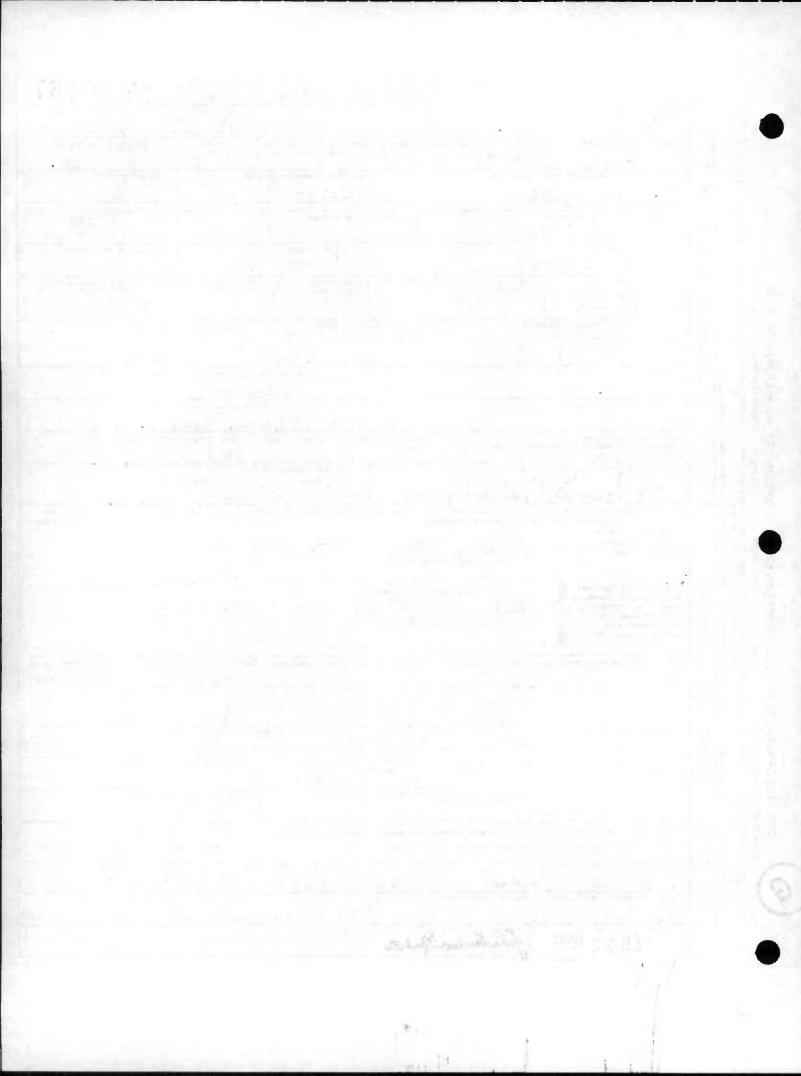
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H CHARLES MAN SHASICIAN: The Taw requires that the death certificate be executed within a four's after death. Page 6 may be ref	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s	within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
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	1. DECEDENT'S NAME (First, Middle Otto Walter			ICATE OF		2. DATE OF DEA MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)			2-18-		
	463-03-7110	¹¼¾ ²□ F 73		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Ye	) – 20 F	BIRTHPLACE (State or Foreig Country) Pexas
OR	Anne Arundel	-		Annapo	lis	EATH	- AND	of DEATH  P Arundel
DIRECTOR	RESIDENCE OF DECEDER	NT COUNTY	10c. CIT	Y, TOWN OR LOCAT	TION			10d, INSIDE CITY
DIR	MD An	ne Arundel		ewater				LIMITS?
RAL	10e. STREET AND NUMBER			101	. ZIP CODE	m		N OF WHAT COUNTRY?
FUNERAL	3361 Hazel	12 WAS DECEDENT EVED I	IN U.S. ARMED		21037 ENDENT OF HISPAI	NIC OBIGINS (Speci	US	A
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced		2 V NO	If yes, sp	ecity Cuban, Mexica 2 X XIO Specif	in, Puerto Ricen, st	c.)	Black, White, etc.  Specify:  Thite
ETED	16. OECEDENT (Specify only highes	'S EDUCATION it grade completed)	(Give kind of v	USUAL OCCUPATION		16b. KIND 0	F BUSINESS/INDUS	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Sales			Pape	~	
COMPL	17. FATHER'S NAME (First, Middle, Li	est)	1 Sales		18. MOTHER'S NA	AME (First, Middle, M		
BE (	Otto Walte					Johns		
٥	19a. INFORMANT'S NAME (Type/Prin						or Town, Stete, Zip Co	
	20a. METHOD OF DISPOSITION	Smith Walter	b. PLACE AND DATE O				ewater oc. LOCATION — CIT	Md 21037
	1 Donation 5 Other (Specify	Removal from State	metery, cremetory or of		atro		Baltimo	re Md
	21. SIGNATURE OF FUHERIAL SERV	ICE LICENSEE			ND ADDRESS OF FA	CHITY		16 000
		// // ///	/				Uomo D	7 12
	23. PART I. Enter the disease shock, or heart fa iMMEDIATE CAUSE (Finel disease or condition resulting in death)	s, or complications that cause illure. List only one cause on a	each ilne.	Harde Ridge not enter the mo	esty Fu elv Ave da of dying, suc	neral	Home, P. apolis.	Md 21401 t, Approximate interval Betw
RTIFICATION	shock, or heart fa IMMEDIATE CAUSE (Final disease or condition	a. Ischemic DUE TO (OR AS) DUE TO (OR AS) C.	each ilne.	Harde Ridge not enter the mo	esty Fu elv Ave da of dying, suc	neral	apolis.	Md 21401 t, Approximate interval Betw
MEDICAL CERTIFICATION	shock, or heart far iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant con	a. Ischemic DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	Cardio II A CONSEQUENCE OF A CONSEQUENCE OF	Harde Ridge not enter the mo	esty Fuely Ave	neral . Ann. ha a cardiac or	apolis.	Md 21401  Approximate interval Betwoenest and D  YEAY  WALLY  WALLY  YEAG  24b. WERE AUTOPSY FIND  MARLABLE PRIOR TO COMPLETION OF CAU  OF DEATH?
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	1 - FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	94 0495	
	1. DECEDENT'S NAME (First, Middle, L CATHERINE	E. WA	ARD		2. DATE OF DEATN MONTH DAY	YEAR 0/45	
	4. SOCIAL SECURITY NUMBER 216-20-3012	1 🗆 M 2 📑 F	68 YRS. MON		7. DATE OF BIRTN (Morith, Day, Year) 1/22/1926	e. BIRTHPLACE (Store or For Country)  Calif.	
TOR	90. FACILITY NAME (If not institution, g  St. Agnes Hosp: RESIDENCE OF DECEDENT	ital	96.	Baltimore	DEATH 9c	COUNTY OF DEATN	
DIRECTOR	10a. STATE 10b. CO		10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY LIMITS? 1  YES 2  NO	
FUNERAL	10a. STREET AND NUMBER 217 Beaumont Ave	enue		101. ZIP CODE 21228	10	USA	
B∀	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR DIVERSED.		2  NO	13. WAS DECENDENT OF NISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Specify		Io— 14. RACE — American Iridia Black, White, stc. Specify: White	
ETED.	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION prade completed)  College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work of life. Do NOT use reti	ione during most of working	16b. KIND OF BUSINES	BS/INDUSTRY	
COMPL	17. FATNER'S NAME (First, Middle, Last	Masters	Nur	se /Educator	Medi	cine eme)	
TO BE	William L. Ward	l	19b. MAILING ADD	Grace RESS (Street and Number or Rura	e Dixon  I Route Number, City or Town, Str	nte, Zip Code)	
T	Ethel Ward  20a. METHOD OF DISPOSITION 1  Burlel 2 Cremetion 3   1		1512 Fo			Md • 21207 ON — City or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseases, ahock, or heart fells IMMEDIATE CAUSE (Final	Call	Masil Do not e	Sterling Ash 736 Edmondson	ton Funeral H	ome to. Md. 21228	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Severe Due to (or as L. Due to (or as Due to (or as Due to (or as Due to (or as	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	Infector Pulmonary 4 cast	Obstruction the Iwas	e Dizease	
MEDICAL	PART II. Other significant cond	itions contributing to death	but not resulting in th	a underlying cause given i	n Part I. 24a. WAS AN AUTH PERFORMED 1 YES 2 Ju	7 AMAILABLE PRIOR COMPLETION OF 6	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?  1  YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (C HER: Nursing Home 5 🗆 Residence			
ву РНУ	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigat	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?  M 1 YES 2 NO	28d, DESCRIBE HOW INJUR	NY OCCURED	
ETED B	3 Suicide 8 Could not 4 Homicide determine	building, atc. (Sp.	IY — At home, ferm, street ecity)	, fectory, office	281. LOCATION (Street end N City or Town, Stete)	lumber or Rural Route Number,	
TO BE COMPLE	anal	Lee,	Phy Ston	my opinion, death occured at the	e time, date end place, end du	as stated. a to the couse(a) and menner as a d. DATE SIGNED (Month, Gay, Year)  2 / 26 / 4 / 4	
	JUMAME AND APDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Prin	1 0 0	In Ave Ba	A //	

DHMN-16 Rev 1/89



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		he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician	the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF I	MARYLAND / Ce				EALTH DEAT		MENTA	L HYGIEN REG. NO.		94	04958
	1. DECEDENT'S NAME (First, Middle, Last	)							2. DATE	OF DEATH	ly.	YEAR	3. TIME OF DEATH
	Patricia		Wortman						2 - 1	8-199	4	TEAN	A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (Mon	OF BIRTN th, Day, Year)		6. BIRTN Countr	PLACE (State or Foreign
	218-46-9424	1 M 2 XF	46	YRS.						20-194	7	Penr	nsylvania
m	9a. FACILITY NAME (If not institution, give						R LOCATIO	ON OF DE	HTA		9c. COL	INTY OF D	EATH
2	7001 Dunhill	<u>Road</u>			Dui	ndal	k				Ba1	tim	ore
DIRECTOR	10e. STATE 10b. COUN	TY		10c. CIT	Y, TOWH	OR LOCAT	iON						10d. INSIDE CITY
ā	Md. Ba	ltimore		D	unda	alk							LIMITS?
AL I	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF Y	VHAT COUNTRY?
FUNERAL	7001 Dunhill						212	22			U.	S.A	
15	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDER	TEVER IN U.S. AR	MED						N? (Specify Yes Ricen, etc.)	or No-	14. RACE Black	— American Indian, t, White, etc.
B≺	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES A				XXNO	Specify				Speci	
	15. DECEDENT'S ED		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N .		16	b. KIND OF BUS	INESS/IN		1 6
	(Specify only highest grade (Specify only highest grade) Elementary/Secondary (0-12)	College (1-4 or 5	+) (Gi	ive kind of Do NOT u	work done se retired.)	during mo	st of workin	g					
팋	12 th		Н	omer	nake	r				Own	Hom	e	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
BE	Walter Kowal	czyk								Soph			man
2	19a. INFORMANT'S NAME (Type/Print)									nber, City or Town			
	John Wortman,	Sr.						d.,	Du	ndalk	, Ma	ryl	and 21222
	1 X Buriel 2 17 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE A cemelery, cre	matory or o	OF DISPOS Ther place)	Gre	<sub>me of</sub> en Mc	ount	Cr	emato	CATION -	City or To	on, State
1	21. SIGNATURE OF FUNERAL BEINGE	ICENSEE											
	Dr 111	1 Pete	r S. As	shto	n Bı	cadl	ey-	Ash	ton	Funer	cal	Home	e, 11222 e, 116c.
$\vdash$	23. PART i. Enter the diseases, or	Date_	M0001			134	WI1	1ow	Sp	ring I	Rd.	Bal:	toMd.
	ahock, or heart fallure	List only one car	use on each line	).	not enter	the mo	de or dy	ng, suc	n aa car	diac or reapi	ratory er	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition		1 -			0							Onset and Death
	reaulting in death)	a. Sudo	OR AS A CONSEC	DUENCE O	F):	QIU							
z		b Cona	estive o	card'	OMO	(man)	Phu						
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	QUENCE O	F):	101200	9					-	
2	CAUSE (Disease or injury	c.									_		
빌	that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSEC	QUENCE O	F):								
빙		d											
	PART II. Other algnificent condition	ons contributing to	death but not r	esulting	In the ur	nderlylng	g cause g	given in	Part I.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL										1 _ YES 2	₩ No		COMPLETION DF CAUSE OF DEATH?
													1 - YES 2 1 NO
ž													
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:	ACE OF D						
PHYSICIAN:	1 VES 2 NO	28e. DATE Of	ER/Outpatient 3	28b. TIN	_	sing Hom 28c. INJ		sidence		er (Specify) SCRIBE HOW II	N HIRV OC	CURED	
	1 Natural 5 Pending	(Month, L			JURY	WO	RK?	] NO	aud. De	JOHNE HOW II	NJUNI OC	CONED	
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE (	OF INJURY — At ho	me, term,	atreet, fac					CATION (Street a	and Numbe	r or Rural F	Route Number,
TED	4 Nomicide determined	building.	, atc. (Specify)						C/h	or Town, State)			
COMPLET	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best o	f my knowledge, de	ath occurr	ed at the t	llme, date	and place	and dua	to the co	use(s) end man	ner as atr	nted,	
MC													) and manner as stated.
E CC	29b. SIGNATURE AND TITLE OF CERTIF						29c. LICE						(Month, Day, Year)
00	Francia Que	jang 1	no					230				2/18/	
2	30. NAME AND ADDRESS OF PERSON W	ND COMPLETED CAL	SE DF DEATH (ITE	M 27) (Type	, Print)								

DNMH-16 Rev 1/89

MD 21224



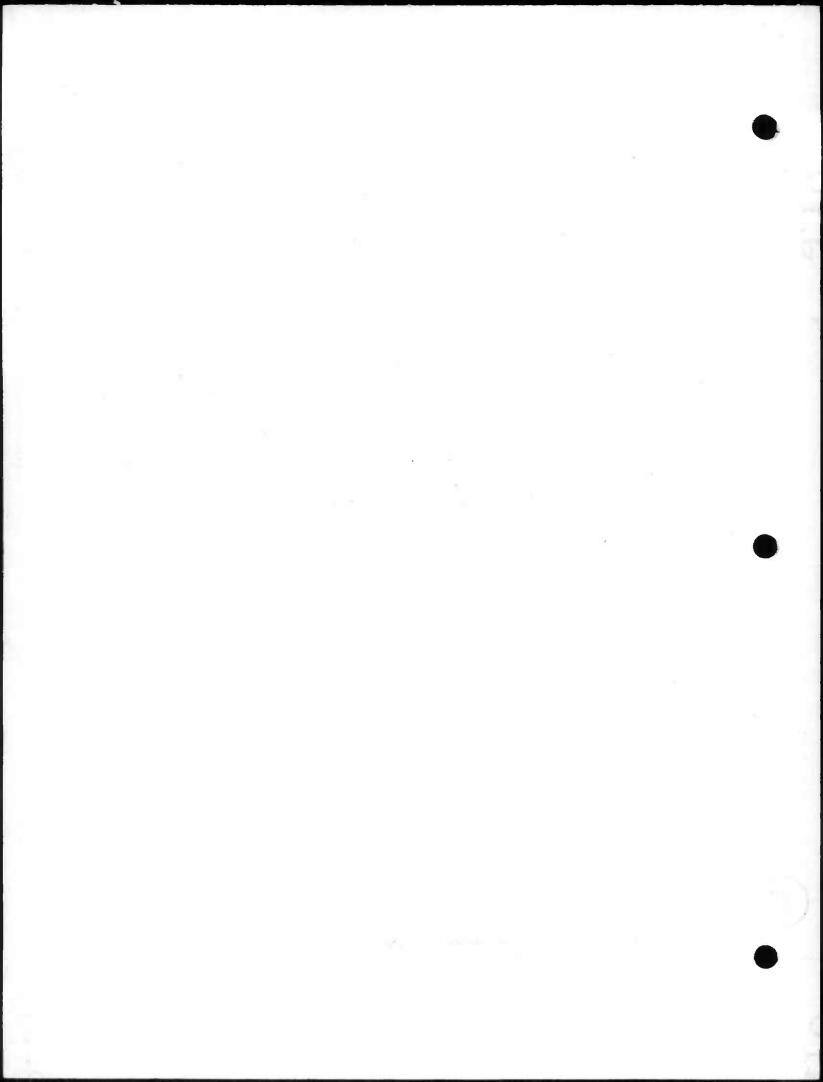
PANELA OLYANG
31. DATE FILED (MONTH), Day, Young
FEB 2 2 1994

4940 EASTERN

32. HEGISTRAPS SIGNATURE

AVE,

BALTO,



BALLIMORE, MARILAND 21203-3146	rSICIAN: The law requires that the death certificate be executed with.	certificate has been signed by the attending physician and complete. Si in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and complete. If in by the funeral throughout the state Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTAGE II lies, 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Task D	st)							2. DATE OF				3. TIME OF DEATH
rester B	. Weitzel							02	06	94	YEAR	6:50 A
4. SOCIAL SECURITY NUMBER 172 05 3485	5. SEX	8. AGE (In yrs. I	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF (Month, E 02 1	lay, Year)		Countr	PLACE (State or Foreign y)
9a. FACILITY NAME (If not institution, gi	ve atreet and number)			9b. CITY	TOWN C	R LOCATI	ON OF DE		, 00	9c. COU	NTY OF D	
Lorien Nursin	g Center			]	Balt	imor	e	1				
RESIDENCE OF DECEDENT  10e, STATE 10b, COU			100 CIT	Y, TOWN C	D LOCAT	100						10d. INSIDE CITY
Md. E	altimorex		100.01		emer	e						LIMITS?
9 Vagabond La	ne				101	21 ZIP COD	219			US.		VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		NT EVER IN U.S. A I YES 2 WAR OR DATES X	NO		if yes, sp		nn, Maxica	NIC ORIGIN? ( in, Puerto Ric y:		or No—	14. RACE Black Speci Whi	
15. DECEDENT'S I (Specify only highest g Elementary/Secondary (0-12)		+)	GECEOENT'S (Give kind of the Do NOT to	work done se retired.)	during mo	ON ist of worki	ing		n Con			
17. FATHER'S NAME (First, Middle, Lest) William B. Wei	tzel		- ~~ 1110					ME (First, Mic	dle, Maiden	Surname)		
19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILIN	ADDRES:	S (Street a			Route Number	_		p Code)	
Bernadette Ber	nser		RD 2	Box	475	Del	ta E	Pa.				
20a. METHOD OF DISPOSITION 1	lemoval from State	other	e of dispo					1_94		alto.		own, State
21. SIGNATURE OF FUNERAL SERVICE		elen		22. C	hame at	es S	ss of FA		Son			
23. PART I. Enter the diseases, shock, or heart fello										iratory si	rrest,	Approximata Interval Batwe
IMMEDIATE CAUSE (Fine)	1	nent	d									Onset and Da
resulting in death)  Sequentielly list conditions,	DUE TO	O (OR AS A CONS	SEQUENCE O	3	ro	we	de	مومد	De_			Jeas 3
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	· COF	O (OR AS A CONS		4								hor
reaulting in death) LAST	d				_							
PART II. Other algnificant condi	tiona contributing t	o death but no	t resulting	In the u	nderfyin	g cause	given in		PERFOI	RMED?	246	D. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAEXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE NU	R:			heck only one)	Specify)			
27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident Investigat		Day, Year)	28b, TI		28c. IN.	JURY AT DRK? YES 2		1	RIBE HOW	INJURY O	CCURED	
3 Suicide 8 Could not 4 Homicide determine	26e. PLACE building	OF INJURY — At g, etc. (Specify)	home, farm.	street, fac	tory, offic	Cm		28f. LOCAT City or	ION (Street Town, State	end Numb )	er or Rural	Route Number,

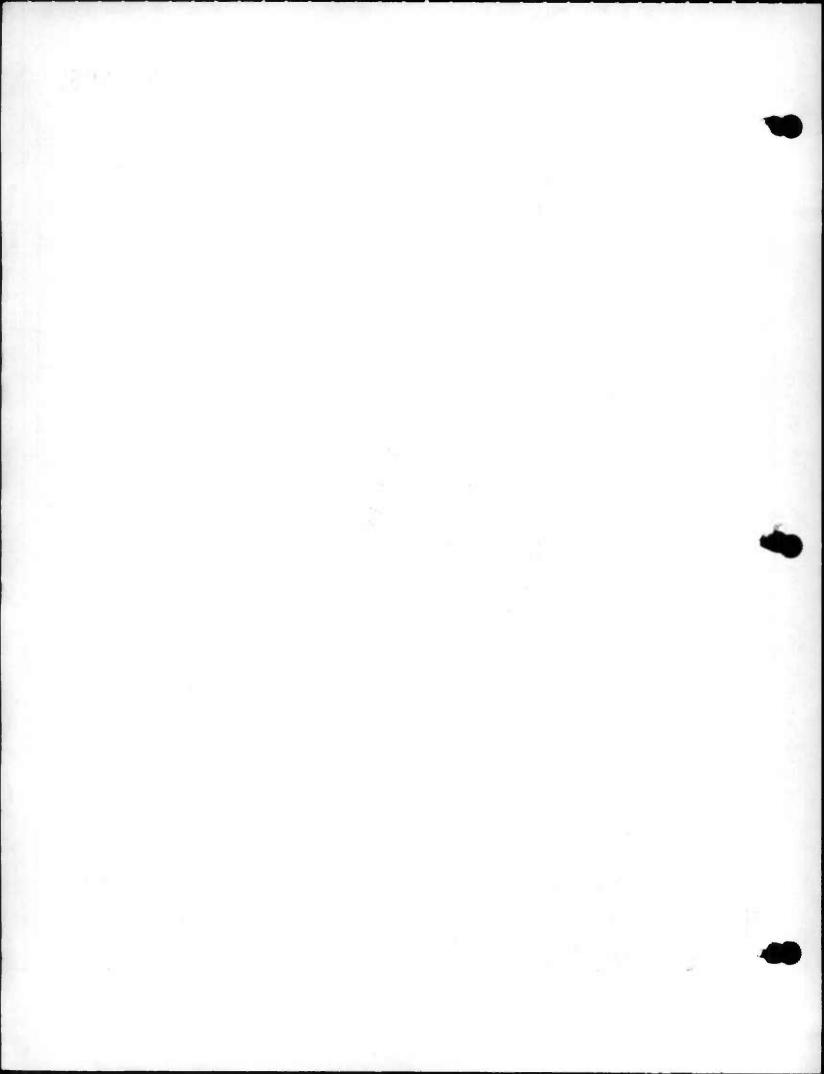
PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Bernett MD 5505 Hopkin

1994 Fruit Smith Rudoll

31. DATE FILED (Month, Day, Year)
FEB 2 2 1994

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	** UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIE	NL .	14960
1. DECEDENT'S NAME (First, Middle,				2. DATE OF DEATH MONTH	DAY YEAR 3	TIME OF DEATH
ILEEN E.				FEBRUARY	15 1994	9:52 P
4. SOCIAL SECURITY NUMBER 215-18-7461	5. SEX 6. AGE		F UNDER 1 YEAR	Mileseth Physics March	a. BIRTHPL Country) MARY	ACE (State or Foreign
9a. FACILITY NAME (If not institution,			b. CITY, TOWN OR LOCATION OF		9c, COUNTY OF DEA	
THE JOHNS HOPE	KINS HOSPITAL			ITY		
RESIDENCE OF DECEDEN  10a, STATE 10b, CO		10c. CITY.	TOWN OR LOCATION			Dd. INSIDE CITY
MD.		3,000	BALTIMORE CI	rv		LIMITS?
10. STREET AND NUMBER			10f. ZIP CODE	11	10g. CITIZEN OF WHA	21.
3017 BELMONT AV	VENUE		21216		USA.	
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECENDENT OF HIS		es or No- 14. RACE -	- American Indian, Vhita, atc.
1 Never Married 2 Married 3 XWidowed 4 Divorced	IF YES, GIVE WAR OR		If yes, specify Cuben, Man 1 TYES 2 X NO Spe		Specify: BLAC	
15. DECEDENT'S	EDUCATION	16a. DECEDENT'S US	I SUAL OCCUPATION	16b KIND OF B	USINESS/INDUSTRY	N.
(Specify only highes) Elementary/Secondary (0-12)		(Give kind of wor life. Do NOT use i	k done during most of working	Too. Kind of B	031112337111037111	
		GENERAL	HOUSEKEEPING	DEPART	MENT STORE	
17. FATHER'S NAME (First, Middle, Les	1)			NAME (First, Middle, Maide		
LINWOOD	S. TAL	LEY	BEA'	TRICE	SHI	PLEY
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	ODRESS (Street and Number or Ru	rel Route Number, City or To	own, State, Zip Code)	1997
DORIS	TATES		ELMONT AVENUE			
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3	Removal from State Cd	b. PLACE AND DATE OF metery, crematory or othe	r place)		OCATION — City or Town	
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNETIAL SERVICE		CEDAR HILL	CEMETERY  22. NAME AND ADDRESS OF		LEN_BURNIE,	MARYLAND
None	LD. B1	Dun	JOSEPH H. B	ROWN JR. FU		
23. PART I. Enter the diseases	or complications that cause	ed the deeth. Do not	1913 W. BAL			Approximate
ahock, or heart fel	lure. List only one cause on				, and a	Interval Betwee
immediate cause (Final disease or condition resulting in death)	Press	mauc				1 west
resulting in death)		A CONSEQUENCE OF):	,			Wex
Sequentially list conditions,	- Lympho	blastic A CONSEQUENCE OF):	Lymphane			2 years
if any, leading to immediate	Α.	8.4	1 1 0 0	11-11-1	0 . 1	-
cause. Enter UNDERLYING CAUSE (Disease or Injury	a lattus	will diffe	renticted 171	nphoastic.	ly wip have	5 years
thet initiated events resulting in death) LAST	50E 10 (0H AS	A CONSEQUENCE OF).				
	d					1
PART II. Other algorificant cond						ERE AUTOPSY FINDINGS
Drebute	Rullitus,	Corevery	Heart Discon	1 🗆 YES	25/10	OMPLETION OF CAUSE F DEATH?
					1	YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HQSPITAL:		26. PLACE OF DEATH OTHER:	(Check only one)		
1 TYES 2 NO	1,25 Inpatient 2 ER/Ou		□ Nursing Home 5 □ Resident			
1 Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
2 Accident Investiga		IY — At home, ferm, stre		201 I OCATION /Power	It and Number or Rural Rou	to Mirmhor
3 Suicide 8 Could not detarmin	building, atc. (Sp.	ecify)	set, lactory, office	City or Town, Stat		io (vomosi,
29a. CERTIFIER	PHYSICIAN: To the best of my kno		Michael Frenchischer			
ana)	AMINER: On the beals of axaminati					nd manner as stated.
29b, SIGNATURE AND TYTLE OF CER						
Teles	ses (gell , 1	JD	29c. LICENSE	12439	29d. DATE SIGNED (M	orth, Day, Year)
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type. P	rinti		1.	
JOSE PASSOS -	- 41	1.4	A 1	Enter, Bc	Itimore, r	n
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE			-	
FEB 2 2 19	94 Julia Kevid	and Barde				

State State

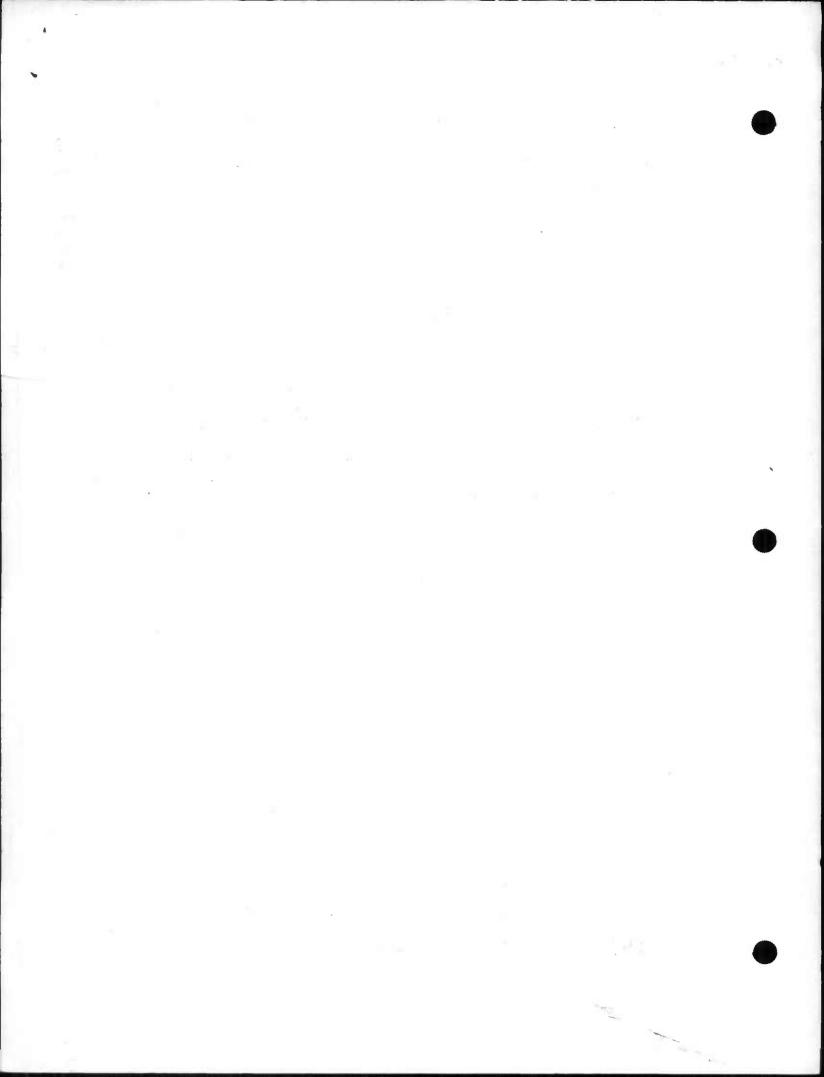
1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ADOLPH W. ZIEGLER Feb 19, 1994 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) DAYS 1 🕅 M 2 🗌 I YRS. 212-09-6600 Oct 31. Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Nursing Home Randallstown Baltimore County RESIDENCE OF DECEDENT 10a STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Co. Randallstown permit. F 1 YES 2 X NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9109 Liberty Rd. director, page 5 should be detached for use as the burial-transit 21133 USA Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 2 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married t 🗌 YES 2 🎇 NO Specify BY Specify: 3 2 Widowed 4 Divorced WW 1 White 18a. DECEDENT'S USUAL OCCUPATION

18a. DECEDENT'S USUAL OCCUPATION

working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Claim Agent Steamship Line 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnar Ħ Henry A. Ziegler Magdalena L. Reiblich notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Mr. William Hidey 6700 Dogwood Rd. Baltimore, 21207 MDpe 20s. METHOD OF DISPOSITION
1 💢 Buriel 2 □ Cremation 3 □ Removal from State
4 □ Denation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must Olive Cemetery Randallstown, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Loring Byers Funeral Directors, Inc. and completely filled in by the funeral burial, cremation, or removal. 8728 Liberty Rd. Randallstown, MD 21133 medical 23. PARTY. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate interval Between shock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finsi Onset and Death the diseese or condition\_ otic condiduciseular dife Hllisch resulting in desth) event, traumatic CERTIFICATION Sequentially list conditiona, the attending physician at Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disesse or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL signed by ti any t YES 2 NO 1 YES 2 NO has been of h PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OR ATTENDING PHYSICIAN: The Hem the State ( **EXAMINER?** HOSPITAL: OTHER 4 Nursi 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ig Home 5 - Residence 8 - Other (Specify) 0 27, MANNER OF DEATH marked, 28a. DATE OF INJURY 28c. INJURY AT WORK? with t 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO OIRECTOR: After the hours after death v ВУ 2 Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 8 Could not be 4 Homicide 28 hours a CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. COMPL TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If it 2 \_\_\_ MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2511 Kaw 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5310 2 Stown

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



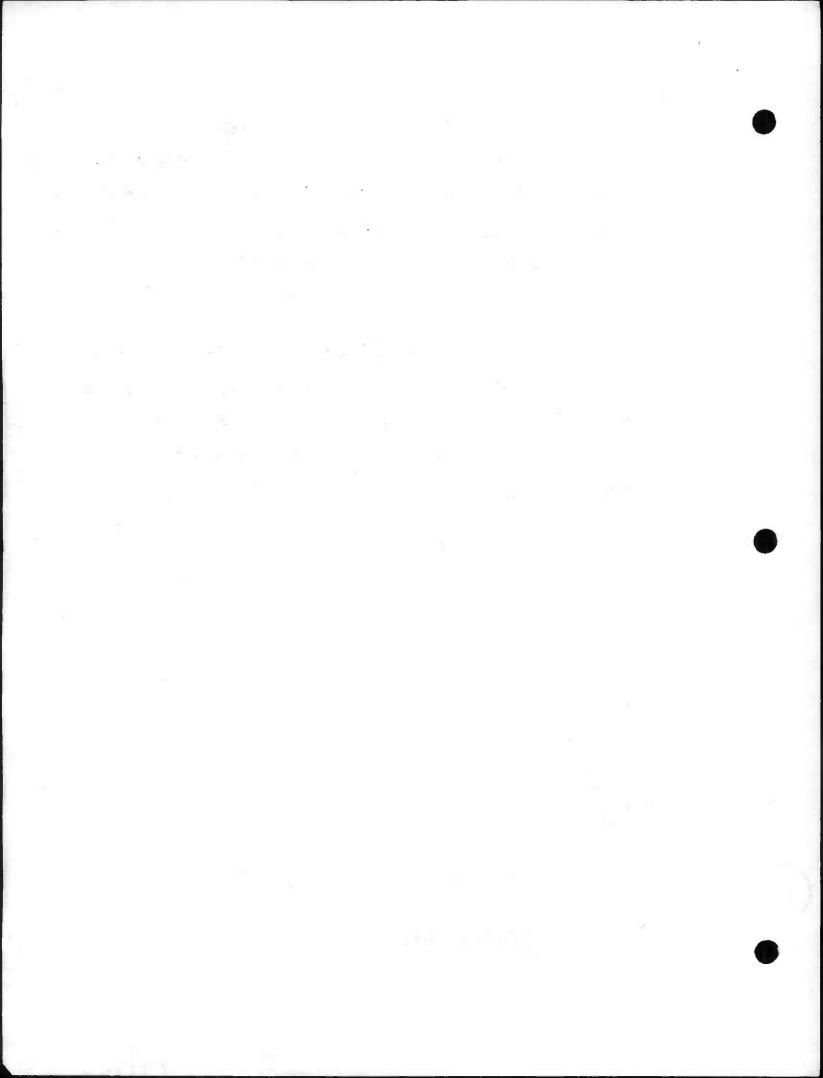
1 - FOR STATE REGISTRAR

(1. )	DECEDENT'S NAME (First, Middle, Last)	1	- (					2. DATE OF			3. TIME OF DEATH
	ANN	HDA	m	)			1	MONTH	0AY rv 13 1	YEA	4.30 AT
4.	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1		DER 24 HRS.	7. DATE OF I (Month, De	BIRTH	a. Bi	RTHPLACE (State or Foreignatry)
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	. FACILITY NAME (If not institution, give s	street and number)					ATION OF DE			COUNTY O	F DEATH
CTOR	Hebrew Home				Rock	ville			Mo	ontgo	mery Co.
10c	e. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR	LOCATION					10d. INSIDE CITY
DIRE 100	Virginia Fa:	irfax		Fa	11 9 (	hurch					LIMITS?
	. STREET AND NUMBER					10f. ZIP C	ODE		10g.	CITIZEN C	OF WHAT COUNTRY?
E	3412 Barger Dr:	ive				2	2044		I	Engla	and
E 10	. MARITAL STATUS  Never Merried 2 Merried  WWidowed 4 Divorced	12. WAS DECEDEN	YES 2	ARMED XXX	113	es, specify C	T OF HISPANI uban, Mexican NO Specify:	, Puerto Rica	Specify Yea or No n, etc.)	S	NACE — American Indian, Nack, White, atc. pecify White
9	15. DECEDENT'S EDU		16a. 1	DECEDENT'S U	SUAL OCC	UPATION		16b. KIR	ND OF BUSINESS	-	
<b>5</b>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	h) A	(Give kind of wo	retired.)						
M L	12		ł	Retail	Sale	s Cle	rk	D	epartme	nt s	tore
COMPL	FATHER'S NAME (First, Middle, Last)	11712				18. M	OTHER'S NAM	RE (First, Midd	lle, Malden Surnan	ne)	
W	Samuel Simon							(Unk			
2 19	e. INFORMANT'S NAME (Type/Print)		. 1						City or Town, Steh		
	Michael Adams (	Cannon					ve, Fa		hurch,		
13	a. METHOD OF DISPOSITION      Description	noval from State		E AND DATE OF crematory or other		ON (Name of		DATE	Falls		
IN di	3. PART I. Enter the deceses, or shock, or heart failure.  MMEDIATE CAUSE (Final leese or condition soulting in death)	a.	ise on each lic	ne.	)/ ot enter th		Vest L dying, auch				Interval Be Onset and
RTIFICATION SEE	shock, or finant failure.  MMEDIATE CAUSE (Final Isease or condition	a. DUE TO	ise on each lic	EQUENCE OF:	ot enter the	02 U	Vest L dying, auch		acc		Interval Bet Onset and I
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O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  127  127  127  128  129  129  129  120  120  121  121  121	shock, or feart failure.  MMEDIATE CAUSE (Final Isease or condition soulting in death)  equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events soulting in death) LAST  ART II. Other aignificent condition  ART II. Other aignificent condition  I VES 2 NO  MANNER OF DEATH  I Herural 5 Pending Investigation 3 Suicide 6 Could not be determined  a. CERTIFIER (Check only one)  2 MEDICAL EXAMINI	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpettent 2 28e. DATE OF (Month, D.) 28e. PLACE O building, BICIAN: To the best of exercises	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not  ER/Outpatient INJURY ay, Year)  The finjury — At 1  The	SEQUENCE OF: SEQUE	OTHER:  the under  the under  the under  the the time, in my opin	28. PLACE O  g Home 5   Bc. INJURY 1  WORK? 1   YES  y, office  29c. 1	dying, such  Scru  Be given in in  F DEATH (Che  Residence (Che  Course at the telephone)  LICENSE NUM  LICEN	Part I. 24:    1	a. WAS AN AUTON PERFORMED? YES 2 NO DOCITY)  ON (Street and Nu DN (Street and Nu DN (Street)  a) and manner at d place, and due 29d.	PSY OCCURED TO THE COUNTY OF T	Interval Bet Onset and I  24b. WERE AUTOPSY FIN AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO  Note of the Number,  Press of the Number,  Note of the Number,  Note of the Number,  Note of the Number,  Note of the Number,  Note of the Number,  Note of the Number,  Note of the Number,
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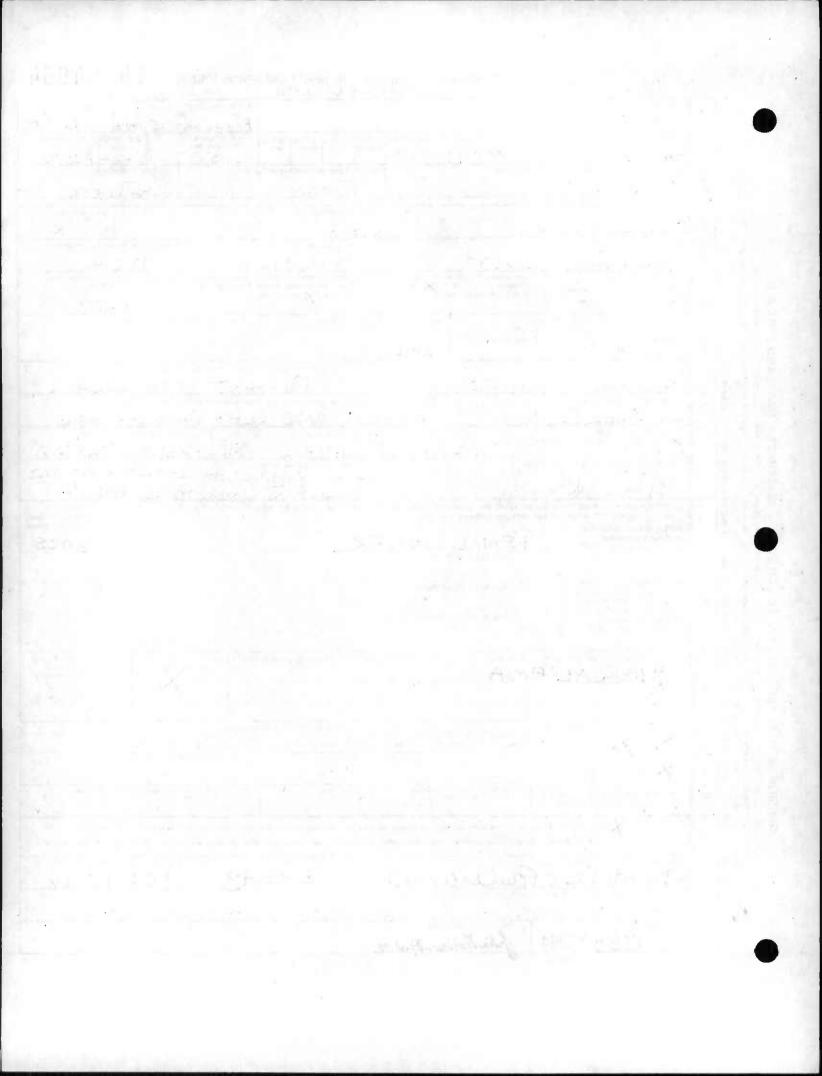
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21215-0020	sector death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely med in by the furnish director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or manner.	dies examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or member.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.	

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	IENTAL HYGIENE 94 04963
	1. OECEDENT'S NAME (First, Middle, Last)  ANNA MAR	IE ASHE	2. DATE OF DEATH SAY 199 YEAR 3. TIME OF DEATH M
	000 0 2797	SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  M 2 F YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Opp, Year)  SETT, 17, 1892  BALTO: MD.
POR	9a. FACILITY NAME (If not institution, give street a  MEDBLI LE  NO  RESIDENCE OF DECEDENT	PARTIMORE  9b. CITY, TOWN OR LOCATION OF DEA  BALTIMORE	SC. COUNTY OF DEATH  BALTO, CO.
DIRECTOR	100. STATE 10b. COUNTY  MARYLAND BAI	TIMBRE CO. FARKVILLE	10d. INSIDE CITY LIMITS? 1 YES 2 D 100
FUNERAL	310 WILLO	UGHBY RD, 101. ZIP CODE 2123	4 10g. CITIZEN OF WHAT COUNTRY?
BY FUN	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO  If YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANN If yes, specify Cuban, Maxican, 1 ☐ YES 2 ☐ NO  Specify:	
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	(Give kind of work done during most of working life, Do NOT use milited.)	16b. KIND OF BUSINESS/INDUSTRY
COMPLETE	17. FATHER'S NAME (First, Middle, Last)	CAR SALES  18. MOTHER'S NAM	RAY KEACH BUICK  (First, Middle, Meiden Surname)
BE	WILLIAM PE  194. INFORMANT'S NAME (Typo/Print)	PARCE MARCO.  19b. MAILING ADDRESS (Street and Number or Rural Ro	ARET MOINTEE
임	ELSIE MURPH	Y 9437 RIDGELY	AVE 21234 BACTO.M
	20e. METMOD OF DISPOSITION  1 Souriel 2 Cremetion 3 Removal 1  4 Donation 5 Other (Specify)	from State 20b. PLACE AND DATE OF DISPOSITION (Name of correspond, segments) or other place.	DATE 200-LOCATION - City or Town, State 2-16 PARKVILLE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	22. NAME AND ADDRESS OF FACE  REPARTS FUND  1. THE PROPERTY OF THE PROPERTY OF FACE  1. THE PROPERTY OF THE PR	UPAL CHAPEL -PARKVILLE
П	23. PAPT I. Enter the diseases, or comp shock, or heart fallure. Viet	ollications that caused the death. Do not enter the mode of dying, auch only one cause on each line.	as cerdiac or respiratory arrest, Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) s	Pneumonia.	Onset and Death
z		DUE TO (OR AS A CONSEQUENCE OF):	
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):	
A.	PART II. Other significent conditions co	intributing to deeth but not resulting in the underlying ceuse given in P	Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDIC			OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (Chec DSPITAL: OTHER:	k only one)
IX		inpatiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6	Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED
BY Pi	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)  INJURY  WORK?  1 YES 2 NO	200. DESCRIBE NOW INJURY OCCURED
<u>a</u>	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)
COMPLET	and the second s	To the best of my knowledge, death occurred at the time, data and place, and due to the basis of examination and/or investigation, in my opinion, death occured at the ti	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	ABallatyphos D280	
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
	31. DATE FILED (Month, Day, 1647)	P. DEGISTEAR'S SIGNATURE	



	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	94 0496
3	1. DECEDENT'S NAME (First, Middle, Last Tillie Ann Add			31 10/11	2. DATE OF DEATH DAY	YEAR 42 15
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	FERRURRY IS	8. BIRTHPLACE (State or Fore
	030050962	1 M 2 M F		NTHS DAYS HOURS MIN,	(Month, Day, Year)	Country)
	Se. FACILITY NAME (If not institution, give		96	L CITY, TOWN OR LOCATION OF		PASSACHUSTTE
ECTOR	Stella Maris Hos	spice		Towson	B	ALLIMORE
EG	10e. STATE 10b. COU	NTY	10c. CITY, Ti	OWN OR LOCATION		10d. INSIDE CITY
DIR	MARYLAM HA	RFORD	B	SLA:R		LIMITS?
RAL	10e. STREET AND NUMBER			101. ZIP CODE	10g. C	TIZEN OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECEMBENT OF HISP	ANIC ORIGIN? (Specify Yes or No-	14. RACE — American Indien
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced		2 NO	If yes, specify Cuban, Mexic 1 YES 2 NO Spec	can, Puerto Rican, etc.)	Black, White, atc. Specify:
	15. DECEDENT'S E	DISCATION	16. DECEDENT'S HOL	tal coordination	Language	STIFFE
COMPLETED	(Specify only highest gra	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSINESS/I	NDUSTRY
MPL	12/RS-	50.050 (1-2 0. 0 7)	AT Hor	3		
	17. FATHER'S NAME (First, Middle, Last)	0		18. MOTHER'S N	AME (First, Middle, Meiden Sumame	)
BE	198. INFORMANT'S NAME (Type/Print)	HUFIERO		DRESS (Street and Mushon of St	A RUTTOR RIVERS OF TOWN, State,	PURTUR
2	AM MARY S	nka	412 (78	SER ROOD	BILAIR MARY	LANO 21015
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Re		PLACE AND DATE OF D			- City or Town, Stata
	4 Donation 5 Other (Specify)	$\mathcal{H}$	etery, crematory or other	1 MIJOKIAL	9413 FALLST	TOO, MARYLAD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS OF F	RAL CHAPIL-B	et 6,5'6'8 91
	23. PART I. Enter the diseases, of	M. and		3 DEWPORT	DRIVE FORES	SI-HYL, MO.
ERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):			16 mc
CE		d.				
A	PART ii. Other significant conditi	ons contributing to death by	ut not reaulting in the	he undarlying cause given in	n Part I. 24a, WAS AN AUTOPS PERFORMED?	
MEDICAL		ons contributing to death be	ut not resulting in t	he underlying cause given i		Y 24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO
AN: MEDICAL	PART II. Other significant condition of the s	CEMIA HOSPITAL:	o	28. PLACE OF DEATH (C	PERFORMED?  1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
AN: MEDICAL	PART II. Other significant conditions to the significant conditions of the significant condition	CEMIA	atlant 3 DOA 4	28. PLACE OF DEATH (C THER: ☐ Nursing Home 5 ☐ Residence	PERFORMED  1 YES 2 X No  Check only one)  6 X Other (Specify) HOSP	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1  YES 2 NO
PHYSICIAN: MEDICAL	PART II. Other significant conditions of Death  Netural 5 Pending	HOSPITAL: 1   Inpatient 2   ER/Output 28e. DATE OF INJURY (Month, Day, Year)	O	28. PLACE OF DEATH (C THER: Nursing Home 5  Residence	PERFORMED?  1 YES 2 NO	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1  YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of Death	HOSPITAL: 1   Inpetient 2   ER/Output 28e. DATE OF INJURY (Month, Dely, Year) 28e. PLACE OF INJURY building, etc. (Speci	atlant 3 DOA 4 DOA 4 INJURY	28. PLACE OF DEATH (C THER: Nursing Home 5   Residence F WORK? M 1   YES 2   NO	PERFORMED  1 YES 2 X No  Check only one)  6 X Other (Specify) HOSP	AMILABLE PRIOR TI COMPLETION OF CA OF DEATH'S 1  YES 2 NI LCC
ED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the condition of	HOSPITAL:  1   Inpetient 2   ER/Output  28e. DATE OF INJURY (Month. Day, Year)  28e. PLACE OF INJURY building, etc. (Speci	atlent 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 5 DOA	28. PLACE OF DEATH (C THER: Nursing Home 5 Residence F WORK? M 1 YES 2 NO et, fectory, office	PERFORMED  1 YES 2 NO  Check only one)  6 X Other (Specify) HOSP  28d. DESCRIBE HOW INJURY O  28f. LOCATION (Street and Numb City or Town, State)	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH!  1 YES 2 No. 1 YES 2 NO. 1 YES 2
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the condition of	HOSPITAL: 1 Inpatient 2 ER/Output 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Speci	atlent 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 5 DOA	28. PLACE OF DEATH (C THER: Nursing Home 5 Residence F WORK? M 1 YES 2 NO et, fectory, office	PERFORMED  1 YES 2 NO  6 K Other (Specify) HOSDI  28d. DESCRIBE HOW INJURY Of Town, State)  28f. LOCATION (Street and Number of Town, State)  18 to the cause(a) and manner as a see time, date and place, and due to	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH!  1  YES 2 NO  CCE  DOCURED  Der or Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the period of the	HOSPITAL:  1   Inpetient 2   ER/Output  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Speci	artlant 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 DOA 4 DOA 1 DO	28. PLACE OF DEATH (C THER: Nursing Home 5   Residence F 28c. INJURY AT WORK? M 1   YES 2   NO Rt, fectory, office  It the time, date and place, and do n my opinion, death occured at the	PERFORMED  1 YES 2 NO  6 K Other (Specify) HOSDI  28d. DESCRIBE HOW INJURY Of Town, State)  28f. LOCATION (Street and Number of Town, State)  18 to the cause(a) and manner as a see time, date and place, and due to	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO  LCC  DOCUMED  Der or Rural Route Number,  stated.
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident 3 Could not to determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER OF DEATH  29b. SIGNATURE AND TITLE OF CERTIFIER ON AND ADDRESS OF PERSON NO.	HOSPITAL:  1   Inpetient 2   ER/Output  28a. DATE OF INJURY (Month. Day, Year)  28e. PLACE OF INJURY building, etc. (Speci	atlant 3 DOA 4 DOA 4 END TIME OF INJURY  — At home, ferm, streetily)  and/or investigation, is  ATH (ITEM 27) (Type, Print)	28. PLACE OF DEATH (C THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO Nt, fectory, office  t the time, date and place, and ds n my opinion, death occured at the	PERFORMED?  1 YES 2 NO  Check only one)  6 X Other (Specify) HOSD  28d. DESCRIBE HOW INJURY O  28d. LOCATION (Street and Numb. City or Town, State)  18 to the cause(e) and manner as a  18 to the cause(e) and manner as a  19 time, data and place, and due to	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH!  1  YES 2 No. 1 YES 2 NO. 1 YES 2 YES 2 NO. 1 YES 2
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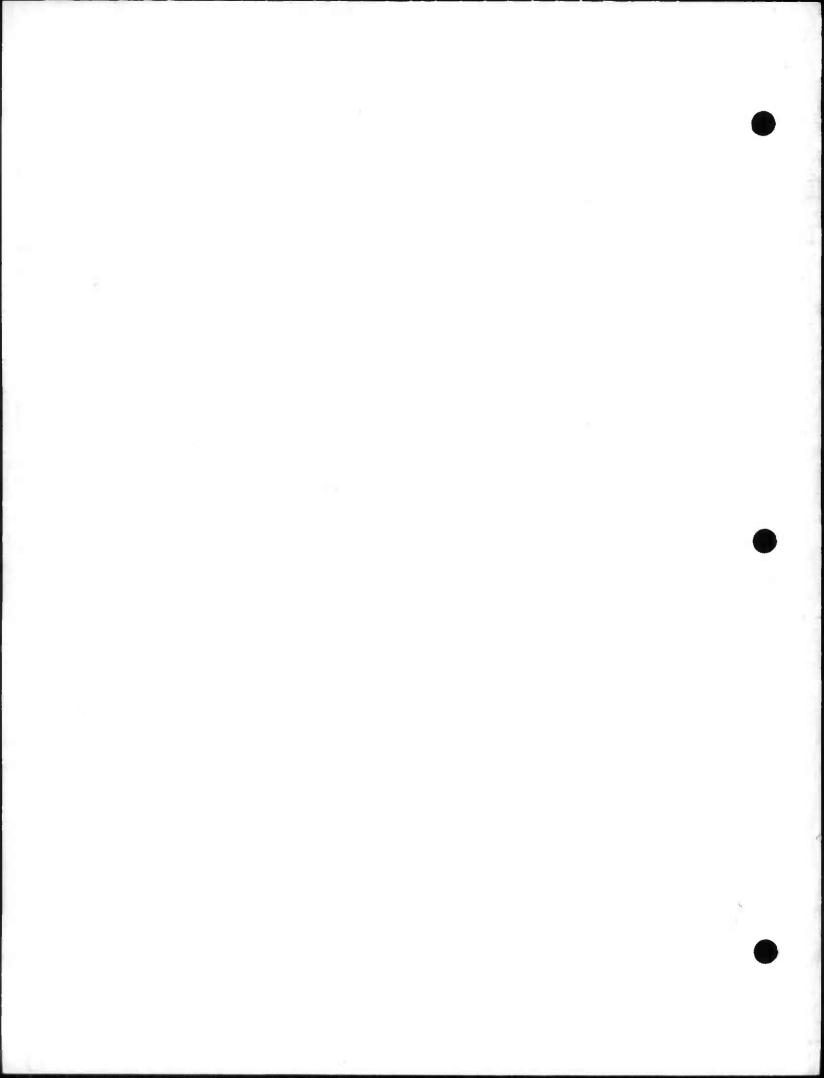
FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

					_							1100.110.			
		1. DECEDENT'S NAME (First, Middle, Last)  HAZEL V. BROWN									2. DATE OF DEATH MONTH DAY YEAR				3. TIME OF DEATN
	DIRECTOR	4. SOCIAL SECURITY NUMB							1		0 -		0 - 0	74	12:19PM
		2/3 - 42-		5. SEX	6. AGE (In y	rs. last birthday)  VRS.	IF UNDER	DAYS	HOURS	24 HRS.		Pay, Year)		8. BIRTHPI	LACE (State or Foreign
pino		Sa. FACILITY NAME (If not in:			7	7 1113.	9h CITY	TOWN	OR LOCATI	ON OF OF	05	12/3	7	TY OF DEA	LIMORE
3 should		HARBOR	HOS	PITAL	CF	WYED	1	P			SRE				MORE
1, 2,		RESIDENCE OF DEC					1 1				7/-	-	141	7 1	1201014
Sages		MARYLAND	10b. COUNTY	n/a		10c. CI	TY, TOWN O	A LOCA	TION TIMORE					1	10d. INSIDE CITY LIMITS?
mit.	- 11	100. STREET AND NUMBER		11/ α				.,						1.	( X YES 2 □ NO
physician. burial-transit permit. Pages 1, 2,	BY FUNERAL	884 BETHUNE ROAD						10	1. ZIP COD 212				UNIT		STATES
physician burial-tra		11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yea or No— Black, White, Puerto Rican, etc.)  14. RACE — American Comparison of Specify Cuban, Maxican, Puerto Rican, etc.)											- American Indian, White, atc.		
attending physe as the bur		If i □ maria manian = □V manian > □II ·									BLACK				
	TED	15. DECI (Specify only	EDENT'S EDUC y highest grade o	ATION completed)	16	Give kind of	work done d			ng	16b.	KINO OF BUS	INESS/INDU	JSTRY	
the hospital or atta detached for use once.	TO BE (	Elementary/Secondary (0 12 TH	-12)	College (1-4 or 5	+)	DOMES						n/a			
the hox detach once.		17. FATHER'S NAME (First, MI	iddle, Last)									liddle, Maiden	Surname)		
5 6 6			CKIN							_LE		LE			
be retained to 5 should be notified		190. INFORMANT'S NAME (7) THERESA L	. BRO	WN		5525	ADDRESS LY	NVI	EW A	VENUE	E, BA	LTIMO	RE, MA	RYLAI	ND 21215
after death. Page 6 may be by the funeral director, page moval.		20s. METHOD OF DISPOSITION 1 Weurisi 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Camputation of Church CEMTERY FARMILLE), MARYLAND													
death. Page tuneral dire I. examiner n		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. I							22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH FH 1101 E. NORTH AVENUE						
rs after d by the 1 removal.		List & couplier													
filled in on, or re	NO	23. PART i. Enter the disesses, or complications that ceused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one ceuse on eech line.  IMMEDIATE CAUSE (Finel disesse or condition													
completely ial, cremati c event, 1		DUE TO (OR AS A CONSEQUENCE OF):													
and com o bunial,		Sequentially list conditions, memory by the Cancer													
6 " o F	ATK	if smy, leading to immediate cause. Enter UNDERLYING													
	임	CAUSE (Disease or injury that initiated events Due to (OR AS A CONSEQUENCE OF):													
n certifical anding phy Hygiene I or other	CERTIFICATION	resulting in deeth) LAS	T d												
the death the atten Mental I		PART ii Other significa	nt conditions	contributing to	don'th hut	not reculting	In the con-	مار باد باد		atilia ta	Deat I				
that the bed by h and h and lin	DICAL	PART ii. Other significent conditions contributing to death but not resulting in the					in the un	and underlying cause given in Part i.			Part I.	24s. WAS AN AUTOPSY PERFORMEO?			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
	AN: ME	1 YES 2 NO											I TES 2 NO		
has been Dept. of n 23 sh															
DR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has b nours after death with the State Dept. Item, 28 is marked, or Item 23	SICI/	25. WAS CASE REFERRED TO EXAMINER?	) MEDICAL	HOSPITAL:		W F.	OTHER	1:			eck only on				
SICIAN: The certificate h the State d, or Item	PHYS	1 VES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  28s. DATE OF INJURY  28s. DATE OF INJURY  28s. DATE OF INJURY  28s. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED													
nG PHYS fter this c sath with marked,		1 Netural 5	Pending	(Month, D	Pay, Year)		JURY M		ORK?	NO	100.000	OTHER HOW I	13011 000	SHED	
VOING F Harry F death	D BY	2 Sulaida	Could not be	28a. PLACE C	F INJURY —	At home, farm,	street, Incto	ory, offic	20			TION (Street a	nd Number	or Rural Ro	ute Number,
DR ATTENDING DIRECTOR: After hours after death	W		datarmined		atc. (Specify)						City t	r Town, State)			
A Z H	COMPLET	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: 11 1		296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)													
TO THE HOSPI TO THE FUNER be filed within	BE		1	Am	)			りっちっチョ				► 2/20/94			
FFA	2	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
(0)		DRIJERRY		45.50	MITIN		009	D	RUI	o H	VII 1	Dre .	Bor	50.	md
9		FFR 2 3 19	94	32. REGISTR	AR'S SIGNATI										

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



**MARYLAND 21215-0020** 

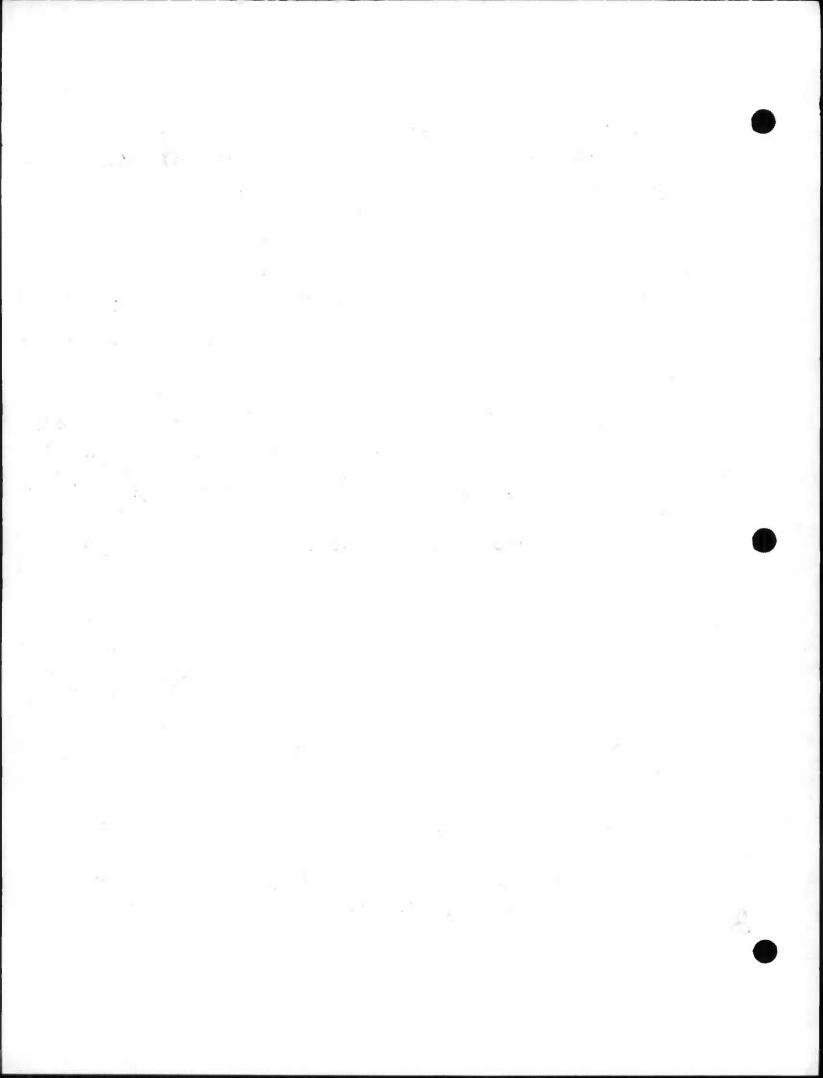
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FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO AME (First Middle, Last) t. DECEDENT'S 2. DATE OF OEATH 4. SOCIAL IF UNDER 1 YEAR 6. AGE (In yrs. last birthday) IF UNDER 24 HRS 7. DATE OF BIRTH 1 M 2 | F DAY\$ HOURS YRS. use as the burial-transit permit. Pages 1, 2, 3 should 96 CHTY, TOWN OR LOCATION OF DIRECTOR DECEDENT 10h COUNTY MC CITY 10d. INSIDE CITY 1 YES 2 NO FUNERAL 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)
t YES 2 NO Specify: 1 Never Married IF YES, GIVE WAR OR OATES В 3 Widowed 4 Divorced tee. DECEDENT'S USUAL OCCUPATION COMPLETED 15. OECEDENT'S EDUCATION ecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Sp be detached for Elementary/Secondery (0-12) College (1-4 or 5+) OOK notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Midd BE page 5 should 19b. MAILING ADORESS (Stre 2 must be 20a. METHOD OF DISPOSITION PLACE AND DATE OF DISPOSITION (Na 3 Rem funeral director, 4 Donation 5 Other (Specify) 23 shows any injury, or other traumatic event, the medical examiner 21. SIGNAPURE OF FUNERAL SERVICE LICENSES filled in by the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such shock, or heart fellure. List only one cause on aech line interval Between cremation, or IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DISEASE DUE TO (OR AS A CONSEQUENCE OF) and completely for burial, cremation CERTIFICATION Sequentially list conditions, to DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Diseese or injury attending phy intal Hygiene DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST the atter PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceues given in Pert I. MEDICAL 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY and the AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? signed Health a 1 YES 2 NO BY PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem. 28. PLACE OF OEATH (Check only one) certificate h OTHER 1 YES 2 1 Inpatient 2 ER/Outpatient 3 DOA 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, this c TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED t atural 5 Pending Investigation 1 YES 2 🗌 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER ERTIFYING PHYSICIAN: To the best of my kr edge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: Investigation, in my opinion, death occured at the time, data and placa, and due to the cause(s) and manner as attated 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) M 9 2 COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) ANO AGORESS OF PERSON SAMUEL 1 31. DATE FILEO (Month, Day, Year) FEB 23 1994 0 32. REGISTRAR'S SIGNATURE

i Sinder

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



020	sth. Page 6 may be retained by the hospital or attending physician.	neral director, page 5 should be detached for use as the burial-transit
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5	end	38
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<b>LTIMORE, MARYLAND 21215-0020</b>	retained	5 should
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Pages 1, 2, 3 should

burial-transit permit.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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SPITE OR LITENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by	K	Ž	mmilling 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
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65	144	3	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH MIRIAM BERLIN FEB. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)

JAN. 13, IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State DAYS 1 🗌 M 2 💢 F HOURS 220-05-3978 74 YRS. 192¢ MD 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE DIRECTOR 7019 CONCORD RD BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE BALTIMORE 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 7019 CONCORD RD 21208 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY Specify: WHITE 3 Wildowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade cor Elementery/Secondary (0-12) College (1-4 or 5+) SOCIAL SECURITY-COMPL MEDICARE ADMINISTRATION

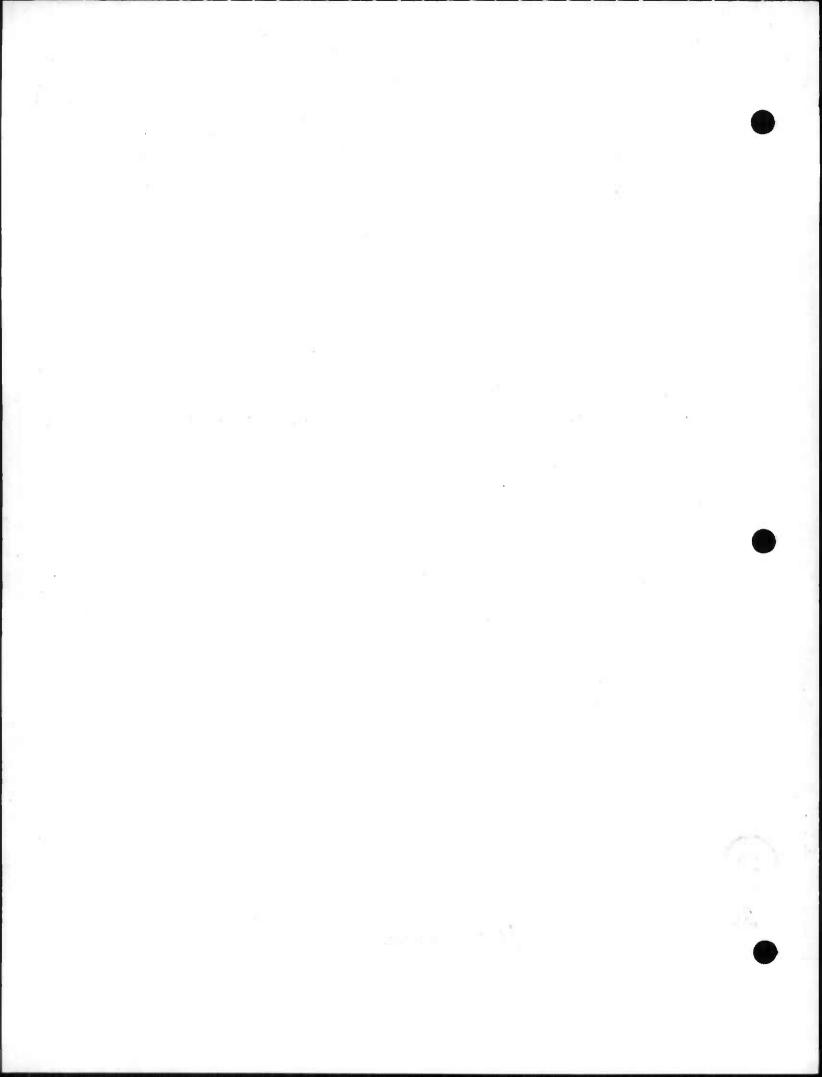
1e. MoTAER'S NAME (First, Middle, Meiden Surname) GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) **JACOB** LOKOM GOLDIE GRABARNIK BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. GARY BERLIN 12607 WORTHINGTON RIDGE RD; REISTERSTOWN, MD 21136 20e. METHOD OF DISPOSITION Buriel 2 Cremation 3 Department 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCATION - City or Town, State OATE 6 Other (Specify) BETH TFILOH 2-20-94 BALTIMORE, MD 21. SIGNATURE OF FUNERAL/ BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. tillul 6010 REISTERSTOWN RD, BALTIMORE, MD 21215 23. PART I. Enter the dispass, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fallure. Llat only one ceuse on each line. intervel Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition cardiac (vanturaler) errhythmia 5 minutes resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ischemic heast disease 5 years CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to Immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not recuiting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO hyperhoidemie IB COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO colitis 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: t YES 2 NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 26e. DATE OF INJURY 26d. OESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and menner selected. 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner ee stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Kichendo Berg, hD D 20604 2/18/94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Richard A Serg. 40; Sute 365; Commer Centre Est; 1777 Reisterstrun Rd, Pikesville, Hol 2:208

FEB 2 3 1994

32. AEGISTRADIS SIGNATURE
SUMA SEMASON PROPOSITE



1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO. 94 04968															
1. DECEDENT'S NAME (First, Middle, Last) AKA Claudie M. Berry 2. DATE OF DEATH											. TIME OF DEATH				
	Claudia	Berry			- 2				MONTH DAY YEAR				9:38 a. M		
1	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. lest b						7. DATE OF BI	RTH	10	_	ACE (State or Foreign		
	215-64-8485	1   M 2   F	77	YRS.	MONTHS	DAYS	HOURS	MIN.		Month, Day, Year) b. 22, 1916			Virginia		
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE				OUNTY OF DEATH			
Į į	Greater Baltimore	Center		Tow	son					Balt	imor	е			
DIRECTOR	10a. STATE 10b. COUN		10c. CI1	OR LOCAT	ION					10	Dd. INSIDE CITY				
E	Maryland -			Ral	timo	re						_ 1	LIMITS?		
A	10e. STREET AND NUMBER			1.00			. ZIP COO	E			10g. CITIZE	N OF WHA	AT COUNTRY?		
FUNERAL	6313 Fortview Wa					2122	4			U.	S. A				
5	11. MARITAL STATUS  1 Never Married 2 Married	T EVER IN U.S. AR	EVER IN U.S. ARMED  13. WAS DECEMBENT OF THE PROPERTY OF THE P								4. RACE -	- American Indian, Vhita, atc.			
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE W	IF YES, GIVE WAR OR DATES			1 TES 2 NO Specify:						Specify:	7.91- 2 to -		
03	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working									OF BUS	White White				
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	166m	(Give kind of work done during most of working life. Do NOT use retired.)											
₩ M	- 8		House W				life								
8	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle,	Maiden :	Sumame)				
BE	Arnold I	Nicholson						eda			ichol				
2									Route Number, Cl				1047		
	Marshall Berry 803 Lynch Terrace Fallston, Maryland 21047  20g, METHOD OF DISPOSITION DATE 206. LOCATION — City or Town, Stata														
1 X Burlet 2 Cremetion 3 Removal from State Cemetery, cremetory or other piece)										ore County, Md.					
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	1000110	11			ID ADDRE			Da	I CIMO	IC C	ourcy, ra.		
	Mucha	1//	501	4	Br	uzdz	insk	i Fu	meral I	Home	PA	,	3 04 004		
$\vdash$	23. PART I. Enter the diseases, or complications that caused the fleeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Between														
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Cardiac arrhythmia  Due to (or as a consequence of):  Cardiomegaly with biventricular hypertrophy  Due to (or as a consequence of):  Cardiomegaly with biventricular hypertrophy  Due to (or as a consequence of):														
ON															
ÄTI															
Ē	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	resulting in death) LAST														
	PART II. Other algorificent conditions contributing to death but not reculting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
CAL	Senile dementia			70						PERFOR	MED?	AV	MILABLE PRIOR TO OMPLETION OF CAUSE		
PHYSICIAN: MEDI	OF DEATH?										F DEATH?  X YES 2 NO				
ž													LA 123 1   110		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Ch	eck only one)						
YSIG	1 TYES 2 NO	1 X Inpatient 2	ER/Outpatient 3	□ DOA	OTHEI		• 5 □ Ra	aldenca	8 C Other (Spe	cify)					
	27. MANNER OF DEATH	26a. DATE OF (Month, D	INJURY ay, Year)	28b. TIN	IE OF JURY		RK?		20d. DESCRIB	E HOW IN	JURY OCCU	RED			
B√	1 X Natural 5 Pending 2 Accident Investigation M 1 YE							NO							
ED	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)										Rural Route Number,				
9	Ma. ASSOCIATION														
COMPLETED	CERTIFIEN CONTROL CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.    Control contr														
BE	Downel / Succe		D28885							E SIGNED (Month, Day, Year)  16/94					
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	SE OF DEATH (ITES	W 27) (Type	, Print)						1, 2, 20, 3.				
	Howard L. Siegel, M.D. 6701 N.Charles St. Baltimore MD 21204														
	FEB 2 3 1994	32. REGISTRA	R'S SIGNATURE								-				
	LER 3 9 1997	1 June	our eson-pe	move	-										

DHMH-18 Rev 1/89



AGNES

1. DECEDENT'S NAME (First, Middle, Lest)

		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 1	YEAR	IF UNDER	24 HRS.	7. DATE OF			B. BIRTHPL	ACE (State or Foreign
_		220-54-5231	1 M 2 F	91	YRS.	MONTHS E	DAYS	HOURS	MIN.	June		902	MACC	ACHUSETTES
should		9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	OWN O	R LOCATIO	N OF DE		<u> </u>		TY OF DEAT	
2, 3 s	OR	Saint Joseph Hospi	tal			Т	OW	son, I	Mary	land		E	Baltimo	re
quit	5	RESIDENCE OF DECEDENT												
permit. Pages	DIRECTO	1000				, TOWN OR							10	Id. INSIDE CITY LIMITS?
ii.		MARYLAND BALT  10a, STREET AND NUMBER	IMORE		ROC	GERS	_							YES 2 NO
	A						101.	ZIP CODE						AT COUNTRY?
trans	FUNERAL	6806 Bellona Ave	12 WAS DECEDEN	IT EVER IN U.S. ARI	MEO	49. 149	0.050	212					JSA	
21215-0020 al or attending physician. for use as the buria-transit	BY FL	1 X Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 VN	0	If y	es, spe			IC ORIGIN? ( n, Puerte Rici :		or No-	Black, W Specify: WHITI	American Indian, Thite, atc.
ttend e as	8	15. DECEDENT'S EDUC		16a. DE	CEDENT'S U	JSUAL OCCI	UPATIO	N		16b. KI	ND OF BUS	INESS/INDU		<u> </u>
212 or us		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Gi	ve kind of wo Do NOT use	ork done dun	ing mos	at of working	7	1				
D spita	릴	12				NU	N			R	eligi	ous C	rder	
The hos detach	COMPL	17. FATHER'S NAME (First, Middle, Last)	-							ME (First, Mide				
1 0 1 ×	BE	Geo	orge Bug	den				Mary	7 Fa	11on				
MARYLAND 21215 retained by the hospital or attend 5 should be detached for use as notified at once.	2	19a. INFORMANT'S NAME (Type/Print)		196	. MAJLINO /	AODRESS (S	Street ar	nd Number	or Rural F	loute Number,	City or Town	n, State, Zip (	2ode)	
	-	Mission Helpers		1	.001 V	J. Jo	рра	Roa	d .	Towsor	, MD	2120	4	
IORE, MARYLAND 21:  6 may be retained by the hospital or ector, page 5 should be detached for u must be notifiled at once.		20a METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Ramo	oval from State	20b. PLACE A	ND DATE OF	F DISPOSITION	ON (Na	me of		OATE	20c. LO	CATION — C	ty or Town,	State
MO lige 6		4 Donation 5 Other (Specify)		New Ca	thed	ral C	eme	etery		FEB	Ba	ltimo	re. M	D
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		21. SIONATURE OF FUNERAL SERVICE LIC	Mull	n De San	V3127			D ADDRES		oury Ll-Wie	Jofo.	1.1 т.		
SAL r dear le fun al.		▶ Martin D.	Lawson		147					Rđ.				1000
E TE		23. PART I. Enter the diseases, Dr o	omplications the	t caused tha de	ath. Do no	ot entar th	e mod	de of dylr	ng, such	as cardle	or respi	ratory arre	st,	Approximete
D P P E		shock, or heart fellure. I	List only ona cau	ise on aech line.										Onset and Daatt
- 2 to -		disease or condition	INTRACE	DEDOAL L	JEMO		25							2DAYS
ted within 24 completely fillifial, cremation, event, the		resoluting in dealth)		(OR AS A CONSEC			45_							ZUNIS
	N	Sequentially list conditions,  OUE TO (OR AS A CONSEQUENCE OF):												
OX 68 e be execute sician and c rior to buria traumatic	E	If any, leading to immediate	OUE TO	(OR AS A CONSEC	UENCE OF)	1								
BOX ficate be physician ne prior b	CERTIFICATION	CAUSE (Disease or Injury	DUE TO	(OD 10 1 00)	denor on									-
S, P.O. B( death certificate a attending physiental Hygiene pri	Ē	that initiated events resulting in deeth) LAST	DUE 10	(OR AS A CONSEC	UENCE OF)	):								
	9		l,											ļ.
이 음 후 를 줄		PART II. Other significant conditions	contributing to	deeth but not n	sulting in	the unde	riying	ceuse g	lven in i	Part I. 24	a. WAS AN			ERE AUTOPSY FINDINGS
ORE that the ed by th and any in	MEDICAL					_					PERFOR		co	MILABLE PRIOR TO EMPLETION OF CAUSE DEATH?
RECOI requires the een signed of Health a shows any	Ä									_				YES 2 NO
A P So E	M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11111				28. PL	ACE OF DE	ATH (Che	ick only one)				
T at	)S	1 TES 2 NO	HOSPITAL:	ER/Outpetlant 3		OTHER: 4 - Nursing	g Home	5 🗆 Res	ildenca	6 Other (S	pecify)			
	PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIME INJU		Bc. INJU			28d. DESCR	BE HOW I	NJURY OCCL	IRED	
death with	BY	1 Natural 5 Pending 2 Accident Investigation	11111111					ES 2 🗌	NO					
S is	ETED 8	3 Suicide 8 Could not be 4 Homicide datarmined	26a. PLACE C building,	F INJURY — At horetc, (Specify)	ne, term, st	reet, factory	, oHica			261, LOCATI City or 1	DN (Street a lown, State)	nd Number o	r Aural Route	e Number,
DIVIS OR ATTE DIRECTO hours afte Item 28	٣	29a, CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge des	th occurred	t at the time	dete	and place	and due	to the course	.)			
HOSPITAL*OR FUNERAL DIR within 72 hour TANT: If Iten	COMPL													nd manner as stated.
THE HU filed wi	ш	296. SIGNATURE AND TITLE OF CERTIFIER		1				29c. LICEI	NSE NUM	BER		29d. DATE	SIGNEO (M	onth, Day, Year)
TO THE HOSPIT TO THE FUNERA De filed within 7	0 8	Lawrence		erno				D301	22			<b>&gt;</b> 2	1-17-	94
2	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (ITEM						TOWS	ON A	AARYI A	ND 2	1204
5		31. DATE FILED (Month, Day, Year)				ST II V		-116	305	.0113	m. 4 1 14	W 11 W	440 6	I SAFT
		FEB 23 1994	Julia Da	M'S SIGNATURE	سالس									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

SISTER

BUGDEN,

94 04969

3. TIME OF DEATH 10:35 am

2. DATE OF DEATH MONTH F 6 1 7 1 994 YEAR

er vijet ja 

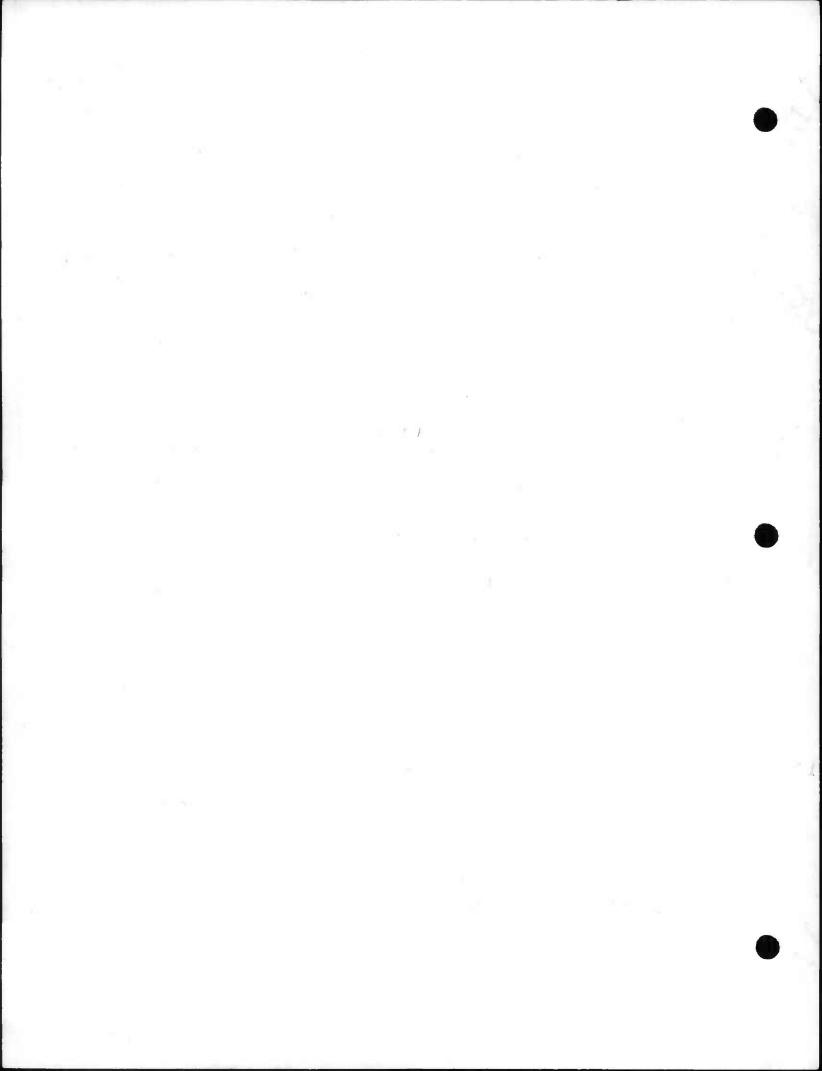
exami	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical exami	the	event,	matic	r trau	othe	у, оі	Injur	any	Sworks	23	tem	0	arked,	S B	28	item	=	TANT	MPOR	=
-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	rtion,	i. crema	o buria	prior 1	lygiene	Ttal F	nd Mer	ith ar	of Hea	Dept.	state	the	h with	deat	after	hours	2	within	e filed	Δ
e funera	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera	y fille	mpletel	and co	ysician	ding ph	atten	y the	d ban	en sign	as be	cate h	ertifi	r this c	Afte	JOR	DIRE	RAL	FUNE	O THE	F
death.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the control of the death.		within b	execute	ate be	certifica	eath	the d	that	require	WE	The	ICIAA	PHYS	DING	ITEN	OR A	TAL	HOSP	0 THE	-
BALT	E)		,09/	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	S S	0	7	COS	CE	Ä C	_	_	>	בֿ ב	5	2	2				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, BERTHA		CHBURG	BARR	INGER				2	FEBRU.	ARY	19, 1	Y 5994 3	7:20 a m
	4. SOCIAL SECURITY NUMBER 217-54-4734	1	1 🗆 M 2 🖔 F	AGE (In yrs. 98	lest birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 I	HRS. 7.	Month, Day,	Year)	6	. BIRTHPL Country)	ACE (State or Foreign
TOR	96. FACILITY NAME (If not in MARYLAN RESIDENCE OF DEC	D GENE	RAL HOSPI	TAL				ORE C		Н		9c. COUNT BALT		RE CITY
DIRECTOR	100. STATE  Md	10b. COUNTY				v, TOWN	or Locat	ION					- 1	Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	3005 Way	ne Aver	nue				101	2120	7				N OF WH	AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2		13.	WAS DEC If yes, spe 1 YES	cify Cuben, N	IISPANIC faxicen, F Specify:	ORIGIN? (Spe Puerto Ricen,	etc.)	or No 1	4. RACE Black, 1 Specify:	- American Indian, White, etc. Black
COMPLEIED	15. DEC (Specify only Elementary/Secondary (0 10th	EDENT'S EDUC y highest grade o	ATION completed) College (1-4 or 5+)		DECEDENT'S (Give kind of v life. Do NOT us Seamt	vork done a retired.)	during mo:	N st of working		16b. KIND	OF BUSI	NESS/INDU	STRY	<i>.</i> *
BE CO	17. FATHER'S NAME (First, M. Robert	Cain						Mol	ly M					
2	Harry Rich	burg	,			5 Wa	ayne	Avenue		1 timon	re,	Md 21	207	
	1) Burlel 2 Cremetlo 4 Donetion 5 Other 21. SIONATURE OF FUNERAL	on 3 🗆 Remo		cemetery of	cremetory or of	Mem (	brial	Park D ADDRESS (		22494		ntion — ci rbutu		
	<u>▶</u> <u>U</u>	adug	Wa	<u></u>	)		430	ch F/I	bash	Avenu	ue B	altim	ore,	Md 21215
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fallura. L	CARDIO	VASCU	na.	ISEA		de of dying,	, such e	es cardiec o	r respire	etory scree	it,	Approximete Interval Between Onset and Daath
CERTIFICATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLYI CAUSE (Disease or Inju- thet initieted events resulting in death) LAS'	diate ING Iry c.	OSTEOMYI DUE TO (OF ADVANCE	ELITIS RAS A CONS E AGE		7):								
DICAL CE	PART II. Other significa	d.	contributing to de	ath but not	t resulting i	n the u	nderlying	csuse give	in In Pa	1	WAS AN AI PERFORM YES X	ED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
M										-   ''	160 2	. NO		F DEATH?
n raician:	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO		HOSPITAL:				R:	ACE OF DEAT		Other (Spec	:lfy)			
7	2 Accident	Pending Investigation	28e. DATE OF IN. (Month, Day,	Ybar)		URY M		RK? ES 2 N	0	8d. DESCRIBE	- 22			
LE I EU	4 Homicide	Could not be determined	building, atc	. (Specify)						Bt. LOCATION City or Town	n, Stete)			ite Number,
COMPLE	(Check only one) 2 MEDI	ICAL EXAMINER	IAN: To the best of my : On the basis of axam								leca, end	due to the	ceuse(s) a	
	29b. SIGNATURE AND TITCE 30. NAME AND ADDRESS OF	/ Gir	AMMEN					29c. LICENS				P DATE S		10nth, Day, Year) -19-94
	30. NAME AND ADDRESS OF EMMANUEL  31. DATE FILED (Month, Day,		22 REGISTRARIS	SIGNATURE		LÄND	) GEN	ERAL H	IOSP:	ITAL				
	FEB23		Juli Danie	m-Ru	al.									

ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO FILM G-709 3/11/94 t.t

,		1 - FOR STATE REGISTRAR	STATE OF MARYLANI		MENT OF H		MENTAL	HYGIEN REG. NO.	<b>E</b> 9	4 0497	
		1. DECEDENT'S NAME (First, Middle, Last)  LAMONT	LEE		BARLO	WC	2. DATE (			3. TIME OF DEATH	Р.М
		4. SOCIAL SECURITY NUMBER 212-44-0212	5. SEX 1 X X M 2 F 6. AGE (in yrs		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O		8.	BIRTHPLACE (State or Foreign PENNSYLVANIA	gn
2, 3 should	OR	9a. FACILITY NAME (If not institution, give str 2105 BOONE STRE				MORE CI			9c. COUNTY	Y OF DEATH	
Pages 1,	DIRECTOR	100. STATE 10b. COUNTY	n/a	10c. CITY,	TOWN OF LOCAT	DRE -				10d. INSIDE CITY	
permit.		10e. STREET AND NUMBER	IVE		101	21213			10g. CITIZEI UNITE	1 MYES 2 NO N OF WHAT COUNTRY? D STATES	,
215-0020 attending physician. se as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 XIVarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X100	If yea, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2/ NO Specific	en, Puerto R			I. RACE — American Indian, Black, White, etc. Specify: BLACK	
27 10 m	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12) HIGHSCHOOL			I ISUAL OCCUPATION ork done during morelired.)				I BINESS/INDUS CHANIC		
MARYLAND 2 retained by the hospital 5 should be detached to	BE COM	17. FATHER'S NAME (FIRST, MIDDIO, LOST) NORMAN L. BARLO	)W			18. MOTHER'S NA		iddle, Malden	Surname)		
be retained to 5 should a notified	TO B	198. INFORMANT'S NAME (Type/Print) KIM BARLOW		196. MAJLING / 3807	SHANN	ON DRIV	E, BA	LITIMO	RE, MD	<sup>ode)</sup> 21213	
MORE, ge 6 may be irector, page r must be		20e, METHOD OF DISPOSITION t	oval from State cemetery	CE AND DATE OF	POISPOSITION (Na NAC CE	METERY	DATE			y or Town, State MARYLAND	
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LICE	Welland	,	WM. C		FH			RTH AVENUE	
with hours with hours pletely filled in b cremation, or rer rent, the medi		IMMEDIATE CAUSE (Fine)	omplications that caused the List pnly pne cause pn each second of the pne cause pn each public cocains put to (or as a constitution of the pne cause pne ca	AND NAR	COTIC USA		ch aa cerd	ac or reapl	ratory arrea	Approximata Interval Betw Onset and Do	veen
OX 68 be execute cian and co or to buria	ATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO JOR AS A CON	NSEOUENCE OF)	:						
P.O. B th certificat ending phy Hygiene p	CERTIFICATION	CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A COM	NSEOUENCE OF)	:						
RECORDS requires that the den signed by the of Health and Meisth and Minshows any Injur	MEDICAL	PART II. Other algoriticent conditions	e contributing to deeth but n	not resulting in	the underlying	g ceuse given in	Part I.	24a. WAS AN PERFOR YES 2	MED?	24b. WERE AUTOPSY FINDI AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
ITAL IN The law icate has b State Dept.	HYSICIAN:		HOSPITAL:		OTHER:	ACE OF DEATH (Ch					
OF VITA PHYSICIAN: The this certificate hi with the State D rked, or Item	0	27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2 ER/Outpetien 28a. DATE OF INJURY (Month, Day, Year)	FUU TIME	OF 28c. INJ	RK?	T		INJURY OCCURED		
ISION TTENDING TOR: After after death 28 is ma	TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	FOUND: 2-20-94  28a. PLACE OF INJURY — A building, atc. (Specify)  FOUND: 2105	At home, ferm, str	reet, fectory, office	YES 2 ND	City o			Rural Route Number,	
DIV PITAL OR A' ERAL DIREC IN 72 hours T: If item	COMPLET	2001	CIAN: To the best of my knowledge	a, dasth occurred	st the time, data		to the caus	e(e) end man	ner ee stated.		id.
TO THE HOSPITAL TO THE FUNERAL ID THE FUNERAL ID BE filed within 72 h	BE	29b. Show Tury AND TITLE OF CERTIFIER				O.C.M	MBER		29d. DATE S	SIGNED (Month, Day, Year) EB 20,1994	
<b>↑</b>	T0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, I	•			imore		ryland 2120	0.1
		31. DATE FILED (Month, Day, Year) FFB 2 3 1994	REGISTRAR'S SIGNATUR	RE	CIIII SC	LUGU, I	<i></i>	THOTE	, Hai	. Tuna ETE	J 1



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

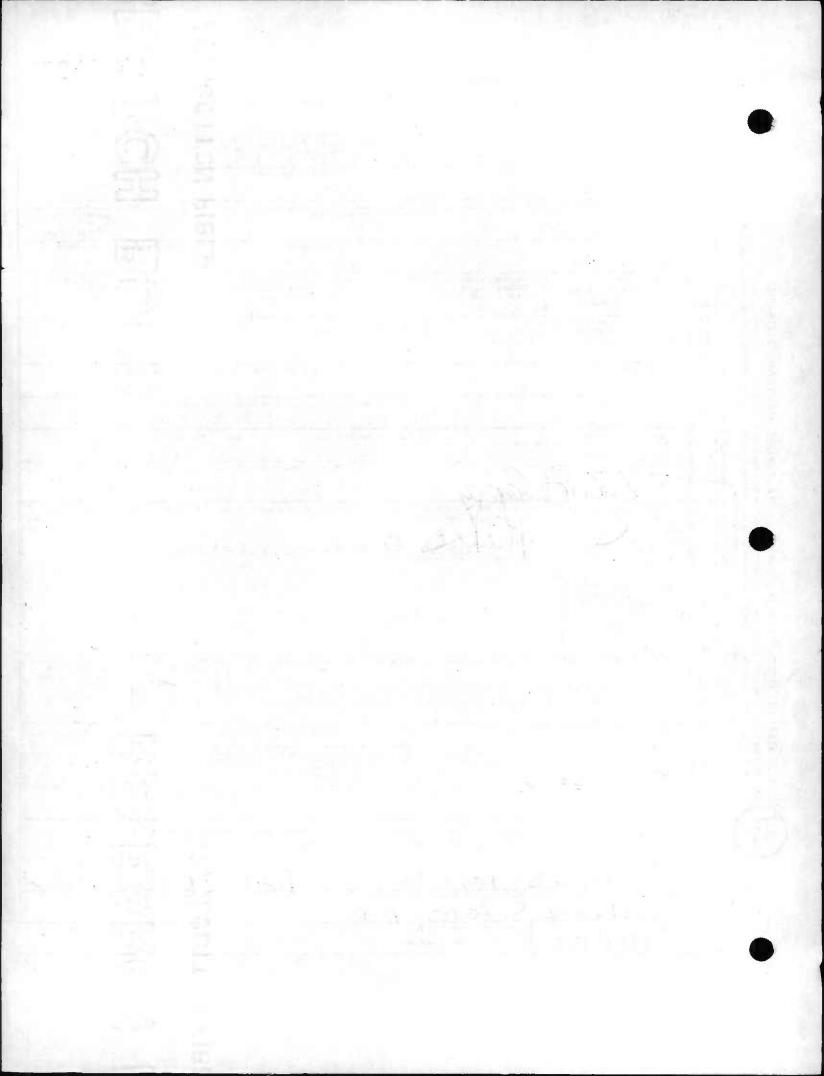
EDUTION SECURITY NUMBER    12   -28 - 4047   1   1   2   2   7   5   960.		1. DECEDENT'S NAME (First, Middle, Lust) EDWIN EVERETT BR	TCCS					<u> </u>		2. DATE OF DEATH	MY	YEAR 3.	. TIME OF DEATH	
TOUR DEATH AND THE PROPERTY BELOCATION OF THE SOUTH OF TH				4.407.//							1994			
210 JILL LANE APT T-2 LAUREL ANNE ARUNDEL    THE SERVICE COUNTY   THE SE				B. AGE (in yrs. les		-		-		(Month, Day, Year)	36	Country)		
STREET AND NAMES   2.10 JILL LANE   APT. T-2   W. 20 COCK   20724   We. CITZEN OF WHAT COUNTRY   2.10 JILL LANE   APT. T-2   W. 20724   W. 2072	_		treet and number)			9b. CITY	TOWN (	OR LOCATION	ON OF DE	ATH	9c. COU	NTY OF DEAT	гн	
STREET AND NAMES   2.10 JILL LANE   APT. T-2   W. 20 COCK   20724   We. CITZEN OF WHAT COUNTRY   2.10 JILL LANE   APT. T-2   W. 20724   W. 2072	6		APT T-	2		L	AURE	L			AN!	NE ARI	JNDEL	
STREET AND NAMES   2.10 JILL LANE   APT. T-2   W. 20 COCK   20724   We. CITZEN OF WHAT COUNTRY   2.10 JILL LANE   APT. T-2   W. 20724   W. 2072	EC		Y		10c. CIT	Y, TOWN C	R LOCA	TION				10	M. INSIDE CITY	
THE THE STATE OF SHAPE PRICE STATE SUCCESSORY SERVICE  1953-1964  1964-1964  1964-1964  1964-1964  1964-1964  1964-1964  1964-1964			NE ARUND	EL		LAU				(0)		t	YES 2 NO	
THE THE STATE OF SHAPE PRICE STATE SUCCESSORY SERVICE  1953-1964  1964-1964  1964-1964  1964-1964  1964-1964  1964-1964  1964-1964	IERAI		APT	. T-2			10		_		10g. CITI		IT COUNTRY?	
DEDUTE VERETT BRIGGS    See, INCOMPANT'S NAME (TypePrior)   See, MAILING ADDRESS (Street and Number or Pural Flouris Number). City or Sum. State, Zip Code)	BY	1 Never Married 2 Narried	FDRCES? 1	YES 2 1			If yes, sp	ecity, Cubs	n, Mexica	n, Puarto Rican, atc.)	s or No—	14. RACE — Black, W Specify:	American Indian, Inite, atc. WHITE	
DEDUTE VERETT BRIGGS    See, INCOMPANT'S NAME (TypePrior)   See, MAILING ADDRESS (Street and Number or Pural Flouris Number). City or Sum. State, Zip Code)		t5. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATION OF	ON set of working	20	16b. KIND OF BU	SINESS/IND	USTRY		
DEDUTE EVERETT BRIGGS  196. NROMBANT'S NAME (TypePrival)  196. NROMBANT'S NAME (TypePrival)  196. NROMBANT'S NAME (TypePrival)  197. NROMBANT'S NAME (TypePrival)  198. NROMBANT'S NAME (TypePrival)  208. METHOD of Distriction 3 (Thermoval from State 4 (Donation 5 (Donate State))  21. SIGNATURE OF CHINERAL SEMPCE-DESISEE  22. NAME AND ADDRESS (STREET AND DATE OF PROPERTY (TypePrival)  23. PART I. Enter the diseases, or complications that District of the State of State	<u>=</u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)				of Works			O.P.D.	III OR		
DEDUTE EVERETT BRIGGS  196. NROMBANT'S NAME (TypePrival)  196. NROMBANT'S NAME (TypePrival)  196. NROMBANT'S NAME (TypePrival)  197. NROMBANT'S NAME (TypePrival)  198. NROMBANT'S NAME (TypePrival)  208. METHOD of Distriction 3 (Thermoval from State 4 (Donation 5 (Donate State))  21. SIGNATURE OF CHINERAL SEMPCE-DESISEE  22. NAME AND ADDRESS (STREET AND DATE OF PROPERTY (TypePrival)  23. PART I. Enter the diseases, or complications that District of the State of State	Ž		Ø	IV.	LAINT	ENEN	CE					VICE		
THE INFORMANT'S NAME (PyperPrint)  THE INFORMANT'S			TGGS					100						
PATRICIA L. BRIGGS  210 JILL LANE #T-2, LAUREL, MD 20724  220 METHOD OF DISPOSITION 11 Buttle 21 Crementors 3   Removed from State 4   Donation 5   Other (Secolity)  221 SIGNATURE OF FUNENAL SERVICE MEDICAL 222 MARKET OF FUNENAL SERVICE MEDICAL 223 PART I. Enter the diseases, or complications that obtained the death. Do not enter the mode of dying, such as cardiac or respiratory street, 324 PART I. Enter the diseases, or complications that obtained the death. Do not enter the mode of dying, such as cardiac or respiratory street, 325 PART I. Enter the diseases, or complications that obtained the death. Do not enter the mode of dying, such as cardiac or respiratory street, 326 PART II. Other significant conditions, 327 PART II. Other significant conditions, 328 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 329 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 329 PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 320 PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 320 PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 320 PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 320 PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 320 PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 321 PARCE OF DEATH (Chock only one) 322 PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 323 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 324 PAR			1000	19	b. MAILING	ADDRESS	(Street					Code)		
OUR TO (OR AS A CONSEQUENCE OF):	입	PATRICIA L. BRIG	GS											
21. MINERIAL SERVICE DECREE  22. NAME AND ADDRESS OF FACILITY  TECK FUNERAL HOME, INC.  7601 SANDY SPRING RD., LAUREL, MD 20707  23. PARTY I. Enter the diseases, or complicities the Calcad the desth. Do not enter the mode of dying, such as cardiac or respiratory street, interval Between shock, or heart fellure. List only disease and one of hine.  IMMEDIATE CAUSE (Final disease or conditions, in such as a consequence of):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQ		20a. METHOD OF DISPOSITION t   Burlal 2   Cremation 3   Rem	oval from State	20b. PLACE	ANDDATE	OF DISPOS	ITION ///	ame of		DATE 20c. LO	CATION -	City or Town.	, State	
23. PART I. Enter the diseases, or complications that byleed the desth. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart fellure. List only disease or conditions and the disease or conditions are stated.    Approximate interval Between the diseases or conditions are stated.   Approximate interval Between the disease or conditions are stated.   Approximate interval Between the disease or conditions are stated.   Approximate the mode of dying, such as cardiac or respiratory streat, shock, or heart fellure. List only disease or conditions are stated.   Approximate the mode of dying, such as cardiac or respiratory streat, shock, or heart fellure. List only disease or conditions.   Approximate the disease or conditions are stated.   Approximate the mode of dying, such as cardiac or respiratory streat, shock, or heart fellure. List only disease or conditions.   Approximate the mode of dying, such as cardiac or respiratory streat, shock and according to the diseases, or complications are cardiac or respiratory streat, shock and according to the diseases, or complications and Description of the diseases, or complications and Description of the diseases, or complications and Description of the diseases or conditions.   Approximate the diseases or conditions are cardiac or respiratory streat, shock and according to the diseases or conditions.   Approximate the diseases or conditions.   Approximate the diseases or conditions.   Approximate the diseases or conditions.   Approximate the diseases or conditions.   Approximate the diseases or conditions.   Approximate the diseases or conditions.   Approximate the diseases or conditions.   Approximate the diseases or conditions.   Approximate the diseases or conditions.   Approximate the diseases or conditions.   Approximate the diseases or conditions.   Approximate the diseases or conditions.   Approximate the diseases or conditions.   Approximate the diseases or conditions.   Approximate the diseases or conditions.   Approximate the disea				Dimit	HOLL	22.	NAME A	ND ADDRE	SS OF FA	CLITY FIECE	FIIN	ERAL I	HOME, INC.	
Sequentially list conditions, larny, leading to immediate cause. Enter UNDERTHYNG CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSE		· Calale	Cost	a		7	601	SAND	Y SP	RING RD.,	LAURI	EL, M		
PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PRINTING MAINLABLE PRING TO COMPLETION OF CAUSE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1		shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition	a. Mate	of each line	C	arc					iratory srr	est,	Approximete Interval Between Onset and Death	
PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WRS AN AUTOPSY PRINTING MAINLABLE PRING TO TO COMPLETION OF CAUSE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	ATION	If any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSE	INSEQUENCE DF):									
PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PRINTING MAINLABLE PRING TO COMPLETION OF CAUSE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	RTIFIC	that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	IF);								
PERFORMED?    YES 2   NO		DART II Oshan da Mana a a said										NO AM AUTOROV A45 MERE AUTORO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	AL.	PART II. Other significent condition	s contributing to	deeth but not i	esuiting	in the un	deriyin	g ceuse (	given in	Part I. 24a. WAS AN PERFO		AV	MILABLE PRIOR TO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	MEDIC						_			1 🗆 YES :	5 14Q	DF	F DEATH?	
Accident   Specify   M   1   YES 2   ND														
Accident   Suicide   Society   Suicide   Society   Soc	SICIA	EXAMINER?		FR/Outpetlant 3	□ DOA		₹:							
Accident   Suicide   Sui	ΗX		28a. DATE OF	INJURY	28b. TIM	E OF	28c. IN.	URY AT	PSIGENCE		INJURY OC	CURED		
3 Suicide 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29a. MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)		the state of the s	(Month, L	Day, Year)	in.	JURY M			] ND					
29c. LICENSE NUMBER 29d. DATE SIGNED (Monity, Day, Year)		3 Suicide 8 Could not be	28e. PLACE C building,	OF INJURY — Al ho, etc. (Specify)	me, farm,	streel, fact	ory, offic	a				or Rural Rout	te Number,	
29c. LICENSE NUMBER 29d. DATE SIGNED (Monity, Day, Year)	MPLET	(Check only												
and the state of t	8			Assimilation and/or	nivestigatio	on, in my c	pinion, c				nd due to th	ie cause(a) at	hd manner as stated.	
		Ollaner	S- K	ويرا	5			29c. LIC	) 2	9271	29d. DAT	E SIGNED (M	22/9 W	
DE HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Types, Princ)	F	1/:11	O COMPLETED CAU	SE OF DEATH STE	M 27) (Type	Print						1	61	
31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE ( FFR 2.3 1994 Julio Sandem Parlace)		31. DATE FILED (Month, Day, Year)	37. REGISTRA	AR'S SIGNATURE	1	67		1						

TO THE LOWER MASSICIAN: The law requires that the death certificate be executed with the fours after death. Page 6 may be retained by the thospician.

TO THE HARM, DIRECTOR After this certificate has been signed by the attending physician and completely liked in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020

SION OF VITAL RECORDS, P.O. BOX 68760,

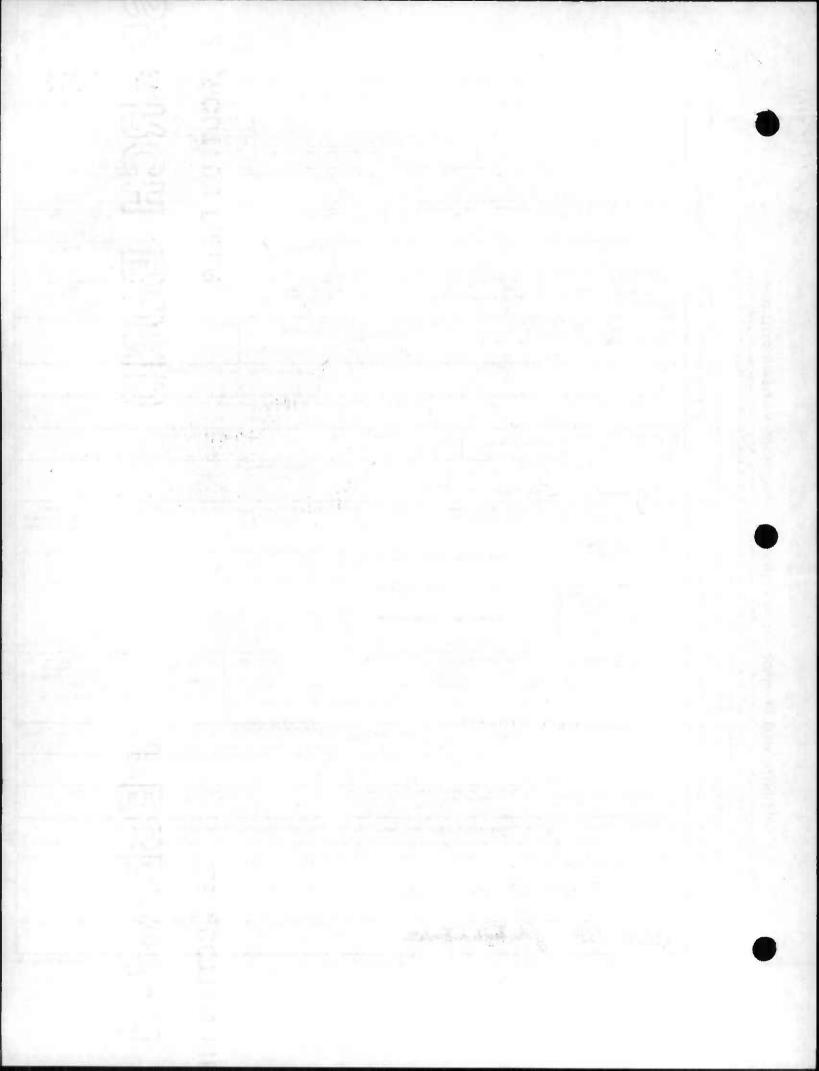


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BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health and Mental Hyriene prior to burial, cremation, or removal.	to consider a second and second as second
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal.	INDEPENDENT IN team 90 is marked or Hom 92 shows not intered as what framed the marked avantages much be seekliked at some

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The second secon						DEA		2. DATI	REG. NO			3. TIME OF DEATN
Haze1	F.		BTS	HOFF				MON		ΑΥ 2.0 1	994	3:20 p
4. SOCIAL SECURITY NUMBER	5. SEX	6, AGE (In yrs.		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	20, 1		NPLACE (State or Foreign
214-38-3884	1 🗆 M 2 💢 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov	oth, Day, Year) . 14,1	_	Net	oraska
9e. FACILITY NAME (If not institution, give						OR LOCAT		EATH		9c. COL	UNTY OF	DEATN
Franklin Square	Hospital				Ross	svil	le		1	Balt	imor	e County
10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN O	R LOCAT	LION						10d. INSIDE CITY
Maryland B	altimore				-	dle F		r	100	10e. Ci	TIZEN OF	LIMITS?  1 YES 3 NO  WHAT COUNTRY?
40 Mersev Court							212	20			USA	
11. MARITAL STATUS  1 Nover Married 2 Merried  3 XXWIdowed 4 Divorced	12, WAS DECEDEN FORCES? 1 IF YES, GIVE N		ARMED NO	1	f yes, sp		OF NISPA	NIC ORIGI	IN? (Specify Ye Ricen, etc.)		14. BAC	E - American Indian, sk, White, atc.
16. DECEDENT'S ED		160.	DECEDENT'S	USUAL OC	CUPATIO	DN		16	b. KIND OF BU	ISINESS/IN	DUSTRY	
(Specify only highest grad Elementary/Secondary (9-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done o se retired.)	ouring mo	at of world	ng					
12 years	2 years		Libra	arian					Baltim	ore (	Count	ty
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S N		Middle, Meider			
Charles Straight						Ha	atti	е Но	rning			
ISa. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a				nber, City or Tox	vn, Stête, Z	ip Code)	
Mr. Robert G. Bi	shoff		514	Anch	or I	Drive	e do	ppat	owne,M	d.210	085	
20a. METNOD OF DISPOSITION  1X Burlal 2 Cremation 3 Res  4 Donation 5 Other (Specify)	moval from State	20b. PLAS cemetery,	CEAND DATE	of DISPOS	ITION (Na	ame of	<sub>2</sub> 2	DA.	те <b>20с. L</b> 0 94 Ва	CATION -	- City or To	own, State
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	<u> </u>	roens	OI F	SIT!	1 UEI	11. Z	-44-	94  Ba	111111	ore,	Ma.
Losula =	Querent	2 Hon	45					ral	Home			
			1 60	7	101	Rol:	air	Rd		ore	Md	21236
23. PART /. Enter the diseases, or	complications the	et caused the	death. Do						Baltim			Approximata
23. PART //. Enter the diseases, or abock, or heart feiture iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Dig	ot caused the use on such i	death. Do	not enter					Baltim			
abock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	s. Dig	oxin To	death. Do	not enter					Baltim			Approximata interval Between
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and located for the first of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEATE OF D		IENTAL HYGIENE REG. NO.	27	04314
	1. DECEDENT'S NAME (First, Middle, Last)	ahan				2. DATE OF DEATH DAY	94 PAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-01-3706	5. SEX 6. AGE (II	38 YRS.	ONTHS DAYS H	F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 05-31-05	Coun	MARYLAND
TOR	90. FACILITY NAME (If not institution, give of JOSEPH RICHEY HORESIDENCE OF DECEDENT		94	BALT	IMORE	ATH 9c. (	COUNTY OF	DEATH
AL DIRECTOR	10a. STATE 10b. COUNT  MARYI, AND  10a. STREET AND NUMBER	BALTIMORE	10c. CITY, T	CATONS		10g.	CITIZEN OF	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?
BY FUNERAL	801 WINTERS LAND 11. MARITAL STATUS 1 Never Metried 2 Married 3. Widowed 4 Divorced	APT 327  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, specif		C ORIGIN? (Specify Yes or No , Puerto Rican, etc.)	- 14. RAC	S.A. E. — American Indian, cik, White, etc. cthy: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during most o etired.)	of working	16b. KIND OF BUSINESS		LOTHING
BE COM	17. FATNER'S NAME (First, Middle, Last)  ORRIE L. CLINE	150	SEAMS	1		RE (First, Middle, Malden Surnan E A. MOXLEY		DOTTITING
TO B	190. INFORMANT'S NAME (Type/Print)  MARGARET E. JACOB	BI (DAUGHTER)				CATONSVILLE		LAND 21228
	20a. METHOD OF DISPOSITION TO Buriel 2 Cremetlen 3 4 Donatton 5 Other (Specify).  21. SIGNATURE OF FUNERAL SERVICE D	CE CENSEE	PLACE AND DATE OF I tery, cremetory or other DAR HILL	CEMETERY  22. NAME AND LEROY M	02/25/ ADDRESS OF FAC 8 RUSS		ORE,	MARYLAND RAL HOMES
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. OSTV  DUE TO (OR AS A  DUE TO (OR AS A  C. CLANT	the deeth. Do not ch line.  A Ve CONSEQUENCE OF:  Mata S tan  CONSEQUENCE OF:  CCCCONSEQUENCE OF:	saand		aa cardiac or reapiratory	r arrest,	Approximata Interval Between Onset and Death 1/15/94 2/4/94 2/4/94
PHYSICIAN: MEDICAL	PART II. Other significant condition	e contributing to deeth bu	it not resulting in t	the underlying c	ause given in F	Part I. 24e. WAS AN AUTOF PERFORMED? 1 YES 2 110		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ANO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	tient 3 DOA 4	THER:	E OF DEATN (Che	ck only one)  Startifier (Specify)	uh Ri	he How
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	OF 28c. INJUR WORK	Y AT	26d. DESCRIBE HOW INJURY		37/1000
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stre	et, factory, office		281. LOCATION (Street and Nur City or Town, State)	mber or Rural	Route Number,
COMPLETED	onel	ICIAN: To the best of my knowle ER: On the basis of examination						(a) and manner as stated.
TO BE C	29b. SIGNATURIL AND TITLE OF CERTIFIE				9c. LICENSE NUMI	BER 29d.	DATE SIGNE	D (Month, Day, Year)
_	30. NAME AND ADDRESS OF PERSON WI	14n D. 60	MELL	s end of	Hoghin	- Apply		
	FEB 2 3 1994	32. BEGISTRAR'S SIGN	TURE	N. A.				

3. TIME OF DEATH

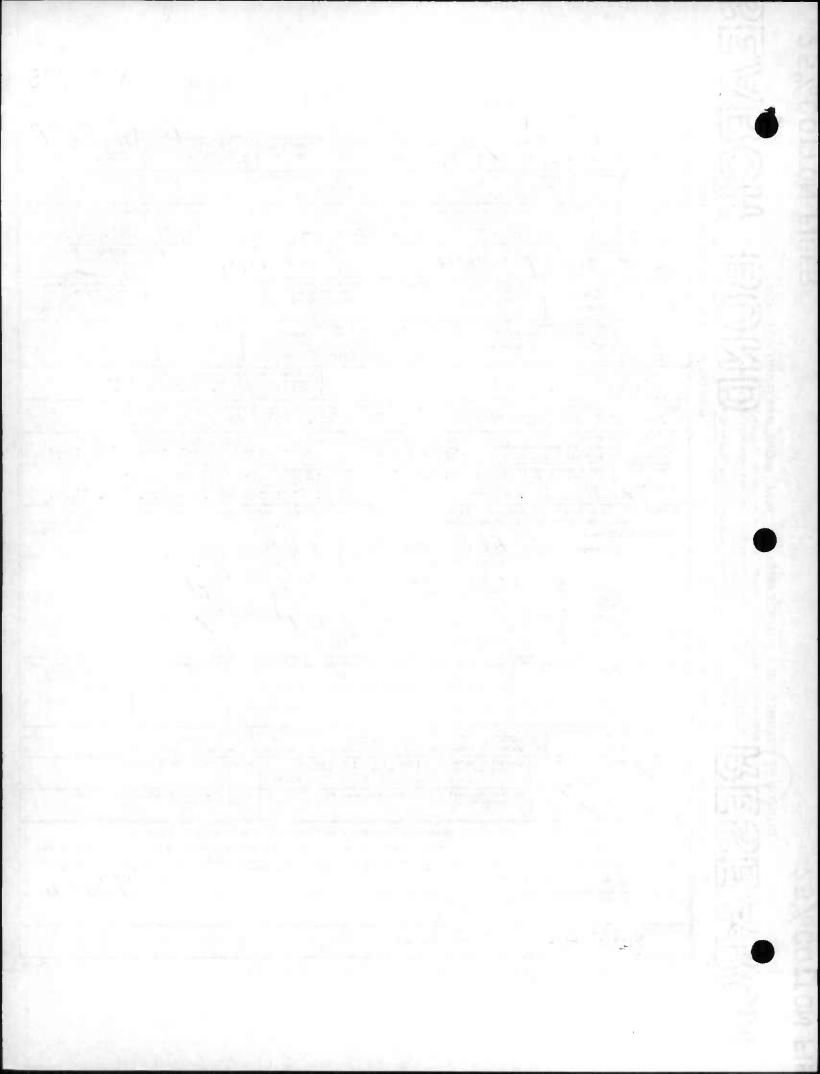
2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

ITAL RECORDS, P.O. BOX 68760,

DIVISION DE

Bloom JM	474MA (20	dee) of	uanit	d DI	OOIII			2	- /	9	94	5.300	
4. SOCIAL SECURITY NUMBER 070-16-658		AGE (in yrs. lest		F UNDER 1		IF UNDER	24 HRS.	7. DATE	OF BIRTH ( Day, Year) ( ) = 191;		6. BIRTHPL Country)	ryland	
Se. FACILITY NAME (If not institution, gi		81	YRS.						0-191				
Harbor Hospita			1		TOWN OR						NTY OF DEA	тн	
RESIDENCE OF DECEDENT				Bai	timo	re	Lity				NA		
10e. STATE 10b. COL	INTY		10c. CITY,					Balt	imore		1	Dd. INSIDE CITY	
. () -> AI	nne Arundel		Ba	Um	me	e	(Br	ook1	yn Pai	rk)	. 1	YES 2 X NO	
100. STREET AND NUMBER 5	15 Taney Ave	enue_			101. 2	ZIP CODI		1225		10g. CIT	ZEN OF WH	AT COUNTRY?	
5-15 TAN	EY AVET	vu6			/	mq	) 2	122			USA		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Midowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 [ IF YES, GIVE WAF	YES 2 NO		11		Ify Cuba	n, Mexica	n, Puerto F	? (Specify Ye licen, etc.)	e or No—	14. RACE Black Specify:	White	
15. DECEDENT'S ( (Specify only highest g	EDUCATION rade completed)	(Giv	EDENT'S U	rk done du			na	16b.	KIND OF BU	SINESS/INC	OUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	retired.)					Have		- 0 M		
8th Grade			нош	emak							e & M	otner	
	H. Heil					E1	izab	eth	M. Doi	rsett			
Mrs. Norma Emir	nizer	196.	515 T	aney	AVE	Number	or Rural I Balt	imor	e, Md	vn, State, Zip. 21	225		
20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremetton 3 F 4 Donation 5 Other (Specify)	lemoval from State	206. PLACE AI cemetery, crem L OU O O	nd date of	k"Ce	mete	ery	2/22	/94	Ba	ltimo		aryland	
21. SIGNATURE OF FUNERAL SERVICE	Kevir	n E. Ecl	ker	MC 23	Cull 7 E.	y F Pa	uner taps	al H	ome o	f Bro Balto	oklyn ., Md	. 21225	
disease or condition resulting in death)  a. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CHB adder metric to left leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other significent condi	tions contributing to de	eath but not re	suiting in	the und	feriying	csuse	given in	Part i.	24a. WAS AI PERFO 1 TYES	RMED?	CO	PERE AUTOPSY FINDIN MAILABLE PRIOR TO OMPLETION OF CAUS F DEATH?  YES 2 NO	
25, WAS CASE REFERRED TO MEDICA					04 PM 4	0F 0F 0	FATU ACA		-1				
EXAMINER?	HOSPITAL:			THER	:			eck only on					
27. MANNER OF DEATH  1  Natural 5 Pending	28a. DATE OF IN (Month, Day,	JURY	ttlent 3 DOA 4 Nursing Home 5  28b. TIME OF 28c, INJURY WORK?								Y INJURY OCCURED		
2 Accident Investigati 3 Suicide 8 Could not 4 Homicide defermine	be 28e. PLACE OF 6	INJURY — At hori c. (Specify)	ne, farm, str	eet, facto		1		28f. LOC.	ATION (Street or Town, State	end Number	r or Rural Rou	ite Number,	
anal	HYSICIAN: To the best of m											nd manner as stated	
296. SIGNATURE AND TITLE OF CERT	DV SUE	m,D				29c. LICI	ENSE NUI	MBER		29d. DAT	E SIGNED (A	fonth, Day, Year)	
30. NAME AND ADDRESS OF PERSON		OF DEATH (ITEM	27) (Type, F	rint)							1	7	
FEB 23 199	DEGISTRAR	S SIGNATURE	at W										



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DIVISION OF VITAL RECORDS,	
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HUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should we thank the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. nours after death. Page 6 may be retained by the hospital or attending physician. DRIANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

	1 - STATE REGISTRAR	STATE OF MARYLAND				EALTH AND I	MENTAL	HYGIEN		4 (	14976		
1	1. DECEDENT'S NAME (First, Middle, Last)	LIZABETH	BEN	KE			2. DATE	POBATY 2	k <sub>1</sub> 1994 <sub>v</sub>	EAR 3.	ras am		
	213-10-5011	5. SEX 6. AGE (In yrs. It	get birthday) YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	DEC	OF BIRTH	910	Country)	CE (State or Foreign		
0 B	9a. FACILITY NAME (If not institution, give stree Saint Joseph Hospita	et end number)		9b. CITY,	96. CITY, TOWN OR LOCATION OF DEATH TOWSON, Maryland  96. COUNTY OF DEATH Baitimore						re .		
- DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MACHAN  BAT  10a. STREET AND NUMBER	TIMORE CO.	10c. CIT	Y TOWN OF	N OR LOCATION					10d. INSIDE CITY LIMITS? 1  YES 2 W NO			
FUNERAL	3332 TEX	AS AVE			101.	2123	34		10g. CITIZEN	OF WHAT	COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES		16		NDENT OF HISPAN city Cuben, Mexica 2 1 NO Specifi	in, Puarlo F		or No.— 14.	RACE — Black, WI Specify:	American Indiani, lifa, alc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted) (	Give kind of vite. Do NOT us	work done di	CUPATION TO STATE OF THE PARTY	of working	16b.	KIND OF BU	SINESS/INDUS	TRY			
ш	17. FATHER'S NAME (First, Middle, Last)	1061				18. MOTHER'S NA	ME (First, M	fiddle, Meiden	Surnafije)	56E			
TO B	19a. INFORMANT'S NAME (Type/Print)	BEINKE	96. MAILING	ADDRESS	(Street an	d Number or Rural	Route Numb	er, City or Tow	n. Stern, Zio Co	VKL	E, MD,		
	20s. NETHOD OF DISPOSITION  1 @ Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from Stata 20b. PLACE	EAND DATE	OF DISPOSIT	TION (Nan	EM.	DATE 2-/	20c. LO	SATION - City	or Town,	Stata S. MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	- gair	106	22. N	AME AND	ADDRESS OF FA	CILITY	ERA	5 6	HA.	SOVIE		
	IMMEDIATE CAUSE (Finel	mplications that caused the dist gally one cause on each lin	daath. Do r	not antar i	the mod	a of dying, suc	h aa card	lac or raspi	ratory arrest		Approximate Interval Batween Onset and Daath		
	disease or condition resulting in death)	DUE TO (OR AS A CONSI	EOUENCE O	F):							10DAYS		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSI	EOUENCE OI	F):									
ERTIFI	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE OI	F):									
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE										RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?		
N: ME	FRODABLE ALZHEM	MENO DEMENTA					-			1 [	YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	2 🗆 204	OTHER	1:	CE OF DEATH (Ch		-					
	27. NANNER OF DEATH  1 Naturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	4 Nursing Home 5 Residence 8 Other (Specify)  RE OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OC 30 NO 1 YES 2 NO					NJURY OCCUR	CURED				
TED BY	2 Accident investigation 3 Suicide S Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	street, facto	ory, office		291. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Number,			
COMPLETED		AN: To the best of my knowledge, of On the beels of examination and/or								euse(s) so	I manner as stated		
TO BE CO	29b. SIGNATURE AND TUTLE OF CERTIFIER					29c. LICENSE NUI		proving all	29d. DATE S				

30. NAME AND APPRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)
ANIS ANSARI M.D. 7620 YORK RD. TOWSON, MD. 21204

31. DATE FILED (Month, Day, Year)
FEB 2 3 1994

39. REGISTRAR'S SIGNATURE

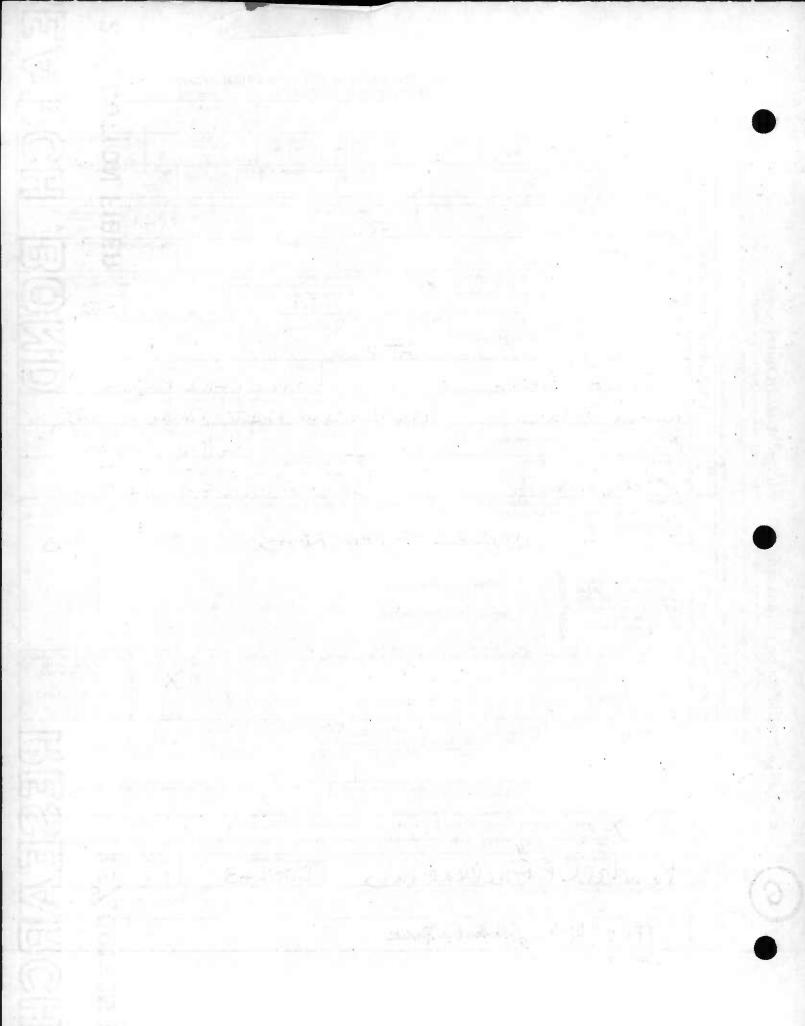
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MICE COLUMN E A PURCHOSO COMENCAL

8-9-5

ACCUSED AND AND AND ADMINISTRATION OF THE PARTY OF THE

	1. DECEDENT'S NAME (First, Middle, Last						MON			YEAR	TIME OF DEAT		
	Jennie Marie Bucc	C1 s. sex	6. AGE (In yrs.	land himbals it	or represent a series	40   # / 1111	Fel		7	4 3	1.45		
	215-24-9838		81	waa	MONTHS DA		N. (Mo	E OF BIRTN		Country)	CE (State or Fo		
	So. FACILITY NAME (If not institution, give	1.3	26	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Sh CITY TO	WN OR LOCATION		N. 4, 1	1908	MAT OF DEATH	16AM		
E C	Stella Maris Hos				Towso		A DEATH		Balt	more			
5	RESIDENCE OF DECEDENT												
DIRECTOR	10a. STATE 10b. COUN				TY, TOWN OR L					July Inc.	LIMITS?		
	100. STREET AND NUMBER	RFORO			1244-						YES 2		
RAL	1318 TERRY 1	NASI				101, ZIP CODE	1.		10g. CITIZE	C A	COUNTRY?		
FUNE	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13, WAS	DECENDENT OF H	SPANIC ORIG	IN? (Specify Y	es or No — 1	4. RACE -	American Indi		
BY F	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	FORCES? 1	MAR OR DATES	<b>⊠</b> NO	If yes	yes 2 NO S	exicen, Puert	o Ricen, etc.)		Black, Wi Specify:	nita, etc.		
		1								THU	73		
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY												
PLE	Elementary/Secondary (0-12)  College (1-4 or 5 +)  The College (1-4 or 5 +)												
COMPL	17. FATNER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)												
BE C	JOSEPH BIANCA							SISTAL	0	Lino			
TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRESS (Str	eet and Number or I	Tural Route Nu	mber, City or To					
	KINALDO J. B	NCC!		1320	TERRY	WAY F	AUST	20 Us	18YAN	0 21	9		
	20a. METHOD OF DISPOSITION  1) Buriel 2 Cremetion 3 Re	amoval from State	20b. PLAC cemetery,	CEAND DATE	OF DISPOSITIO	N (Name of	12-	21 0 -	OCATION — CI	ty or Town,	State		
	4 Donation 8 Other (Specify)	LICENSEE	- DRU	io 15		E AND ADDRESS (	19	7 DU			00.		
	NO TO		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  EVENUE FOR ROLL SHAPEL - OSL ATR P.A.										
	3 NEWPORT DRIVE FOREST HILL MO. 21050												
_	Lange of Me	inc. A			30	INPORI	ORIV	& FOR	L.H. 722	T. MC			
	23. PART I. Enter the diseasea, or shock, or heart failure	r complications the	it caused the	death. Do	30	INPORI	ORIV	& FOR	L.H. 722	T. MC	Approxim		
	immediate cause (Final	e. List only Dne cau	Jse Dn each i	ine.	not anter the	mode of dylng,	Such as ca	& FOR	L.H. 722	T. MC	Approxim		
	anock, or heart failure	a. CAN	CER	or	not anter the	INPORI	Such as ca	& FOR	L.H. 722	T. MC	Approxim		
	immediate cause (Final disease or condition	a. CAN	Jse Dn each i	or	not anter the	mode of dylng,	Such as ca	& FOR	L.H. 722	T. MC	Approxim		
ION	iMMEDIATE CAUSE (Final disease or condition reauting in death)  Sequentially list conditions,	a. CAN DUE TO	CER (OR AS A CON	OF SEQUENCE O	not anter the	mode of dylng,	Such as ca	& FOR	L.H. 722	T. MC	Approxim		
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IFICATION	anock, or near failure iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CANDUE TO  DUE TO  DUE TO	CER (OR AS A CON	SEQUENCE O	PAW (OF):	mode of dylng,	Such as ca	& FOR	L.H. 722	T. MC	Approxim		
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Item# 4 Per F.H. 03/25/94 R.M

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	- 1.3	04978			
1. DECEDENT'S NAME (First, Middle, Last)			THE OF BEATTI	2. DATE OF GEATH		3. TIME OF DEATH			
LOUIS	EDWARD	BANDLE		Feb. 16,	1994 YEAR	8:08 A M			
4. SOCIAL 475-01-7814		110	UNDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	8. BIF	THE ACE (State or Femilia)			
-214-22-2212		85 YRS.		March 28	3,1909 Minnesota				
90. FACILITY NAME (If not institution, give stater Baltimor	talle land.		CITY, TOWN OR LOCATION OF C	DEATH	9c. COUNTY OF	FDEATH			
RESIDENCE OF DECEDENT	e medical ci	Towson		Bait	imore				
10a. STATE 10b. COUNTY		OWN OR LOCATION			10d. INSIDE CITY				
	altimore		Parkville			1 YES 2 X NO			
7831 Wendover Av			101. ZIP CODE		100	F WHAT COUNTRY?			
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN ILC ARMED	21234		U.S				
1 Never Married 2 Married	FORCES? 1 X YES	2 NO	13. WAS DECENDENT OF HISPA If yee, specify Cuban, Maxic 1 YES 2 RO Spec	can, Puarto Rican, atc.)	Bi	ACE — American Indien, ack, White, atc.			
3 X Widowed 4 Divorced	IF YES, GIVE WAR OR		To rea 2 Ox 1100 spec	ary:	Sp	White			
15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEOENT'S USI (Give kind of work	done during most of working	18b. KIND OF BUS	SINESS/INDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	Office	,	11.5	Governm	on+			
17. FATHER'S NAME (First, Middle, Last)		OTTICE		AME (First, Middle, Maiden		ent			
Christian	Bar	ndle		ith		hegger			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rura	I Route Number, City or Town					
Janet L. Hughes		1917 F	utty Hill Ave	. Baltimor	e, MD	21234			
20e, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo		b. PLACE AND DATE OF D metery, crematory or other More I and			CATION — City or				
4 Oonaflon 5 Other (Specify)		rtsock,Jr.	Mem. 2/19/9						
Paul 1 bls	1 100	ir LSOCK, or .			,				
23. PART I. Enter the diseases, or c	WALL A	d the death De set	Leonard J.	Ruck, inc.	5305 Ha				
ahock, or heart failure. L	ist only one cause on	each lina.	enter the mode of dying, au	on ea cerdiec or respi	ratory erreat,	Approximate interval Between			
iMMEDIATE CAUSE (Finel disease or condition	Cardio F	Respiratory	Failure			Oneet and Death			
resulting in deeth)		A CONSEQUENCE OF):							
Sequentially list conditions,			ure of 3 Ribs						
if any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF):							
CAUSE (Diseese or injury	ASCVD DUE TO (OR AS	A CONSEQUENCE OF:							
that initieted eventa reaulting in deeth) LAST						į			
DART II Other elevitions and distant									
PART II. Other eignificent conditions Chronic Kidney I	Eailuro Cov	but not resulting in the	he underlying cause given in	n Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO			
citroffic Kraffey	arrure, sev	PETAT COPD		1 YES 2	Ø NO	OF DEATH?			
						1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	theck only one)					
EXAMINER? 1 X YES 2 □ NO	HOSPITAL:		THER: ☐ Nursing Home 5 ☐ Realdance						
27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. OEŞCRIBE HOW II	NJURY OCCUREO				
1 Natural 5 Pending 2 X Accident Investigation	2-9-94	Α.	M 1 YES 2 NO	Fell or	Ice				
3 Suicide 8 Could not be datermined	building, etc. (Spe	Y — At home, farm, stree		281. LOCATION (Street a City or Town, State)		al Routa Number,			
29a. CERTIFIER			ront of home	Wendov					
			the time, data and place, and du my opinion, death occured at the			e(s) and manner as stated.			
296. SIGHATURE AND TITLE OF CERTIFIER			29c. LICENSE NU			ED (Month, Day, Year)			
Modest	10200	010m	(A) 17-0	9383	DATE SIGN	18-91			
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Prin	10)		~	1014			
Charles E O'D									
	onnell, M.D.		er House						
S1. DATE FILED (Month Park Year) FEB 2 3 1994		408 Harp	er House						

DIVISION OF VITAL RECORDS, P.O. BOX 68760, SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

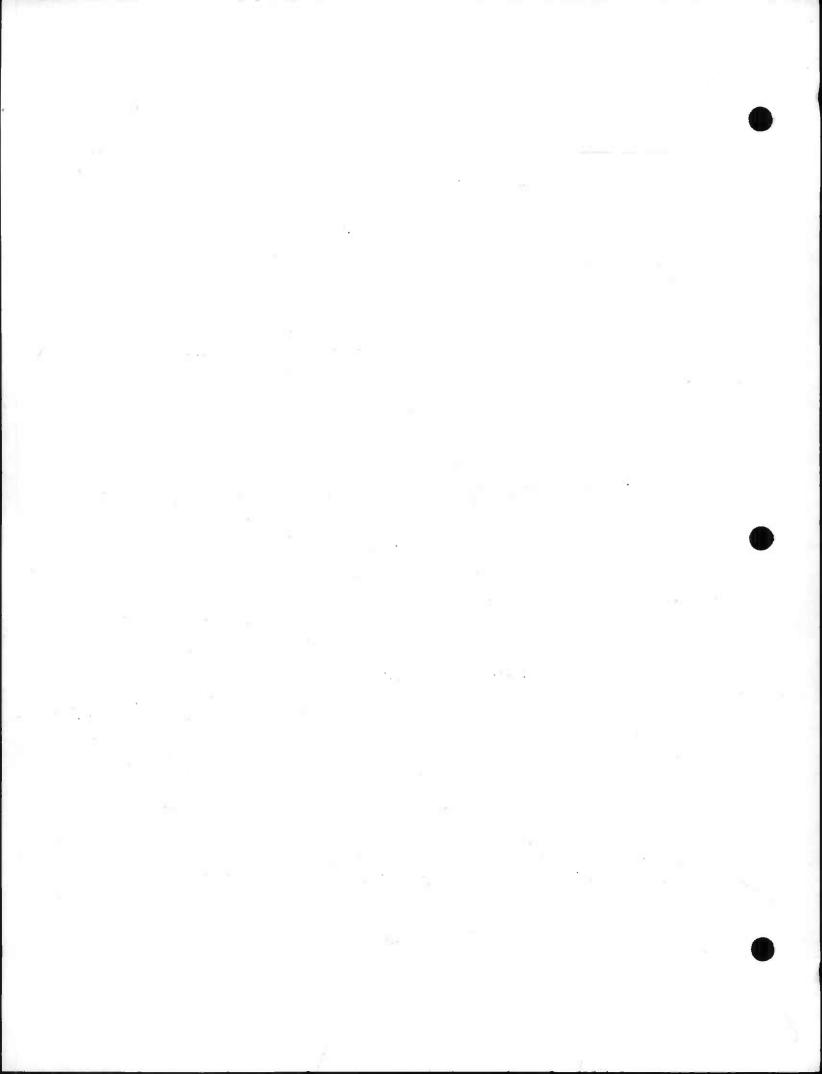
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

rours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

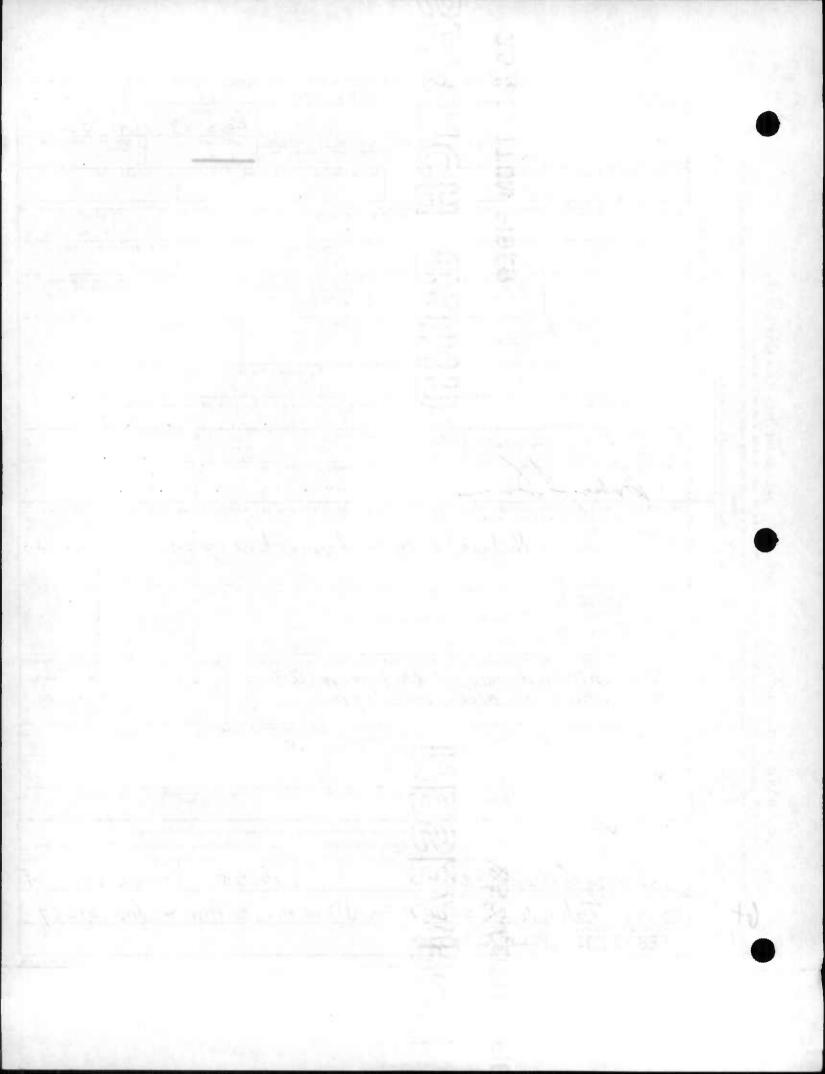
INSERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



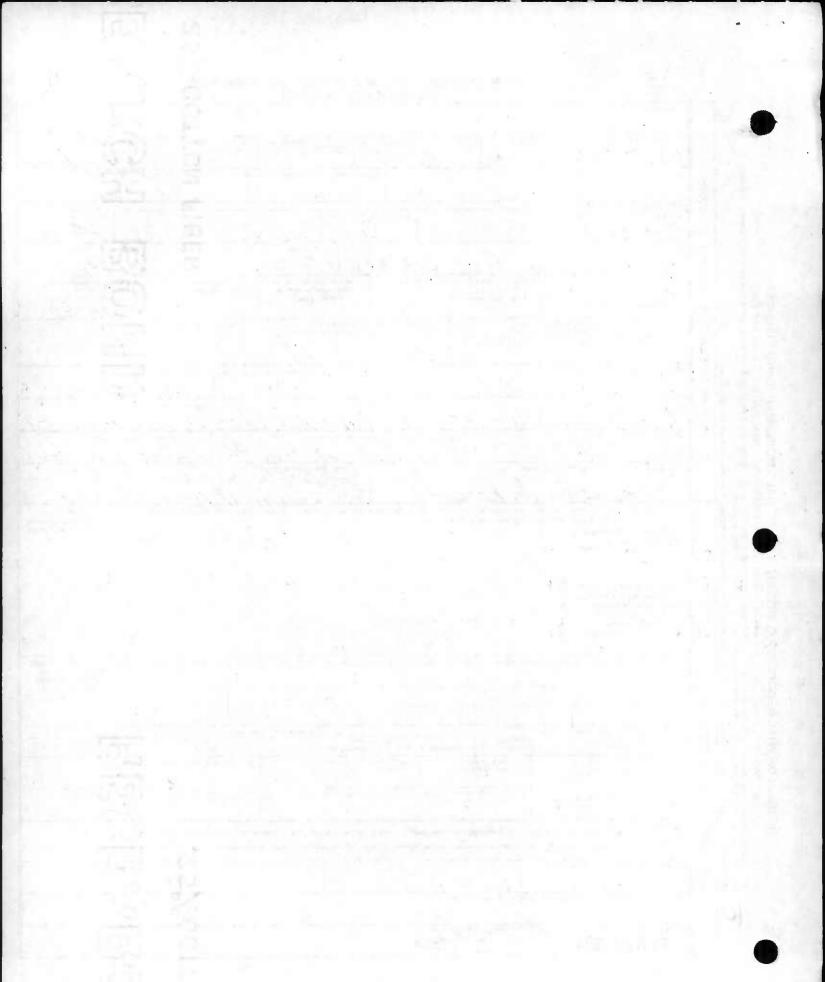
P.O.	th certific	ending pl
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ECO	quires tha	badgit in
DIVISION OF VITAL RECORDS, P.O. E	TO THE HOSPITAL OF ATTENDING PROSICIAN. The two requires that the death certifical	TO THE FUNERAL DIFFECTOR PETER THIS CHARGES has been signed by the attending physical participation of the attending physical participation of the period of the participation of the period of the pe
JF VI	SOM:	is certifica
NO	a plan	
DIVIS	OP-SPTE	DIRECTOR
	HOSPITM.	UNERAL
	TO THE !	TO THE !
	1	1

	1. DECEDENT'S NAME (First, Middle, La Clarence	<u>CERTIF</u> Bart	per			MO	NTE OF DEATH	18	YEAR 1994	3. TIME OF		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs		IF UNDER 1 YE	AR IF UN	DER 24 HRS.	7. DA	TE OF BIRTH	15		
	218 07 1227 9s. FACILITY NAME (If not institution, gi		78	YRS.	MONTHS DAYS HOURS MIN. 5719794 COUNTY)  Md .  96. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH						Md.	
H					-	Balto		EAIN		9c. C00	INTY OF D	MAIH
CTOR	740 Poplar Grande of Decedent			40.00			,					
DIRE	MD 100. COC	JW I Y		10e. CI	BALTO.	OCATION					10d. INSIDE LIMITS: 1 V YES	
	10e. STREET AND NUMBER					10f. ZIP C	ODE			10g. CIT	IZEN DF V	WHAT COUNT
VERAL	740 Poplar Gr				2121	6			USA			
FUN	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDED	NT EVER IN U.S. 1 YES 2 WAR OR DATES		13. WAS	DECENDEN s, specify C	T OF HISPA uban, Maxic	NIC ORI	GIN? (Specify to Rican, etc.)	Yes or No-	14, RACI Black	E — American k, White, etc.
ВУ	3 Widowed 4 Divorced		-1946		10	YES 2X	ND Speci	lly:			Spec	Blac
ED	15. DECEDENT'S I (Specify only highest of	EDUCATION		(Ghm kind of	S USUAL OCCU	or most of w	nckina		16b. KIND OF	BUSINESS/IN	DUSTRY	Dial
LET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Se	rurity	Guar	d					
COMPL	17. FATHER'S NAME (First, Middle, Lest)							AME (Fin	st, Middle, Maid	den Sumama)		
ш	Louis Barber				race			Jamestre)				
TO B	19a. INFORMANT'S NAME (Type/Print)	19a. INFORMANT'S NAME (Type/Print)							lumber, City or			
	Beatrice Barber				Poplar		e St.	-		to., 1		
	29a. METHOD OF DISPOSITION  1 Durist 2 Cremation 3 F  4 Donation 8 Other (Specify)	Removal from Stata	20b. PLA cometery,	CE AND DATE	of disposition other place) n Fore:	N (Neme of	toran	21	20c.	Balto.		
	21. SIGNATURE OF FUNERAL SERVICE	ucylsee		11150	22. NAN	AE AND ADE	RESS OF FA	4/	Willi	am C	Bros	wn Com
	23. PART i. Enter the disposes, ahock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one ca	use on each i	iine.	not anter the	J6 W.	Nort	h A	ve. Ba	lto.,	Md .	21217
RTIFICATION	ahock, or heart fallu iMMEDIATE CAUSE (Final disease or condition	a. Mefa DUE TO  DUE TO  C.	use on each i	SEQUENCE C	not anter the	J6 W.	Nort	h A	ve. Ba	lto.,	Md .	21217
MAN: MEDICAL CERTIFICATION	ahock, or heart failu  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit  Non-in-ful  Dementia.  25. WAS CASE REFERRED TO MEDICAL	a. Mefa.  DUE TO  c. DUE TO  d. To dependent of the April  L. DUE TO DUE	O OR AS A CON	SEDUENCE C	not anter the cer of officers.  OF:  In the under the defendance of the feature o	o mode of the country	Nort	h A A A A A A A A A A A A A A A A A A A	Ve. Ba	lto.,	Md.	21217  Approintery Onset  Z  WERE AUTOP AMALABLE PI COMPLETION OF DEATH?  1 YES 2
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BY PHYSICIAN: MEDICAL	ahock, or heart failu  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit  Non- in Sur Demontion  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 7ES 2 NO  27. MANNER OF DEATH	a. Mefa.  DUE TO  b. DUE TO  d. DUE TO  d. HOSPITAL:  1 Inpution:  28e. PLACE:  be building	O (OR AS A CON O (OR	SEDUENCE CONSEDUENCE IZ(  not anter the  CEV OF  DF):  DF):  in the under  DE A	mode of the mode o	Nort dying, aud Berlo Berlo Begiven in Life Mealdence	h A A Ch as c	. 24a. WAS PERIO	AN AUTOPSY PORMEO?  3 2 NO	Md . Test,	Appninten Onse	
ETED BY PHYSICIAN: MEDICAL	ahock, or heart failu  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit  AON - IN SULL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Hatural 5 Pending Investigati 3 Sulcide 8 Could not detarmined  29a. CERTIFIER (Check only)	a. Mefa.  DUE TO  b. DUE TO  d. DUE TO  d. HOSPITAL:  1 Inpution:  28e. PLACE:  be building	O (OR AS A COND O (OR AS A CON	SEDUENCE CONSEDUENCE IZ(  not anter the  CEV OF  DF):  In the under  DF 22  OTHER: 4   Numing  ME OF 28ct  JURY M 1  street, factory,	Ityling country in the second of the second	Nort dying, aud  Be given in  F DEATH (C)  Wesidence  2 \( \) ND	h Part i	. 24a. WAS PERI 1 YES Y One)  OCATION (Structure)  CRUSSER)	AN AUTOPSY PORMEO?  2 NO  W INJURY OCCUPATION  WE and Number are sta	24b	Approintery Onse	
BY PHYSICIAN: MEDICAL	ahock, or heart failu  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit  AON - IN SULL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Hatural 5 Pending Investigati 3 Sulcide 8 Could not detarmined  29a. CERTIFIER (Check only)	a. Hefa.  DUE TO  b. DUE TO  c. DUE TO  d. Tiona contributing to  tiona contributing to  HOSPITAL:  1 Inpetient:  28e. DATE O (Month, in)  14YSICIAN: To the best of	O (OR AS A COND O (OR AS A CON	SEDUENCE CONSEDUENCE IZ(  not anter the  CEV OF  DF):  In the under  DF 22  OTHER: 4   Numing  ME OF 28ct  JURY M 1  street, factory,	mode of the mode o	Nort dying, aud  Be given in  F DEATH (C)  Wesidence  2 \( \) ND	h A A Ch as c C A A A A A A A A A A A A A A A A A A	. 24a. WAS PERI 1 YES Y One)  OCATION (Structure)  CRUSSER)	AN AUTOPSY FORMEO?  So I NO  W INJURY OC  menner as sta	24b	Approintery Onset   Z\)  Nere Autop AMAILABLE P COMPLETION OF DEATH?  1 YES 2	



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	1. DECEDENT'S NAME (First, Middle, Last)		DEATH	ALTH AND MENTAL HYGIENE 94 04980 PEATH REG. NO.							
	A - 11 . A	1 12			2. DATE OF DEATH DAY	y	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	S. SE 6. AGE (In yrs. lest birth	day) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	9	BIRTHPLACE (State or Foreign				
	219-50-341	1 M 2 M F 45 YF	MONTHS DAVE	HOURS MIN.	(Month, Day, Year)	18	Country)				
	90. FACILITY NAME (It not institution, give st Unions, & of M	reet and number)  any   and   Hospital	211	more , M	9-90	1	of DEATH/				
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY		CITY, TOWN OR LOCAT				10d, INSIDE CITY				
	MAYY/MY		BALI	inore	2/		1 YES 2 NO				
FUNERAL	900 ARQUI	e Ave Apt	30	2 120 I	/	10g. CITIZEI	of what country?				
BY FUN	11. MARITAL-STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECI	icify Cuben, Mexicen		or No — 14	Black, White, etc.				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Five kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY										
COMPLET		College (1-4 or 5+)	employ	red		6.5					
E CO	17. FATHER'S NAME (First, Middle, Last)	1/ilton		18. MOTHER'S NAM	NE (First, Middle, Neiden S	Sumon	Lean				
TO 88	(19s. HIFORMANT'S NAME (Type/Print)	2 1 14 YHL MAI	LING ADDRESS (Street as	nd Number or Runel R	the Number City or Your	State, Zip Co	ON (				
-	2014. METHOD OF DISPOSITION	Wright 17	ATE OF DISPOSITION IN	SdAle. K	150//	nove	md.2103				
	1 Donation 5 Other (Specify)		land Na	t. Cem	2/25 LA	urel	mary land				
-	21. SIGNATURE OF FUNKRAL SERVICE LIC	ENSEE O	JOSE NAME AN	DADDIESOLOF PAC	255 P4	Ner	H Home				
	10 sept	J. KUSE	200	2W,No	orth Ave	BA.	16. md.2121				
	ahock, or heart fallura.	complications that caused the deeth. List only one cause on sech line.	DO NOT anter the mod	de of dying, such	as cardiac or respir	ratory arrea	1, Approximata Interval Between Onset and De				
	disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE	his								
_				Si.	Send						
CALIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO OR AS A CONSEQUENCE	CE OF):	Turky	- gransh						
Œ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE	Œ OF):								
ERT	resulting In deeth) LAST	d									
AL C		a contributing to death but not result	0		Part I. 24s. WAS AN A		24b. WERE AUTOPSY FINDING				
MEDIC	Zutarococcus u	vinay tractinfectory	Parimo	ma	1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?				
2							1 TYES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PL	ACE OF DEATH (Che	ck only one)						
PHYSIC	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 Do		e 5 Residence	Other (Specify)  28d. DESCRIBE HOW IN	IIIBY OCCUR	esn.				
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY WO	RK? 'ES 2 NO	200. DESCRIBE NOW IN	SORT OCCO	neu				
ETED B	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At home, fe building, stc. (Specify)		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
ist No	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowledge, death or	coursed at the time, date	and place, end due	to the cause(e) end man	ner ee stated.					
ᆲ		R: On the basis of examination end/or invest									
ᆲ				On A LOCKING MILES	BER	29d. DATE S	IGNED (Month, Day, Year)				
	296. SIGNATURE AND TITLE OF CERTIFIEF			29c. LICENSE NUM			(Month, Day, 1881)				
BE COMPL	296 SIGNATURE AND TITLE OF CERTIFIEF	David Dexter +	T.P.	29C. LICENSE NUM		> 2	118/94				
TO BE COMPLE	296 SIGNATURE AND TITLE OF CERTIFIEF	David Dexter 1 D COMPLETED CAUSE OF DEATH (ITEM 27)	T.P. (Type, Print) S. Grean		100	> 2	18/94				



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1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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		1. DECEDENT'S NAME (First, I	Viddle, Last)		-						2. DATE (	OF DEATH			3. TIME OF D	EATH
		ANNETTE	7		C	HANTKE	D				MONTH	DA	7 9	YEAR	535	D
		4. SOCIAL SECURITY NUMBER 054-16-9046		5. SEX		n yrs. lest birtho	ay) IF UND	DAYS	IF UNDER	R 24 HRS.	7. DATE C (Month,	Day, Year)		8. BIRTH Countr	PLACE (State of	or Foreign
3 should	œ	90. FACILITY NAME (If not inst 9009 BRUNO I		treet end number)					OR LOCATE							
1, 2,	CTO	RESIDENCE OF DECE	EDENT				1.4.			12.4	_		DALI	Tron	<u></u>	
Pages	DIRE	100. STATE MARYLAND	BALTI				CITY, TOWN								10d. INSIDE ( LIMITS? 1 VES 2	
n. Insit permit.	FUNERAL	100. STREET AND NUMBER 9009 BRUNO F	SD				-	10	2113				10g. CIT		VHAT COUNTR	Υ?
215-0020 attending physician. se as the bunal-transit	BY	11. MARITAL STATUS 1 Never Merried 2 XX 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO	RMEO   13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—   If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)   1 YES						Specia	4. RACE — American Indian, Black, White, etc. Specify: WHITE		
1215 r attend use as	ED	15. OECE (Specify only	DENT'S EDUC	CATION completed)		16e. DECEDER	IT'S USUAL	OCCUPATI	ION		16b.	KIND OF BUS	INESS/INE		<u>+11</u>	
21 al or for	COMPLET	Elementery/Secondery (0-1	-	College (1-4 or 5	+)	SALES	T use retired	)	ost or world	ng		JEWELR	ĽΥ			
₩ 2 2 ×	ш	17. FATHER'S NAME (First, Mid BENJAMIN	dle, Last)		BEI	NJAMIN				HER'S NA		iddle, Maiden :	Surneme)	OR	MAN	
MAR retained 5 should notified	TO B	190. INFORMANT'S NAME (Typ. HARRY CHANTKE	oe/Print)			19b. MAI	ING ADDRE	SS (Street	end Numbe	r or Rural F	Route Numbe	er, City or Town	n, State, Zip	Code)		
E, be		20a, METHOD OF DISPOSITIO					9 BRU			NDAL	LSTO	_		133		
BALTIMORE er death. Page 6 may the funeral director, pay val.		1 Donation 5 Other	3 🗌 Reme	oval from State	ceme	PLACE AND Di etery, cremetory	or other pleci	9)		(0.4	DATE		CATION -			
ALTIMOF leath. Page 6 m funeral director, xaminer must	1	21. SIGNATURE OF FUNERAL		signer C	0	NSHE E	22	. NAME A	2/20/	SS OF FA			IMOR	E M	<u>.                                    </u>	
BALTIN ter death. Pag the funeral dir wal.		He	N	Ball	lei	w					BROS WN RI	5., IN				
cely filled in by nation, or remo		23. PART . Entar ha dis shock, or had iMMEDIATE CAUSE (Fina disease or condition resulting in death)	ort fallura.	complications that List only one cau	ise on aa	ch ilna.	o not ante	er tha me	oda of dy	ing, auci	h aa cardi	ac or reapli		rest,	Approx	rimate i Between
. BOX 68 ficate be execuphysician and ne prior to burner traumatic	CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	lata IG	c		CONSEQUENC		LV	ulu	Rula	wf	il W	last	un		
G # BE P	ERT	resulting in death) LAST	T.	d												
CORDS ires that the d signed by the lealth and Me ws any Injur	MEDICAL C	PART II. Other algoritican	t condition	s contributing to	daath bu	ut not resulti	ng in the u	ındariyin	ng cause	givan in		24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPS AVAILABLE PR COMPLETION OF DEATH?	IOR TO OF CAUSE
She she	_ n			-							-				1 TYES 2	□ NO
VITAL  IAN: The law tificate has b e State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					28. P	PLACE OF D	DEATH (Che	eck only one	)				
SICIAN: The certificate h the State	rsic	1 YES 2 NO		HOSPITAL: 1   Inputient 2	ER/Outpu	ntlent 3 🗆 DC	A 4 N		me 5 🗆 R	eeldence	8 Other	(Specify)				
이 본 함을 회	ВУ РН	27. MANNER OF DEATH  1 Natural 5 Proceedings of the state	ending vestigation	26a. DATE OF (Month, D		26b.	TIME OF INJURY M	W	JURY AT ORK? YES 2	] NO	28d. DE\$0	RIBE HOW IN	JURY OC	CURED		
DIVISION OR ATTENDING I DIRECTOR: After hours after death Item 28 is man	ETED E	3 Suicide 6 C	ould not be etermined	26e. PLACE C building,	etc. (Speci	— At home, fa	m, street, fa	ctory, offic	ca		26t. LOCA City o	TION (Street a r Town, State)	nd Number	or Rural R	oute Number,	
TAL OR	COMPLE			CIAN: To the best of a											and manner	an elel-d
TO THE FUNER Be filed withthe	BE CC	29b. SIGNATURE AND THE	Imm	la			nd/or Investigation, in my opinion, death occured at the time.					MBER 29d. DATE SIGNED (Month, Day,				
288	2	30. NAME AND ADDRESS OF I	PERSON WHI	O COMPLETED CALL	SE OF DEA	TH (ITEM 27)	Turne Print!		171	06	>			-18	17	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

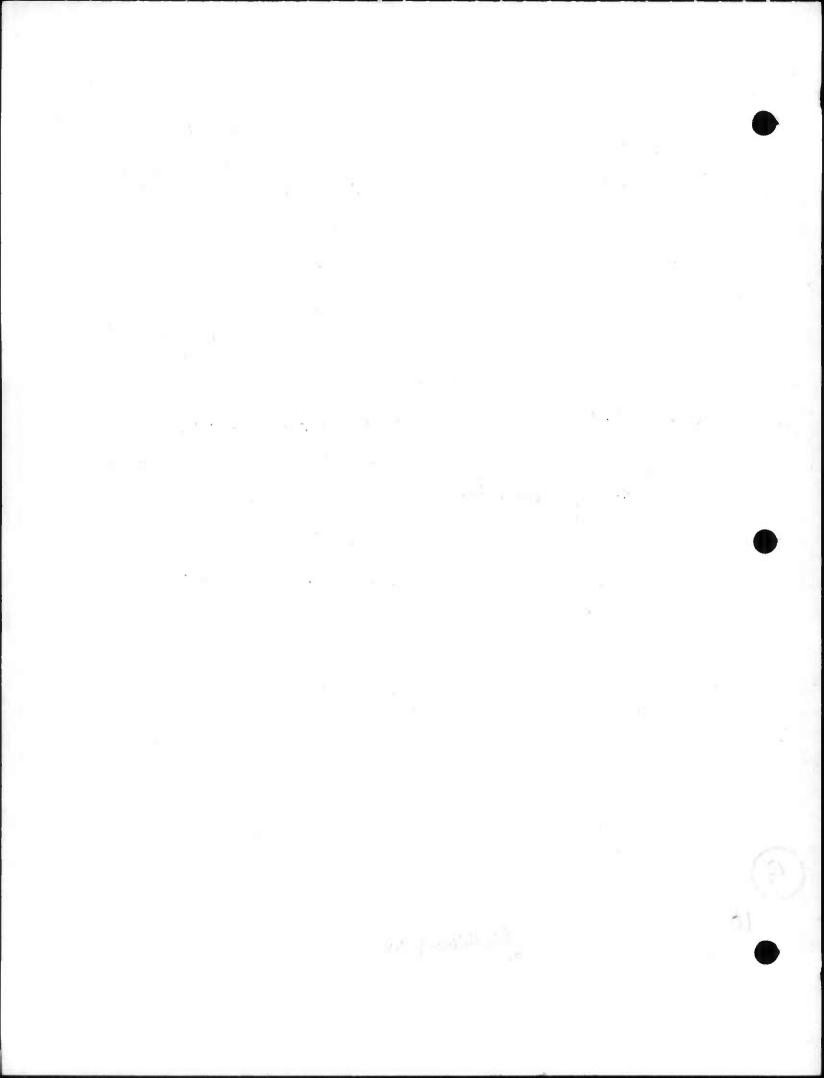
32. RIGISTRAR'S SIGNATURE

-Mandese

FEB 2 31 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.



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BE COMPLETED BY PHYSI

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								91	: 04982		
	FOR 1 - STATE REGISTRAR	STATE OF I			RTMENT OF H		MENTAL HYGIEN	IE			
	1. DECEDENT'S NAME (First, Middle, Last)		CI	SHIII	ICALE OF	DEATH	REG. NO		3. TIME OF DEATH		
	Ronald Joseph	Cason		19 180	J. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	OF UNDER 24 HRS.	7. DATE OF BIRTH	6, B	INTHPLACE State or Foreign		
1	402-46-0874	1 <b>№</b> M 2 🗆 F	55	YRS.	MONTHS DAYS	HOURS MIN.	Oct. 8, 19	38 KI	ENTUCKY		
	9e. FACILITY NAME (If not institution, give s	treet end number)		-	9b. CITY, TOWN	OR LOCATION OF E		9c. COUNTY C	OF DEATH		
DIRECTOR	10815 Williamso	n Lane			c	ockeysv	ille	BAI	LTIMORE		
<u> </u>	10e. STATE 10b. COUNTY			10c. C/T	Y, TOWN OR LOCAT	TION	_		10d. INSIDE CITY		
듬	MARYLAND BAI	LTIMORE			OCKEYSVI	LLE			LIMITS?		
A	10e. STREET AND NUMBER				101	. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?		
H.	10815 Williams	on Lane				210	30	USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No — 14. F	ACE — American Indian,		
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V		WO .		2 NO Spec	an, Puerto Rican, etc.) /y:		Hack, White, etc.		
								WH.	LTE		
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	ive kind of Do NOT u	WORK done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUSTR	TY .		
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)			man	Modil	ı			
COMPLETED	8 Warehouse Forman Mail 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme)										
	Andrew Jackson Cason  Nora Loretta Redmond										
BE (	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code)										
2	Joyce S. Douberly 15 Washington St., Timonium, MD 21093										
	26s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	oval from Stats		AND DATE OF DISPOSITION (Name of ematory or other place)  OTTEMATORY TOWN, State  OTTEMATORY TOWN, State  Catonsville, MD							
	4 Donation 5 Other (Specify)	married ()	netro	Cre				onsvill	.e, MD		
	Dalla	The state	lare	4	22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld, Inc.						
$\vdash$	255	w. Oldry	/		10 W.	Padonia	Rd., Timo	nium, M	ID 21093		
	23. PART I. Enter the diseases or of shock, or heart failure.	omplications the	t caused the de	atti. Do i	not enter the mo	de of dying, au	ch as cardiac or resp	ratory erreat,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final	1-1			1	0	1.1	,	Onset and Death		
	disease or condition resulting in death)	dtoler10	5cloro	Tic	Cardio	Kena	1 Vasente	V1150	250		
	disease or condition resulting in death)  Other Interios claratic land Renal Vaseular Visease  Due to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions,	DUE TO	(OR AS A CONSEC	DUENCE O	n.						
¥	if any, leading to immediate cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSEC	DUENCE O	F):						
E	resulting in death) LAST	1						,			
1 - 11	PART II. Other algnificent condition	a contributing to	death but not n	esultino	In the underlying	Service alven in	Part I Oda Mag And	ALITOROV T			
S		700	NYGA	2	Tosl	1)	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
			1		199	91368	1 🗆 YES 2	3 40	OF DEATH?		
SICIAN: MEDICAL							_		1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL										
Sic	1 / YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	>	8 Other (Specify)				
ı > II		_					1-6//				

29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and dus to the cause(e) and menner ee stated.

28b. TIME OF INJURY

28s. PLACE OF INJURY — At home, ferm, street, factory, offics building, etc. (Specify)

occured at the time, data end place, and due to the cause(s) and manner as stated

28c. INJURY AT WORK?

2 NO

28d. DESCRIBE HOW INJURY OCCUREO

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

28e. DATE OF INJURY (Month, Day, Year)

31. DATE FILED (Month, Day, Year)
FEB 23 1994

5 Pending Investigation

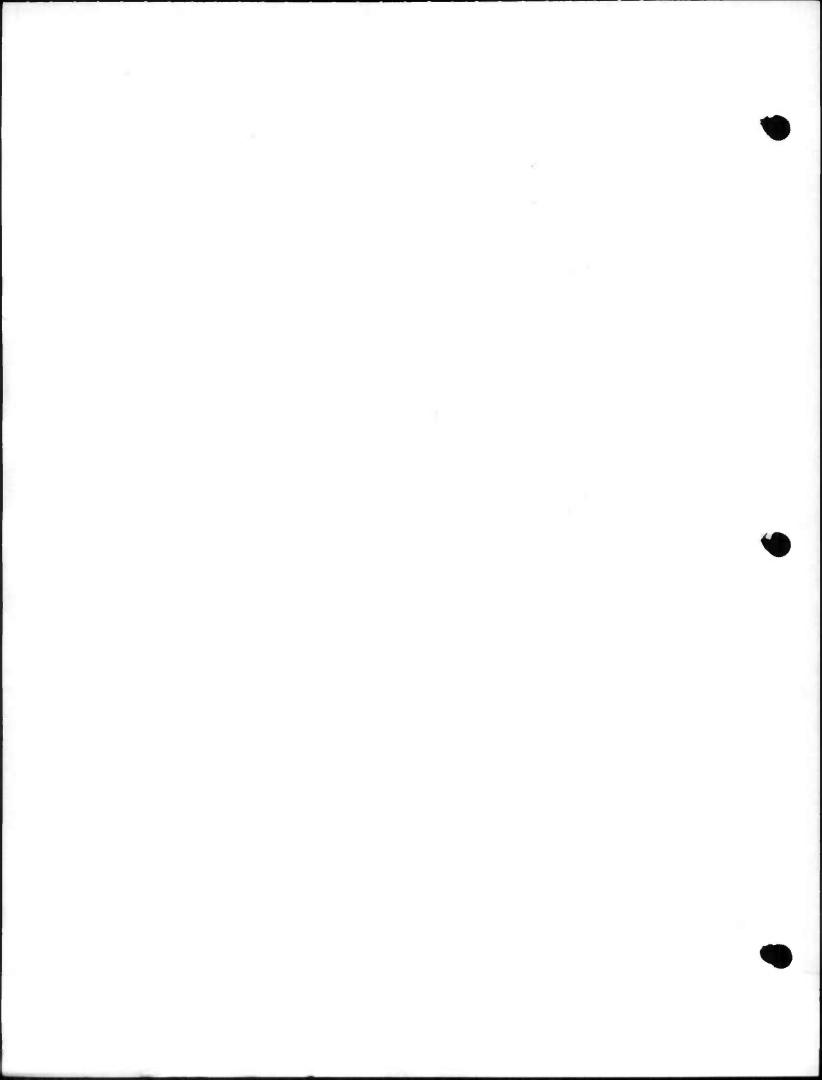
6 Could not be determined

1 A Hatural

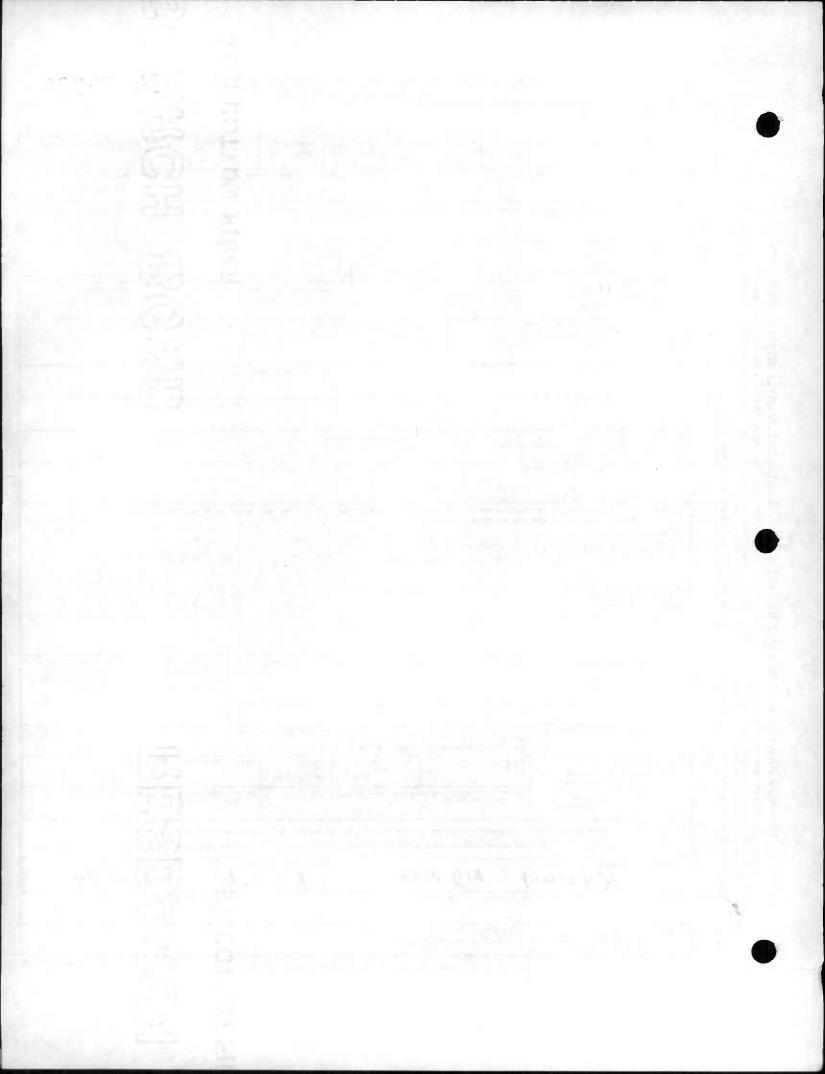
2 Accident
3 Sulcide

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DHMH-16 Rev 1/89

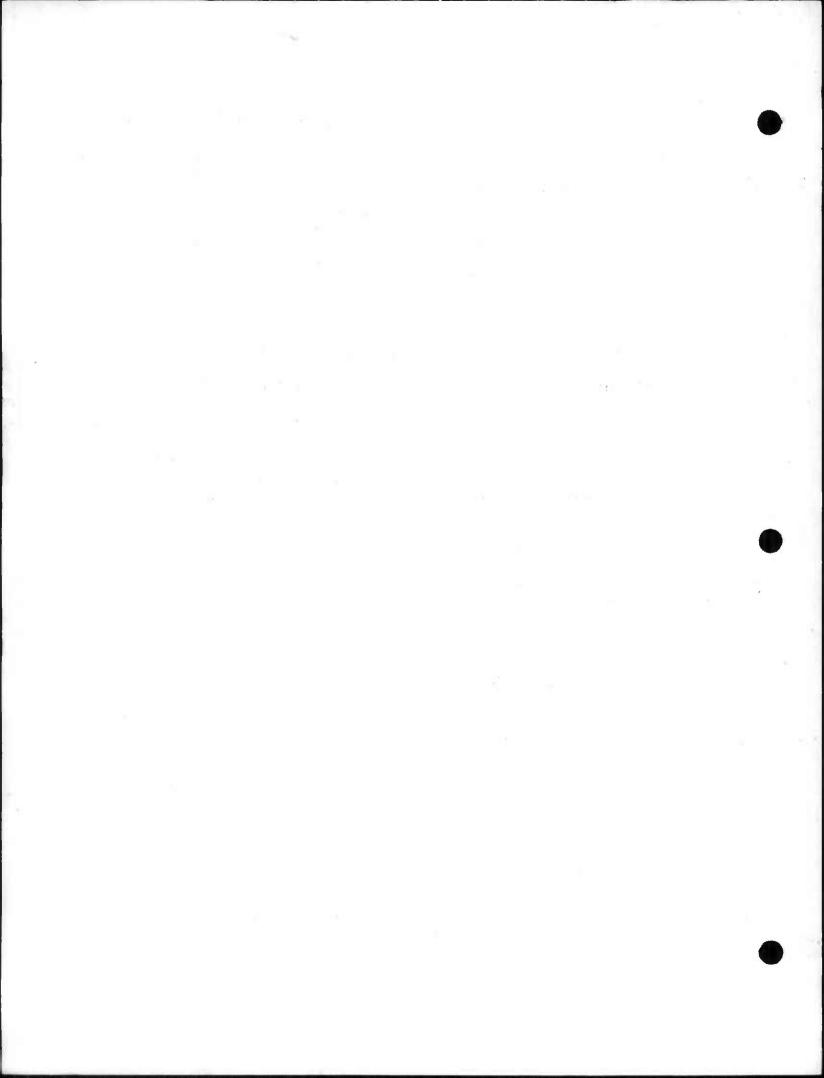


			STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 04983  CERTIFICATE OF DEATH  REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Leat)  WALTER COLE					MONTH DAY YEAR			TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lesi birthday) F.				IF UNDER 24 HRS.	02 7 DATE	21 OF BIRTH	94		:35 p.
	216-09-8994	1XEXM 2 □ F 7	1 YRS.	ONTHS DAYS	HOURS MIN.	04-	02-191	2 1	Country)	land
O.B.	96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  97. COUNTY OF DEATH  98. COUNTY OF DEATH									
RECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COU	10c. CITY, 1	TOWN OR LOCA	TION				10d	. INSIDE CITY	
L DIR	Maryland Ho	licott City				0.7170		LIMITS?  YES 2   N COUNTRY?		
FUNERAL	3682-B Mt. Ida Drive			101. ZIP CODE 21043				US US		COUNTRY
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wodowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 NO ATES	If yes, sp	DENDENT OF HISPA Decity Cuben, Mexico 5 2 10 NO Special	an, Puarto		se or No— 14. RACE — American Indi Black, White, etc. Specify: Afric		rite, etc.
ETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo	ON ost of working	160	KIND OF BUSIN	ESS/INDUS	THY I	rican
COMPL	unkn		Custod	lial		S	chool	System		
ш	17. FATHER'S NAME (First, Middle, Lest) John	n Cole			18. MOTHER'S NA Jer		Middle, Melden Sur Smith	mame)		
TO B	190. INFORMANT'S NAME (Type/Print) Ms. Lena Gait	her			and Number or Rural					11220
	20e. METHOD OF DISPOSITION  XIXBurlel 2   Cremetion 3   Re	20b	. PLACE AND DATE OF	DISPOSITION (Na	Avenue,	DAT	E 20c. LOCAT	TION CIF	y or Town,	State
	4 - Donation 5 - Other (Specify)	M	netery, gematory or other eadowrid				5-94 E	1kri	.dge,	MD
	22. NAME AND ADDRESS OF FACILITY Slack Funeral Home, P.A. M00535 Ellicott City, Maryland 21043									
	IMMEDIATE CAUSE (Final disease or condition	List only one cause on e		enter the mo						Approxima
RTIFICATION	IMMEDIATE CAUSE (Final	a. CARCINOM  DUE TO (OR AS A  DUE TO (OR AS A	d the deeth. Do not ach line.  IA OF COLO  A CONSEQUENCE OF):  A CONSEQUENCE OF):	enter the mo						Approxima Interval Be
I: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CARCINOM  DUE TO (OR AS A  DUE TO (OR AS A  C. OUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):	N	ode of dying, aud	ch as card		OTOPSY 5D?	24b. WEF	Approxima Interval Be Onset and  RE AUTOPSY FIN ILABLE PRIOR T MPLETION OF CA DEATH?
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are suited in the significent conditions.	a. CARCINOM DUE TO (OR AS A  b. DUE TO (OR AS A  c. OUE TO (OR AS A  d. Lions contributing to death b	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Put not resulting in the consequence of the cons	the underlyin	g cause given in	Part I.	24a. WAS AN AU PERFORME 1  YES 2	OTOPSY 5D?	24b. WEF	Approximal Interval Be Onset and Onset and Re Autopsy Fin ILABLE PRIOR T MELETINO OF CADEATH?
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH	B. CARCINOM DUE TO (OR AS A DUE TO (OR AS A C. OUE TO (OR AS A d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	the underlyin  26. Pi  THER:  Nursing Hon  Nor I 28c. IN.	ode of dying, aud	Part I.	24a. WAS AN AU PERFORME 1  YES 2	ITOPSY ED?	24b. WEI AWA CON OF 1	Approximal Interval Be Onset and Onset and Re Autopsy Fin ILABLE PRIOR T MELETINO OF CADEATH?
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending investigations.	B. CARCINOM DUE TO (OR AS A  B. DUE TO (OR AS A  C. OUE TO (OR AS A  d	A CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  Destinat 3 DOA 4  28b. Time C INJUR	the underlyin  26. P  THER: Nursing Hon  NY  M  1	g cause given in  LACE OF DEATH (C)  THE S Residence  JURY AT  THES 2 NO	Part I.	24a. WAS AN AU PERFORME  1 YES 2   6 (Specify)  CRIBE HOW INJA	TOPSY ED?	24b. WEF AMA COP 1	Approxima Interval Be Onset and  RE AUTOPSY FIN ILABLE PRIOR T MPLETION OF CO DEATH?  YES 2 N
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions are uniting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH   Natural   5   Pending Investigation   1   YES   2	B. CARCINOM DUE TO (OR AS A  b. DUE TO (OR AS A  c. OUE TO (OR AS A  d. HOSPITAL: 112 Inpetient 2 ER/Outs  Inpetient 2 ER/Outs  Morth, Day, Year)  De 26s. PLACE OF INJURY building, etc. (Spec	A CONSEQUENCE OF):  A CONS	the underlyin  26. Pi  THER: Nursing Hon  NY  M 1   set, factory, office	g cause given in  LACE OF DEATH (C) ne 5   Residence JURY AT JURY AT YES 2   NO	Part I.  B Other  28d. DE:	24a. WAS AN AU PERFORME 1 YES 2 To Specify) To (Specify) TON (Street and or Town, State)	ITOPSY ED?  I NO  Number or	24b. WEI AWA COM OF 1	Approximatinterval Bet Onset and Ons
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions and investigations are sufficiently and sufficiently are su	B. CARCINOM DUE TO (OR AS A  B. DUE TO (OR AS A  C. OUE TO (OR AS A  d. OUE TO (OR AS A  d. DUE TO (OR AS	Detient 3 DOA 20 Detient 3 DOA 4 Consequence of 1 DOA 20b. Time consulting in the consequence of 1 DOA 4 Detient 3 DOA 4 Detient 3 DOA 4 DOA 1 D	the underlyin  26. Pr  THER: Nursing Honory M 1   Det, factory, office at the time, date	g cause given in  LACE OF DEATH (C)  ne 5   Residence JURY AT DRK? YES 2   NO	Part I.  Deck only or  City  28d. DE:	24a. WAS AN AU PERFORME 1 YES 2   1 YES 2   ATION (Street and or fown, State)	ITOPSY ED?  I NO  Number or	24b, WEI AMA COI OF 1	Approximatinterval Bei Onset and Ons
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions and investigations are sufficiently and sufficiently are su	B. CARCINOM DUE TO (OR AS A  b. DUE TO (OR AS A  c. OUE TO (OR AS A  d. OUE TO (OR AS	Detient 3 DOA 20 Detient 3 DOA 4 Consequence of 1 DOA 20b. Time consulting in the consequence of 1 DOA 4 Detient 3 DOA 4 Detient 3 DOA 4 DOA 1 D	the underlyin  26. Pr  THER: Nursing Honory M 1   Det, factory, office at the time, date	g cause given in  LACE OF DEATH (C)  The 5 Pesidence JURY AT ORK?  YES 2 NO  The send place, and during the course of the course	Part I.  Part I.  Other 28d, DES	24a. WAS AN AU PERFORME  1 YES 2   e)  r (Specify)  cRibbe HOW INJU  ATION (Street and or Town, Stere)	TOPSY ED? NO Way Occul Number or as stated due to the 6	24b. WEF AMA COO OF 1	Approximal Interval Be Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset Ons
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions in the condition of the condition of the condition of the cause of the condition of the	B. CARCINOM DUE TO (OR AS A  b. DUE TO (OR AS A  c. OUE TO (OR AS A  d. OUE TO (OR AS	A CONSEQUENCE OF):  CONSEQUENC	the underlyin  26. Pi  THER: Nursing Hon  OF 28c. IN.  W  1 1  et, factory, offic  at the time, date in my opinion, o	In the state of dying, auditorial and place of dying, auditorial and place and during the state of the state	Part I.  B Other  28d. DE:  1 to the care 1 time, date  MBER  2 3 2	24a. WAS AN AN PERFORME 1 YES 2 TO TOWN, Street and or Town, Street and place, and department and department an	ITOPSY ED?  I Number or as stated due to the case of t	24b. WEF AMA CON OF 1 COURSE(a) enc	Approxima Interval Be Onset and  RE AUTOPSY FIR RLABLE PRIOR 1 MPLETION OF CO DEATH?  YES 2 N  Number,



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DIVISION OF VITAL RECORDS, P.O. BOX 86780,	cate	physic
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, f	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral
	유	3

	1 - STATE REGISTRAR	SIAIE UF MARY			F DEATH	MENIAL HYGIEN REG. NO.		04984	
	1. DECEDENT'S NAME (First, Middle, Las JACOUES	" EDWARD			CARY	2. DATE OF DEATH	a dievi	3. TIME OF DEATH 1:50 P.M	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH		TTNPLACE (State or Foreign	
	216-20-3023		66 YRS.	MONTHS DAY		(Month, Day, Year) 4-8-192	Co	untry) Md	
3 should	9s. FACILITY NAME (If not institution, give			9b. CITY, TOW	N OR LOCATION OF O	<u> </u>	9c. COUNTY O		
	JOHNS HOPKINS	HOSPITAL		BALT	IMORE CI	TY			
1. Pages 1, 2, 3 DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY	πγ	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY	
F. 28	Md		В	altimor	e e			1 YES 2 NO	
3AL	10e. STREET AND NUMBER				10f. ZIP CODE		18g. CITIZEN OF WHAT COUNTRY?		
prostati  burlaf-transit permit. Pages 1, 2,  FUNERAL DIRECTO	4312 Washington	Street 12. WAS DECEDENT EVER			21227		US		
2 4 6 E	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	B 2 X NO	If yes,	SPECENDENT OF HISPA specify Cubsn, Maxic ES 2 (1) NO Speci	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	В	14. RACE — American Indian, Black, White, stc. Specify: Black	
or use as the	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16s. DECEDENT'S (Give kind of life. Do NOT u	work done during	TION most of working	166. KIND OF BUS	SINESS/INDUSTR	1	
once.	8th		Tractor	Traile	er Driver				
8 % W	17. FATNER'S NAME (First, Middle, Lest) Edward Cary				18. MOTNER'S NA	AME (First, Middle, Melden Plato	Surname)		
5 should be notified at	196. INFORMANT'S NAME (Type/Print) Virginia Rhodes					Houte Number, City or Tow ue Baltimor			
5 8 9	20s, METHOD OF DISPOSITION 1 DL Burtel 2 Cremation 3 Re	2	Db. PLACE AND DATE	OF DISPOSITION	(Name of		CATION — City or		
director, p	4 Donation 6 Other (Specify)		Woodlawn				altimore	, Md	
is also beau. Fage of may be the the three of may be three of three of the three of the three of the three of the three of thre	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		Mai	ch F/H We	est	) = 1 + i m = u	e, Md 21215	
the attending physician and completely filled in by th Menal Hygiene prior to burial, cremation or removariantly, or other traumatic event, the medical L. CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	с	A CONSEQUENCE O		5 d) fo	00	in.	Onset and Death	
een signed by the atte of Health and Mental shows any Injury, MEDICAL CE	PART II. Other significant condition	ons contributing to death	but not resulting			Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
is certificate has britin the State Dept.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO	HOSPITAL:	stastient 3 🗆 004	OTHER:	PLACE OF DEATH (Co				
TO THE ROSKING DAY LEADING THE SCHOOL THE SAME TO THE FUNERAL DIRECTOR. After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If item 28 is marked, or item 23 s O BE COMPLETED BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIR	ME OF JURY 1	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I	26d. DESCRIBE HOW INJURY OCCURED		
RECTOR: A stor of m 28 is	3 Suicide 6 Could not b 4 Nomicide determined	28e. PLACE OF INJUI building, atc. (Sc	HOA		Hice	281. LOCATION (Street and City or Yown, State)	78au	TH ST, BALTO	
UNERAL DIE VINERAL DIE VIENIN 72 NO.		SICIAN: To the best of my known of the best of examinat						se(s) and menner es stated.	
MPORT	290. SIGNATUSE AND TITLE OF CENTER	EN /W/			O . C . M .		29d. DATE SIGN	19, 1994	
£ 8 € 2	30. NAME AND ADDRESS OF PERIODS V	(01)	111		A		, Mary	land 21201	
	31. DATE FILEO (Month, Day, Year) FEB 23 1994	2. REGISTRAR'S SIC	MATURE						



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

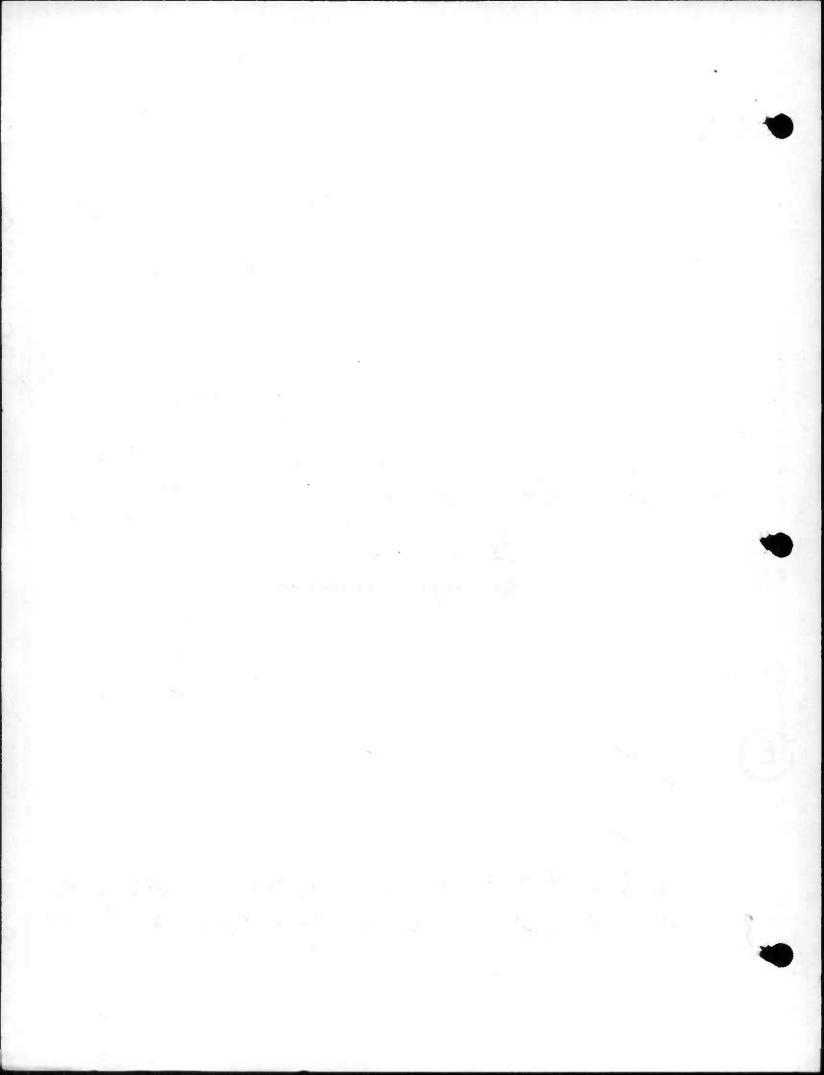
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFICA	ALE OF DEAL	1	REG. NO.	
1. DE	PETER Middle, Last)	J.	· CWIK		2. DATI	OF DEATH	第24 3. TIME OF DE
4. \$0	CIAL SECURITY NUMBER  5-10-1774	5. SEX 8. AGE (II	yrs. last birthdey) IF I	INDER 1 YEAR IF UNDER 24	HRS. 7. DATE		BIRTHPLACE (State or Country)
9a. F/	ACILITY NAME (If not institution, give a		) /	CITY, TOWN OR LOCATION	OF DEATH	9c. COUNT	Y OF DEATH
E RES	OOD SAMACIT	TAN HOST	,	BALTIMOI	re c	174	
DIRECTION S			10c. CITY, TO	WN OR LOCATION	0.70	1	10d. INSIDE CI LIMITS?
	TREET AND NUMBER	- >	BATT	101. ZIP CODE	CILI	10g. CITIZE	1 (L) YES 2 [ EN OF WHAT COUNTRY
FUNERAL W III	831 FLEET	TWOOD A	We	21	214	4	1. SIA
	ARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF If yee, specify Cuban, 1 YES 2 NO	Mexican, Puerto		4. RACE — American in Black, White, atc. Specify:
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S USU (Give kind of work	tione during most of working	16	b. KIND OF BUSINESS/INDU	STRY
PLET	ementary/Secondary (0-12)	College (1-4 or 5 +)	SECUR	174 GUA	RD		
O T	THER'S NAME (First, Middle, Last)	K		18. MOTHE	R'S NAME (First,	Middle, Meiden Symeme) REPNA	5
190.11	NFORMANT'S NAME (Type/Print)	( -= No. W)	19b. MAILINO ADD	RESS (Street and Number of	Rural Route Nun	nber, City or Town, State, Zip C	(ode)
2 1	METHOD OF DISPOSITION	NEE VOLK)	2831	FLEETW.	DD F	WE BALTO	· MD.2.
1 504	Surial 2 ☐ Cremation 3 ☐ Remo	ovel from State	PLACE AND DATE OF DI	Scol CEM,	2-0	11 10001111	WE, MI
21. \$4	GNATURE OF FUNERAL SERVICE LIC	ENSEE 9	LIC.#	EVANS	FOUNT	RAL CHA	PEL
23. [	PARTA/Enter the diseases or o	complications that caused	the death. Do not a	onter the mode of dvin	7-7-74(2	rdiac or reanizatory array	at, Approxi
IMM	shock, or heart failure.	List only one cause on es	ch ilne.			,	interval Onset a
dise	iting in death)	SEPSIS					30
2		PAFILM	CONSEQUENCE OF):				31
Sequ If an	ventisity list conditions, y, lesding to immediate le. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
CAU:	SE (Disease or Injury Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
CATION CA	iting in death) LAST						
	II. Other algnificant condition	a contributing to death be	ut not resulting in th	e underlying cause give	ren in Part i.	24e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY AMAILABLE PRIC
EDICAL	HUME E	MENLUD K	r. 116			1 - YES 2 XNO	COMPLETION O OF DEATH?
∑							1 🗆 YES 2 🌶
O E	AS CASE REFERRED TO MEDICAL XAMINER?	HOSPITAL:		26. PLACE OF DEA			
SS 1 27. M€	YES 2 NO	1 Anpetient 2 ER/Output 28a. DATE OF INJURY	28b. TIME OF			er (Specify) ESCRIBE HOW INJURY OCCU	PRED
- 1	Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WORK?	NO		
0 3	Suicide 6 Could not be determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, stree	, factory, offica	261. LO	CATION (Street and Number of yor Town, State)	r Rural Route Number,
290. 0	CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowl	edge, death occurred at	the time, data and place.	nd due to the co	suse(s) and manner as stated	1.
	nel	R: On the basis of examination					
29b. 5	AGNATURE AND TITLE OF CERTIFIER		ma	29c. LICEN	SE NUMBER	7 29d. DATE	SIGNED (Month, Day, Yes
0/4	ME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	TH (ITEM 27) (Tuna Prin	PC	1611	1º H	8 17,19
GA	BRIEL NAZAR	FNO 5601	LOCH RAN	EN BUD.	BATT	mort, mo	21239
31. DA	FFR 9 3 1994	32 REGISTRAB'S SIGN				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,

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TENDING IN SOLAR THE PEQUITES that the death certificate be executed within the surs after death. Page 6 may be retained by the hos	THE ATTENT OF THE PARTY NEED SIGNED by the attending physician and completely wied in by the funeral director, page 5 should be detached		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIE		4	04986	
-	1. DECEDENT'S NAME (First, Middle, Last) Pamela	Jean	Clark					1974	6:00 a m	
	4. SOCIAL SECURITY NUMBER 505-72-0347	1 □ M 2 XXF	4() YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	NOV. 24,	1953	Country) Ne	ebraska	
STOR	9a. FACILITY NAME (If not institution, give sta Mariner Health Ca RESIDENCE OF DECEDENT	96.	Laure	LOCATION OF DE	ATH	Prince George				
DIRECTOR	Md. Princ	_	aurel			10d. 1 🗆				
FUNERAL	106. STREET AND NUMBER 8998 Cherry Lane			10f,	20 <b>7</b> 08		10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2A NO		ctfy Cuban, Maxica	IIC ORIGIN? (Specify Y n, Puarto Rican, etc.) :	fea or No- 14. RACE — American Indian, Black, Whita, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mos	t of working		Restaurant			
BE COM	17. FATNER'S NAME (First, Middle, Lest) Howard F. Dennis	S				ME (First, Middle, Maide Peterson				
10	19a. INFORMANT'S NAME (Type/Print) Howard F. Dennis	S				Route Number, City or To Chanicsvi			559	
	20s_METHOD OF DISPOSITION 1	and the second second	aryland Na	tional	Mem. Par	rk L	ocation - cm aurel,			
	21. SIGNATURE OF FUNERAL BERVICE LIC	Daniel	lan		son Fundantial, Maryla	eral Home and	P.A.			
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. OULTO ON AS A BRANCE	A CONSEQUENCE OF:	×-	le of dying, suc		piretory arresi	t, [	Approximate Interval Between Onset and Death	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other significant condition	he underlying	cause given in		ORMED?	AWAI COM OF E	NE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?  YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:									
BY PHYS	1 YES 2 THO  27. MANNER OF OEATH  1 Matural 5 Pending 2 Accident Investigation	1 Inpetiant 2 ER/Out	28b. TIME OF	F 28c. INJU	JRY AT	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCU	RED		
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							Number,		
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of aximination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.									
TO BE C	296. SIGNATURE AND TYPE OF CERTIFIES	+ Wan	en ans		29c. LICENSE NUI	(6	29d. DATE 8 ▶ Fe	BIGNED (MOI	11h, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	FEB 23 1994	32 REGISTRAR'S SIGN				,				



YSICIAN. The law requires that the death certificate be executed will hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completer filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	in, or removal.	e medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		IARYLAND C	/ DEPAI	RTMEN	T OF H	EALTH DEAT	AND I		REG. NO	-	4	04987
1. DECEDENT'S NAME (First, Middle								2. DATE O	D	AY	YEAR	3. TIME OF DEATH
KELVIN  4. SOCIAL SECURITY NUMBER	D. COLEMAN							2		0	94	2:25 P
	5. SEX	6. AGE (In yrs. I		MONTHS	DAYS	HOURS	24 HRS.	7. DATE O (Month,	Day, Year)		Country	
217-64-7422	1 <u>√</u> M 2 □ F	37	YRS.						4/19	v ·		TO.,MD
9e. FACILITY NAME (If not institution				9b. CIT	r, TOWN O	R LOCATIO	ON OF DE	EATH		9c. COL	INTY OF D	EATH
4312 PENHUR		(RES	.)	E	BALT	IMOF	RE					
	COUNTY		10c. CIT	TY, TOWN	OR LOCAT	ION			_			10d. INSIDE CITY
MARYLAND				BALT	TMO	RE						LIMITS?
10e. STREET AND NUMBER			1			ZIP CODE				10a CI	IZEN OF W	HAT COUNTRY?
4312 PENHUR	ST AVENUE					212				log. or	US	
11. MARITAL STATUS	12. WAS DECEDENT	FVED IN II S	ADMED	12	WHO DEC			UC OBIOINS	(Specify Yes			
1 Never Merried 2 Merrie 3 Widowed 4 Divorced	COROCCO 4	YES 2		13.	II yes, spe	elfy Cube	Specify	n, Puerto Ri	can, etc.)	or No	Black Speci	- American Indian, White, etc. by: Black
	T'S EDUCATION	16a. I	DECEDENT	USUAL C	CCUPATIO	IN .		16b.	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	est grade completed)  College (1-4 or 5 +		(Give kind of ite. Do NOT u	work done ise retired.)	during mos	st of workin	g					
12th			Co	ontr	act	or		100	Ent	rep	rene	ur
17. FATHER'S NAME (First, Middle,	Last)					18. MOTH	IER'S NA	ME (First, Mi	ddle, Meiden	Surname)		
LEROY COLE	MAN					JOY	CE					
19e, INFORMANT'S NAME (Type/Pri	int)		19b. MAILING	G ADDRES	S (Street a	nd Number	or Rural I	Route Numbe	r, City or Tow	n, State, Zi	ip Code)	
JOYCE COLE	MAN		4313	2 PE	NHU	RST	AVE	ENUE	BAL	TIM	ORE,	MD 21215
20e, METHOD OF DISPOSITION 1 Denetion 3 d Denetion 5 Other (Spec 21, SIGNATURE OF FUNERAL SER	lfy)	cemetery, c	EAND DATE	STA 22	R C	EMET	S OF FA	CILITY	CAT	ONS		E, MD
23. PART I. Eriter the diseas	es, or complications that	counted the	death. Do	4	600	LIE	BERT	Y HE	IGHT	SAT	VENU	Approximete
iMMEDIATE CAUSE (Final disease or condition resulting in death)	Meloste	Hic A	Lenoc	arciv	ione	of	Ch	knou	in Pr	imas	Y	Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A CONS	EQUENCE C	DF):							/	
PART II. Other significant co	onditions contributing to	death but not	t resulting	in the u	nderlylng	) cause g	lven in		24a. WAS AN PERFOI 1 YES 2	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MED	NCAL T				20 04	100 00 0						
EXAMINER?	HOSPITAL:			OTHE	R:	/		eck only one				
1 YES 2 NO	1 Inputient 2 I		3 LI DOA				sidence	6 Other				
1 Natural 5 Pendi	(Month, De			JURY		RK?		28d. DE\$0	RIBE HOW I	NJURY O	CURED	
2 Cutata	not be building.	F INJURY — All etc. (Specify)	home, lerm,			rES 2	NO	261. LOCA City of	TION (Street : Town, State)	and Numbe	er or Rural F	loute Number,
									_			
29e. CERTIFIER (Check only 1 CERTIFYIN	G PHYSICIAN: To the best of EXAMINER: On the basis of ex											) end menner ee stated.

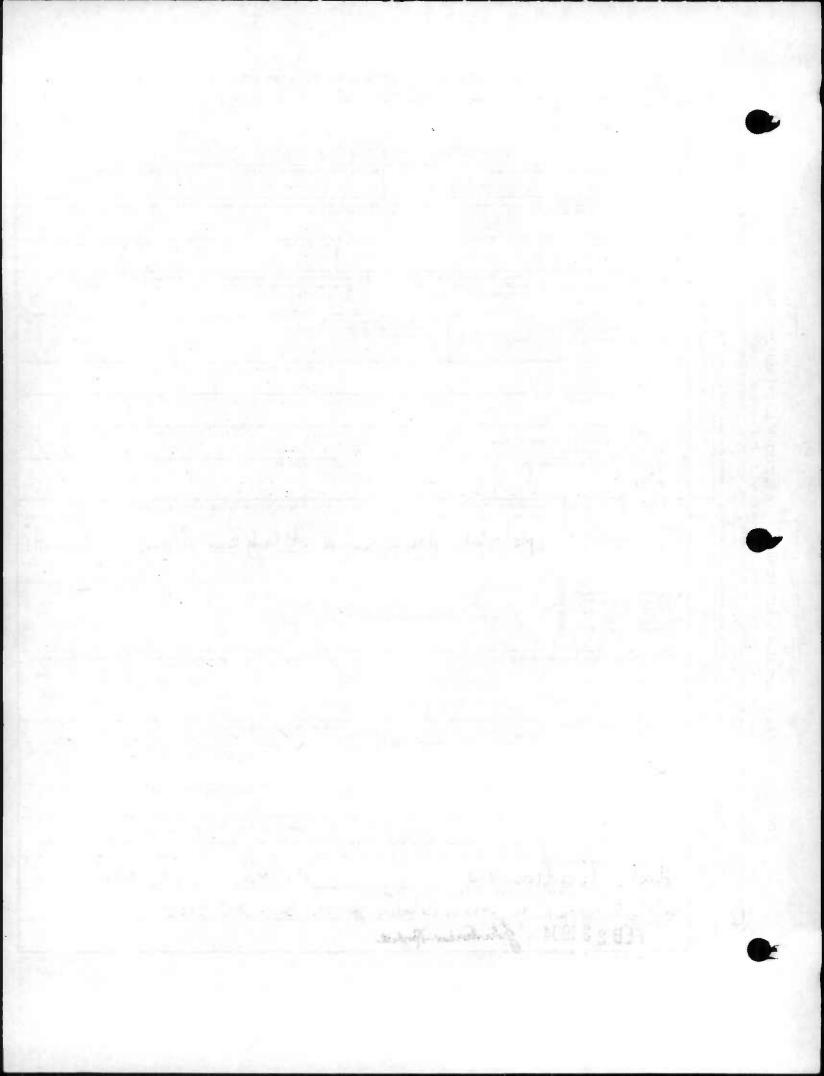
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Neil S. F.

31. DATE FILED (Month).

FEB Balta, 2435 W Ste. 23 Day.



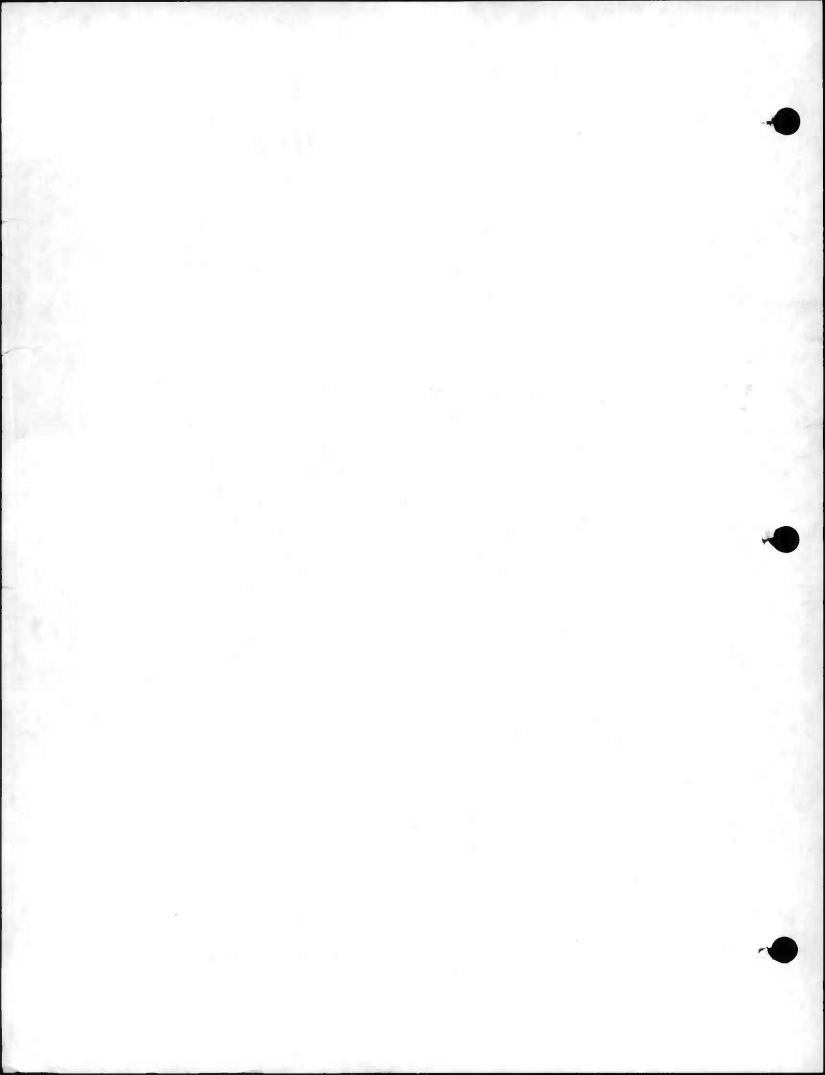
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DIVISION OF VITAL RECORDS,	
	1

						TOATE	OF DE	AIII		REG. NO.			
	1. DECEDENT'S NAME					,			2. DAT	E OF DEATH	v ,	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NU		Cy (	Kate C		)			_		0,199		410 1
	194-12-04		5. \$EX 1 □ M 2 🏋 F	6. AGE (In yrs.		MONTHS E	AYB HOUR	DER 24 HRS. B MIN.	(Mon	E OF BIRTH Wh, Day, Year)	1	Country)	CE (State or Fore
	9a. FACILITY NAME (If no			7	U YHS.	05 OVEN TO	OWN OR LOC	TION OF D		ember14			land
E	Dorcheste			1			Cambri		EAIN			y of DEATI	
Clo	RESIDENCE OF D	ECEDENT		Jai			Canior 1	uye			100.	LCHes	rei
DIRECTOR	10a. STATE	10b. COUN			10c. CI	TY, TOWN OR						100	I. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMB	ED	Dorchest	ter			10f. ZIP C	ambri	ıdge				YES 2X N
FUNERAL	TOE. STREET AND NOMB		Twin Poi	int Cov	e Road	3	101. ZIP C		613		10g. CITIZE	U.S	COUNTRY?
N N	11. MARITAL STATUS	02.02	12. WAS DECEDE				S DECENDEN			IN? (Specify Year	or No.— 1		American Indian
ВУ	1 Never Married 2 3 Widowed 4 C			1 YES 2 WAR OR DATES	⊠NO	If y	es, specify Co	ıban, Mexica	n, Puerto			Specify:	white
0	15. C (Specify	DECEDENT'S ED	UCATION de completed)	16a.	DECEDENT'S	USUAL OCC	UPATION	elden	16	b. KIND OF BUS	INESS/INDUS	STRY	
LET	Elementary/Secondar		College (1-4 or 5	+)	life. Do NOT		ing most or wo	rang					
COMP	10				Sec	cretar			_	Medical		rutem	ents
	17. FATHER'S NAME (First		John Coll	ling			16. M	OTHER'S NA		Middle, Meiden S te Twami			
BE	19s. INFORMANT'S NAM		JOHN COL	LINS	105 MAII IM	Annese /	Street and Murr	har or Burn!		nber, City or Town		o de l	
5		n Cowle	ey.							Cambrid			d 2161
	20a. METHOD OF DISPO	SITION	1		CE AND DATE	OF DISPOSITI	ON (Name of		DA		ATION — CH		
	1 Buriel 2 Crem 4 Donation 5 0		moval from State	cometery.	IIS106	e Ceme	tery		12,	/24 Ros	lyn, P	ennsy	lvania
	mic	had	P. mar	zullo		398	ME AND ADD	olltor	n Roa	Marzull ad Uppe	rco,M	arvla	
	23. PART I. Enter the shock, o IMMEDIATE CAUSE ( disease or condition resulting in death)	r heart fallure (Final	s. Car	diop	um.	398 not anter th	1Carro	011tor	n Roa	ad Uppe	rco, M	arvla	Approxime Interval Be Onset and
SERTIFICATION	shock, o IMMEDIATE CAUSE ( disesse or condition	r heart fellure (Finel	s. Car	use on each I	ISEQUENCE C	398 not anter the	1 Carro	olltor dying, suc	Rozand:	ad Uppe	rco, M	arvla nt,	Approximation of the control of the
AL C	shock, o IMMEDIATE CAUSE ( disesse or condition resulting in death)  Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disease or i that initisted events	r heart feilure (Final	b. DUE TO DUE DUE DUE DUE DUE DUE DUE DUE DUE DUE	O (OR AS A CON	ISEQUENCE CO	398 not anter the	1Carro	D11ton dying, suc	Page Rose	ad Uppe rdiac or respir iopulmo:	rco, Matory arrest	Arre	Approxims Interval Se Onset and St.
MEDICAL C	shock, o iMMEDIATE CAUSE ( disease or condition resulting in death)  Sequentially list con if any, leading to im- cause. Enter UNDER CAUSE (Disease or i that initisted events resulting in death) L	r heart feilure (Final	b. DUE TO DUE DUE DUE DUE DUE DUE DUE DUE DUE DUE	O (OR AS A CON	ISEQUENCE CO	398 not anter the	1Carro	D11ton dying, suc	Page Rose	ad Uppe rdiac or respir iopulmo:	rco, Matory arrest	Arre	Approximatintering and approximatinterval Set Onset and St.
MEDICAL C	shock, o iMMEDIATE CAUSE ( disease or condition resulting in death)  Sequentially list con if any, leading to im- cause. Enter UNDER CAUSE (Disease or i that initisted events resulting in death) L	r heart feilure (Final  Additions, mediate strying injury AST	s. Colf Due To D	O (OR AS A CON	ISEQUENCE CO	398 not enter the	1Carro	ollitor dying, suc	Part I.	ad Upperdiac or respiration of the control of the c	rco, Matory arrest	Arre	Approximate Interval Bet Onset and St.
MEDICAL C	Sequentially list con if any, leading to imcause. Enter UNDER CAUSE (Disease or I that initiated events resulting in desth) L  PART II. Other algnif	r heart feilure (Final  Additions, mediate strying injury AST	b. DUE TO  C. Me  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  Inpatient 2	O (OR AS A CON O (OR	SEQUENCE OF SEQUENCE OF THE SE	398 not anter the	1 Carro	e given in	Part I.	ad Upperdiac or respiritopulmon	rco, Matory arrest	Arre	Approximate Interval Bet Onset and St.
PHYSICIAN: MEDICAL C	Sequentially list con if any, leading to imcause. Enter UNDER CAUSE (Disease or I that initiated events resulting in desth) L  PART II. Other algnif	r heart feilure (Final  Additions, mediate strying injury AST	s. Due To  b. Due To  c. Me  Due To  d. Due To  d. Due To  28e. DATE O (Month,	O (OR AS A CON O (OR	IN SECUENCE CONTESCO.	398 not anter the open of the seast Company of the	1 Carro	e given in	Part I.	ad Upperdiac or respiritopulmon	nary	Arre	Approxims Interval Se Onset and St.
ED BY PHYSICIAN: MEDICAL C	shock, o IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list con if any, leading to im- cause. Enter UNDER CAUSE (Disease or It that initiated events resulting in death) L  PART II. Other algnif	r heart feilure (Final  Additions, mediate RLYING injury AST  Ilicant condition  D TO MEDICAL	b. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A. DOES CONTRIBUTING to  One CONTRIBUTING TO  (Month, 128e, PLACE)	O COR AS A CON O COR	ISEQUENCE CONTROL SEQUENCE 98 not anter the state of July M	ancer  26. PLACE O  1 WORK?  1 YES	e given in	Part I.	24a. WAS AN / PERFORM 1 YES 2	AUTOPSY MED?	Arre	Approxime interval 8e Onset and St.  RE AUTOPSY FIN ILLABLE PRIOR T MPLETION OF CA DEATH?  YES 2 N	
BY PHYSICIAN: MEDICAL C	shock, o IMMEDIATE CAUSE disesse or condition resulting in death)  Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disesse or i that initisted events resulting in death) L  PART II. Other aignif  25. WAS CASE REFERRE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 6 2 Accident 3 Suicide 6 4 Homicide  298. CERTIFIER (Check only	D TO MEDICAL  Pending Investigation  Could not be determined	b. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A. DOES CONTRIBUTING to  One CONTRIBUTING TO  (Month, 128e, PLACE)	OF INJURY—A:	Ine.  SEQUENCE OF	398 not anter the control of the con	26. PLACE O	e given in	Part I.	24a. WAS AN / PERFORM 1 YES 2/ YOR TOWN, State)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WELL AMM COO OF 1 [	Approxime interval Be Onset and St.  RE AUTOPSY FINILABLE PRIOR 1 MPLETION OF C. DEATH?  YES 2 N

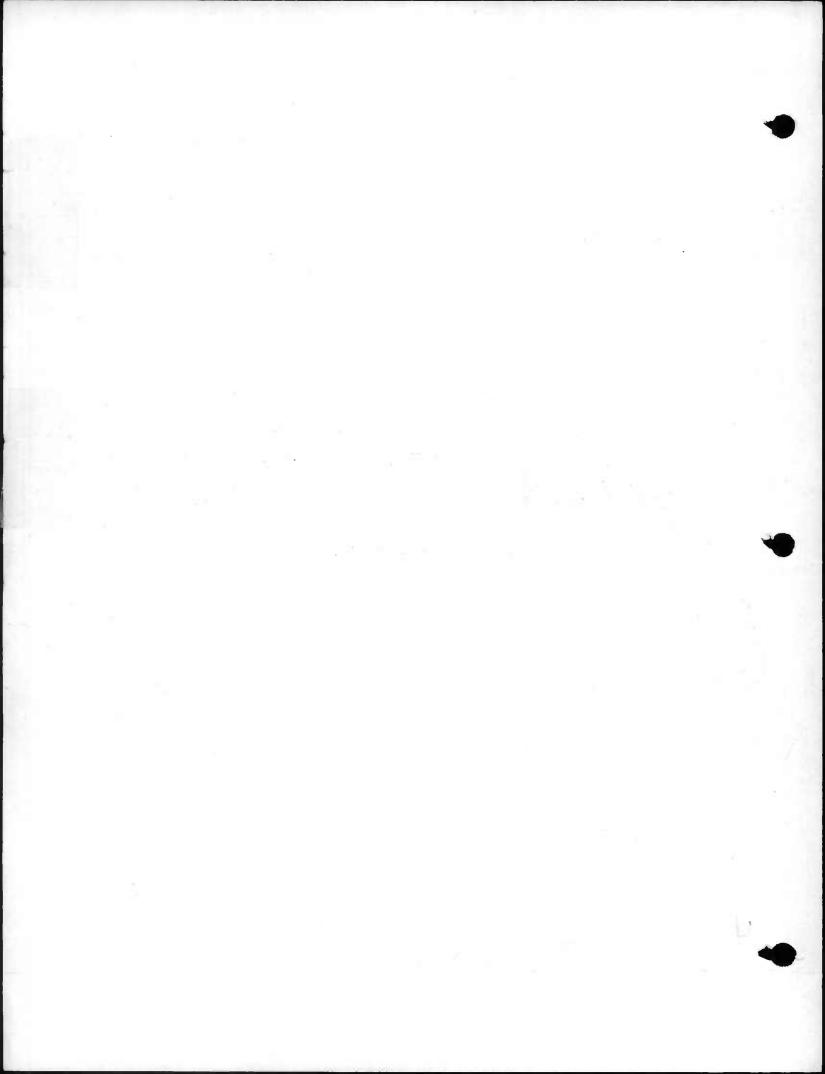
Cardiopulmonary Arrest

94-84989 DRAPER See 94.58/6 Which J.H.



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law mapping that the mapping of the m	certificate has been upmed, the state we prior to burial, cremation, or removal. In State Dept. of Health State Dept. of Health State Dept. of Health State Dept. of Health State Dept. of Health State Dept. or Health Stat	MPORTANT. If Item 28 is marked, or Item 23 shown any injury, or liner traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL R	HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has the be filed within 72 hours after death with the State Dept.	RTANT: If Item 28 is marked, or Item 23 s	
	101	2 8	IMP	

1. DECEDENT'S NAM	E (First, Middle, Last) JO	HN ELME	R DAS	HER				0 -		EAR .	TIME OF DEATH
4. SOCIAL SECURITY 219-12		5. SEX 1XXM 2  F	6. AGE (In yrs	s. last birthday)YRS.	IF UNDER 1 YE	AR IF UNDE	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 02-26-19	8.	BIRTHPLA Country)	Virgini
9a. FACILITY NAME (62.60-B	Forelan					on Locat		1	9c. COUNTY	OF DEAT	
Marylan	d How	ard Cou	nty		TOWN OR L					100	d. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NO. 6260-B		d Garth				101. ZIP COI	045			n of wha ISA	T COUNTRY?
11. MARITAL STATUS 1 Never Married 3 Widowed 4	_	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	If yo		oan, Mexic	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	a or No 14	Spenify:	American Indian, Inita, etc.
	os. DECEDENT'S EDU city only highest grade idery (0-12) 6th		.)	Give kind of with Do NOT use	ork done durin e retired.)	PATION g most of work	king	School	2000000000		
	First, Middle, Leat) her S.	Dasher				Z	e11	AME (First, Middle, Melder a Rebecca	Sumame)  Judy	7	
Mr. Rob		her						Route Number, City or Tow			MD 2104
20a. METHOD OF DIS	emation 3 - Rem	oval from State	20b. PL oth GOO	ACE OF DISPOS	ITION (Name	of cometary on	emetory or		CATION - CIN	v or Town	State
21. SIGNATURAL OF F	MERAL SERVICE LI	Men f	/		22. NAA	lack	Fur	neral Hom City, Ma	e, P.	Α.	
immEdiate CAUS disease or conditresulting in death Sequentielly list of if any, leading to cause. Enter UNIC CAUSE (Disease that initiated ever resulting in death	conditions, immediate bERLYING or injury	b	(OR AS A CO	NSEQUENCE OF	7:	aclu	re				Mouths
PART II. Other ale	anticent condition			not resulting I	n the unde	fying cause	given id	n Part I. 24a. WAS AI PERFO	RMED?	AM CC OF	ERE AUTOPSY FINDINGS RILLABLE PRIOR TO MPLETION DF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERENCE EXAMINER?	/	HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER:	4		theck only one)  8  Other (Specify)			
27. MANNER OF DEA	TH 5 Pending Investigation	28a. DATE OF (Month, L	lay, Year)		URY M 1	WORK?	□ NO	28d. DEŞCRIBE HOW	INJURY OCCUI	RED	
	8 Could not be determined	building,	etc. (Specify)	At home, farm, a				28f. LOCATION (Street City or Town, State	)		te Number,
3 Suicide 4 Homicide	_	ICIAN: To the best of				on, death occ		e time, date and place, a	nd due to the	cause(a) ar	onth, Day, Year)
4 Homicide  29a. CERTIFIER (Check only	1		1.0			No	11 -	07		1	1-1
4 Homicide  29a. CERTIFIER (Check only one)	MEDICAL EXAMINITIES OF CERTIFIES OF PERSON WI	sew.	olis	Rd	Print)	Do	92	83 CH4	md.	212	-194 042



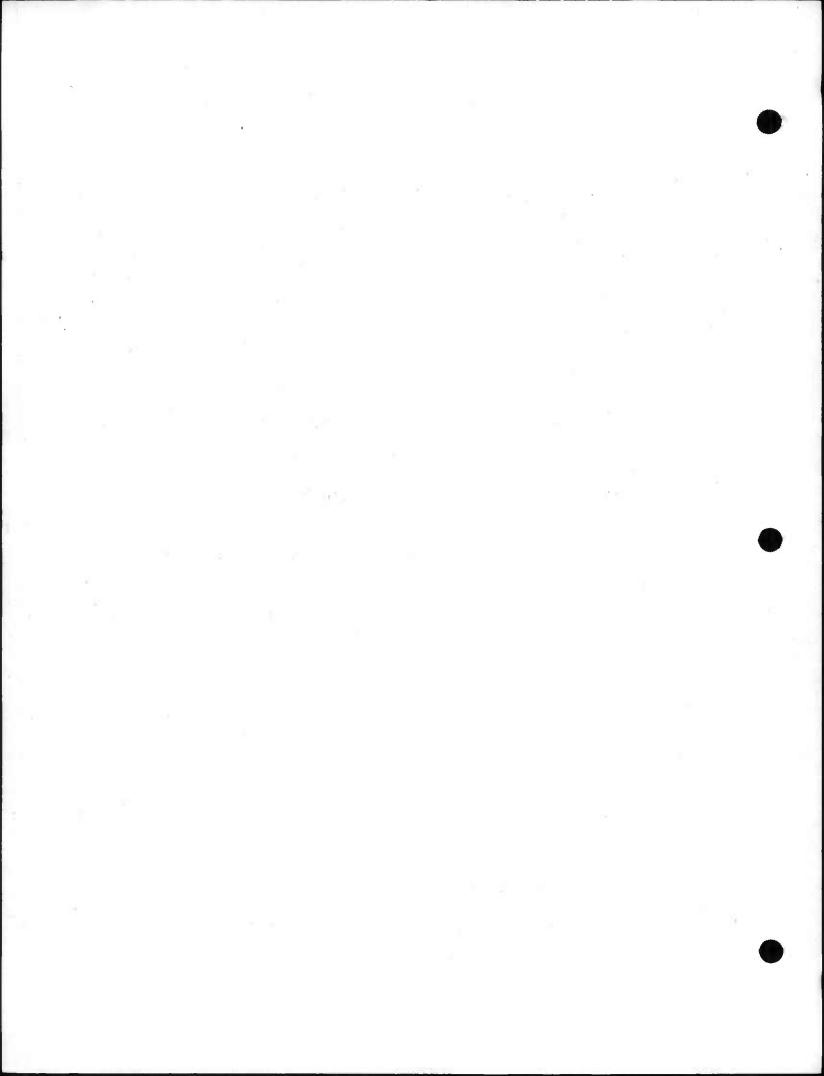
FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

94 04991

	REGISTRAR				ICALE	_							
	1-DECEDENT'S NAME (First, Middle, Last,	)							2. DATE O	F DEATH DA		YEAR	3. TIME OF DEATH
	(Atta)	L.		Dicke	rson				Feb	17	" 199		1237 P
	4. SOCIAL SECURITY NUMBER		AGE (In yrs.	last birthday)	IF UNDER		IF UNDER 24		7. DATE O			B. BIRTHP	LACE (State or Foreign
	216-28-8556	1 🗆 M 2 📈 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.		2-191	16	Country)	l a
I	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWH	OR LOCATION	OF DEA		L-13	9c. COUN		
5	3306 Mondawmin A	Avenue			D-	1+-	imore						
5	RESIDENCE OF DECEDENT				Do	11.	пиоте				1	_	
DINECTOR	100. STATE 10b. COUN	тү			Y, TOWN O		ATION						IOd. INSIDE CITY
				Bd	ltimo	re							YES 2 NO
\$	3306 Mondawm	in Avenue				10	2121	6				S A	IAT COUNTRY?
FUNERAL													
2	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT I	YES 2	ARMED NO	13. V	AS DE	CENDENT OF pecify Cuban,	HISPANII Maxican,	C ORIGIN? , Puerto Ric	(Specify Yes an, etc.)	or No-	Black,	- American Indian, White, etc.
	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1	☐ YE	S 2 X NO	Specify:				Specify	Black
ב	15. DECEDENT'S ED	UCATION	160	DECEDENT'S	LISUAL OC	CLIDAT	ION		100.0	IND OF BUIL	INCREANDI		
	(Specify only highest grad	te completed)			work done di		nost of working		166. 7	IND OF BUS	SINESS/INDU	STHY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)			,								
Ę	17. FATHER'S NAME (First, Middle, Last)					_	40 14071151	910 11111	5 (5) 1 14				
	Alonso Justice									Idle, Maiden	Sumeme)		
#	19e. INFORMANT'S NAME (Type/Print)					- 1.1			Sav				
2 ∥							and Number or						
	John Dickersor						wmin A	venu			_		
	20a. METHOD OF DISPOSITION  1 V Burlet 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	cemetary,	CE AND DATE	Ot bisbosi.	rk.	Cemet	erv	22194	Bal	cation — c timor		
	21. SIGNATURE OF JUNERAL SERVICE L	JCEN9EE					AND ADDRESS			1			
	11/2/1/	61.	1				ch F/H V		LITY				
	Vertil	pron					0 WAbas		renue				
	23. PART I. Enter the diseases, pr	complications that of	aused the	death. Do r	not enter t	the m	ode of dying	g, such	ss cerdi	c or respi	retory arre	st,	Approximate
	shock, or haart fallure iMMEDIATE CAUSE (Finel	. List Dilly Dna Cause	on aech i	ine.									Onset and Dea
	disease or condition												
i	reaulting in death)	Arterios	R AS A CON	SEQUENCE O	ardic	vas	scular	D18	sease				
z													
CALICIA	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CON	SEQUENCE O	F):			-					
	cause. Enter UNDERLYING	6											
5 J		DUE TO (O	R AS A CON	SEQUENCE O	F):								
# B	CAUSE (Disease or injury that initiated events	0) 01 300											
H		d.											
뜅	that initiated events resulting in death) LAST	d											<u> </u>
2	that initiated events	d	eeth but no	ot resulting	in the unc	fariyir	ng cause giv	ven in P	Part i.	4a. WAS AN			
2	that initiated events resulting in death) LAST	d	eeth but no	ot reaulting	in the unc	fariyir	ng cause giv	ven in P		4a. WAS AN PERFOR	MED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL CE	that initiated events resulting in death) LAST	d	eeth but no	ot resulting	in the unc	iariyir	ng cause giv	ven in P		PERFOR	MED?	0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	that initiated events resulting in death) LAST	d	eeth but no	ot reaulting	in the unc	iariyir	ng cause giv	ven in P		PERFOR	MED?	0	MAILABLE PRIOR TO COMPLETION OF CAUSE
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,



BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours
SION	TTENDING
2	A H
	TAL

After

2

31. DATE FILED (MONTH). Day, 30 or 1994

ITEMS: 23 PART I, II, 27, PER MEO FILM G-709 3/4/94 t.t 94 14992 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO 2. DATE OF OEATH DAY 1. DECEDENT'S NAME (First, Middle Last) 3. TIME OF DEATH Jr. BENJAMIN DARR 17 FEB 1994 7:07 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 9. BIRTHPLACE (State or Foreign 12/7/1955 DAYS MONTHS HOURS 1 X M 2 - F 38 Maryland 216-62-8296 YRS. Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN HARBOR HOSPITAL BALTIMORE City DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Balto.City,Md. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 21230 United States 124 W.Ostend St. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2√-NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FONCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Ric 1 YES XX NO Specify: 1 📝 Never Married 2 🗌 Merried BY Specify: White 3 Wildowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) 8th.Grade College (1-4 or 5+) Inner Harbor Roofing Roofer once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle Maiden Surname) Benjamin ---Darr, Sr. Shirley ---BE notified 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code, 124 W.Ostend St.Balto.Md. 21230 19e. INFORMANT'S NAME (Type/Print) 2 Mrs. Bonnie S, Skelley pe 20e. METNOD OF DISPOSITION

XXBuriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City of Town, State Confidence of C 20b. PLACE AND OATE OF DISPOSITION (Name of must 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEF examiner 22. NAME AND AGORESS OF FACILITY Balto.Md. 21230 McCully Funeral Home, 130 E. Fort Ave ies completely filled in by the rial, cremation, or removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, ahock, or heert fallura. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition . ACUTE LOBAR PNEUMONIA event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) and com traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): 2 if sny, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disesse or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 PART il. Other significent conditiona contributing to death but not reaulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL Health and AVAILABLE PRIOR TO CHRONIC DRUG ABUSE any COMPLETION OF CAUSE 1 XYES 2 NO shows : 1 YES 2 | NO t, of h has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate to the State EXAMINER? HOSPITAL: 5 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Homs 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED this c marked, 1 (X) Natural Pending BY 1 YES 2 NO Investigation death 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 60 COMPLETED 8 Could not be DIRECTOR: ) 4 Homicide 28 determined Hem 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. FUNERAL C within 72 h 2 XMEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner ee stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE

O.C.M.E

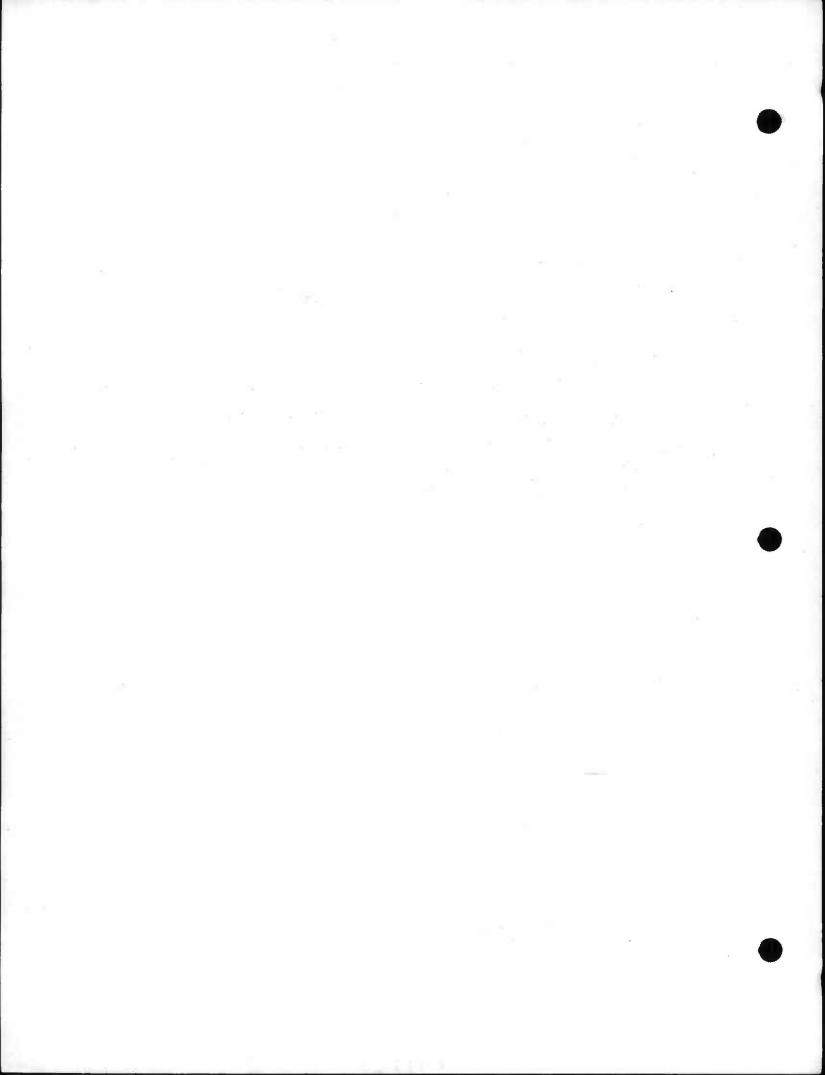
30. NAME AND ADDRESS OF PERSON WOO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)
Penn Street, Baltimore, Maryland 21201

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TO STATE STATE OF THE STATE OF

18,1994

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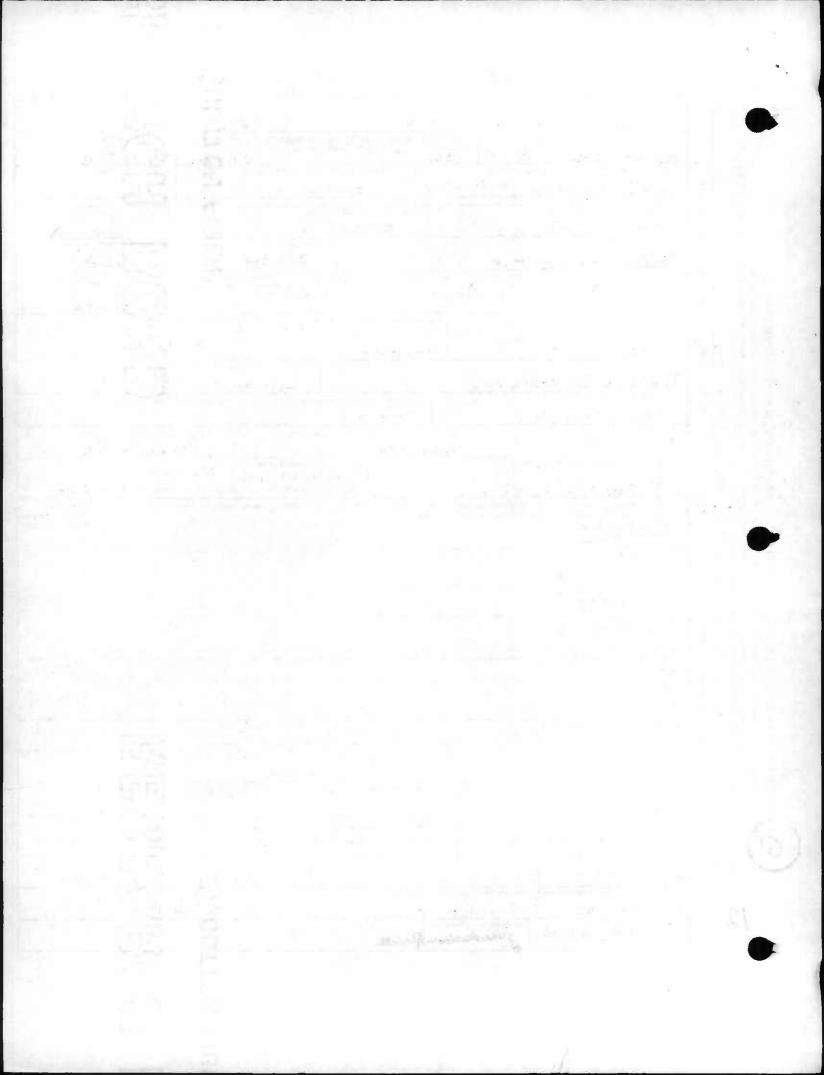


BALTIMORE, MARYLAND 21215-0020	is after death. Page 6 may be retained by the hospital or attending physician.	to by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal.	idical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires an instanting the description of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been at the bear and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Debt, of Human and process to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows my injury, or other traumatic event, the medical examiner must be notified at once.	)

04993 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE L

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		14993
	1. DECEDENT'S NAME (First, Middle, Last) Edith	М.	Do	the		2. DATE OF DEATH BOTH PORTY		3. TIME OF DEATH 9:45 A.M.
	010 00		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 22,		BIRTHPLACE (State or Foreign Country) Maryland
TOR	99. FACILITY NAME (# not institution, give stree Maryland Manor Nur RESIDENCE OF DECEDENT				n Burnie		9c. county Anne	
DIRECTOR	10e. STATE 10b. COUNTY	e Arundel	10c. CITY	, TOWN OR LOCAT	ION	Pasadena	1	10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	100. STREET AND NUMBER 477 Edgewater Rd.			101	. ZIP CODE 2112	22	1	of WHAT COUNTRY?
ВУ	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Never Merried 2 Divorced	2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 X NO		cify Cuben, Mexica	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TION mpleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT use	ork done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUST	RY
MPL	12		Sale	s Person			urtment	Store
BE CO		aniel	Henck		Della	ME (First, Middle, Meiden F	Surname) Rona	Dillard
10	190. INFORMANT'S NAME (Type/Print) Vivian S. Rams					Ploute Number, City or Tow Pasadena, N		1122
	20s. METHOD OF DISPOSITION 1 X Burlet 2	of from State 20b	PLACE AND DATE O			DATE 20c. LO	Elkri	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	lymn	~	22. NAME AN MCCU 3204	o ADDRESS OF FA 111y Fune Mountai	eral Home o n Rd., Pas	of Pasa sadena,	dena MD 21122
	23. PART I. Enfer the disease, or con ahock, or heert failure. Lis	nplications that cause at only one cause on e	the death. Do nech line.	ot entar the mo	de of dying, auc	h aa cerdlec or reap	iratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Congesti						Onset and Death
z		Arterios	consequence of	,	ascular	Disease		
ATIO	Sequentielly list conditiona, if any, leading to immediate cause. Entar UNDERLYING	Atrial F	CONSEQUENCE OF	•				
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):				
CER	d	Chronic (						
PHYSICIAN: MEDICAL	PART II. Other algoliticant conditions of Peripheral Va				j cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL							
SICI	EXAMINER?	IOSPITAL:	utlent 3 DOA	OTHER:	ACE OF DEATH (Ch			
РНҮ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	ED
ВУ	1 X Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO			
ETED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	— At nome, term, si	reet, tectory, office		28f. LOCATION (Street City or Town, State)		ural Routa Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAL EXAMINER: (							use(s) and manner se stated.
TO BE (	HOWATURE AND TITLE OF DESTRIPTION		ing Phys:	and the state of t	29c. LICENSE NUN D14160		29d. DATE SIC ▶02/2	NED (Month, Day, Year)
	Harjit Singh, M.I	5410-A	Ritchie I	Print) H <b>i</b> ghway	Baltimor	e, Md. 212	225	
	FEB 23 1994	32 REGISTRAE'S SIGN	ATURE C- AMERICA					

	1. DECEDENT'S NAME (First, Middle	, Lest)				REG. NO.	7 69	3. TIME OF DEATH
	Louis T	Diacum	rakos			FEB 9	1994	
	4. BOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	IRTHPLACE (State or Forei
	216-34-7845	1 M 2 F	56 YRS.	MONTHS BAYS	HOURS MIN.	(Month, Day, Year)	937 "	Md
	9a. FACILITY NAME (If not institution	n, give street and number)		9b. CITY, TOWN	OR LOCATION OF DEAT	701	9c. COUNTY O	
СТОВ	1900 JAM	IARATIO JOS	PITAL	Balt	imore	-		
RECI	RESIDENCE OF DECEDER	COUNTY	10c. CI	TY, TOWN OR LOCA	ATION			10d, INSIDE CITY
DIR	Md Re	Wimper		Baltimo				LIMITS?
AL.	10e. STREET AND NUMBER				H. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
65	8206 HAT	ris Ave			21234	1		USA
FU	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED		CENDENT OF HISPANIC		or No- 14. R	ACE — American Indian. Black, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			S 2 NO Specify:	ruento nicen, etc.)		specify:
0	15. DECEDENT	'S FOLICATION	160 DECEDENTS	S USUAL OCCUPATI	ION	16b. KIND OF BUS	NESS (NICHETT	White
ETE	(Specify only highes	st grade completed)	(Give kind of	work done during m	lost of working	168. KIND OF BUSI	INESS/INDUSTR	W
PL	Elementary/Secondary (0-12)	College (1-4 or 5+)	MANAG			AUT	OT	
COMPL	17. FATHER'S NAME (First, Middle, Li				18. MOTHER'S NAME	E (First, Middle, Meiden S	Surname)	
w	Theodore Di	acumakos			Lilliz	an Klon	15	
0 8	19a. INFORMANT'S NAME (Type/Prin				and Number or Rural Ros	ute Number, City or Town	, State, Zip Code	)
F	FAMILY Reco	ouds	Ser	e 10e				
	20a, METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3	☐ Removal from State	20b. PLACE AND DATE		leme of	1	ATION City o	
	4 Donation 6 Other (Specify	y)	PARKUCC				exuille	s IM9
	21. SIGNATURE OF FUNERAL SERV	TICE LICENSEE	1	EVA	NS Chape	lot Mem	cries	
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NC	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR	A A CONSEQUENCE	shyth,	ods of dying, such	ss cardiac or respir	atory arrest,	interval Bat
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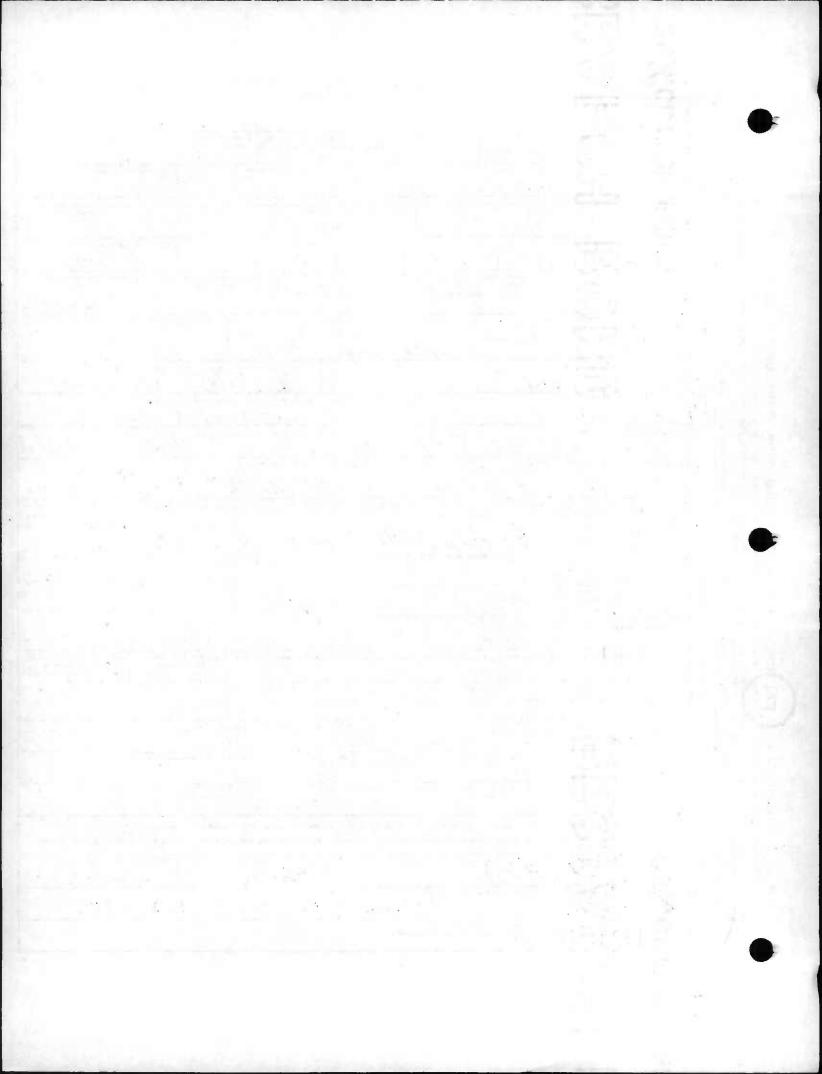
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DIVISION OF VITAL REGORDS, P.O. BOX 6876	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The two requires that the death certificate be executed to	TO THE FUNERAL DIRECTOR; After this certificate has been entitled by the attending physician and com	be filed within 72 hours after death with the State Chut on Hearth and Mental Hygiene prior to burial, or	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic ev
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FOR STATE REGISTRAR 96 04995 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH JEAnette 66.5 30 021 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 F Sa. FACILITY NAME (If not institution, give street and 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR DeAton Specialty Hom 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY bakk 0 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2 eking 11. MARITAL STATUS 12. WAS DECEDENT OVER IN U.S. ARMED FORCES? 1 YES 2/ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuber, Mexicen, Puerto Rican, atc.) 14. RACE - Ame Black, White, rican Indian. 1 Never Married 2 Married If yes, specify Cuby IF YES, GIVE WAR OR DATES Specify: Specify: BY 3 Widowed 4 Divorced ack COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ndery (0-12) College (1-4 or 5+) 18. MOTHER'S NAME (First, Middle, Maiden Su BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or You 2 72 Ing METHOD OF DISPOSITION Burlel 2 Dependion 20b. PLACE AND MATE OF DISPOSITION (No OATE 20c. LOCATION emation 3 - Removal from State 4 Donation S Other (Specify) 22 NAME AND ADDRESS OF FACILITY llek Enter/the diseases, or complications that caused the death. Do not entar tha mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or haert feijure. Liet only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition aveniona of the werme resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, if any, laading to immediate DUE TO (OR AS A CONSEQUENCE OF). cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST

PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAIL ARL F PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 B Inpatient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO me 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNED OF DEATH 28c. INJURY AT WORK?
1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28d. OEŞCRIBE NOW INJURY OCCUREO 1 Natural 5 Pending Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 8 Could not be 4 Nomicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. URE AND TITLE OF NED (Month, Day, Year) ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Charles



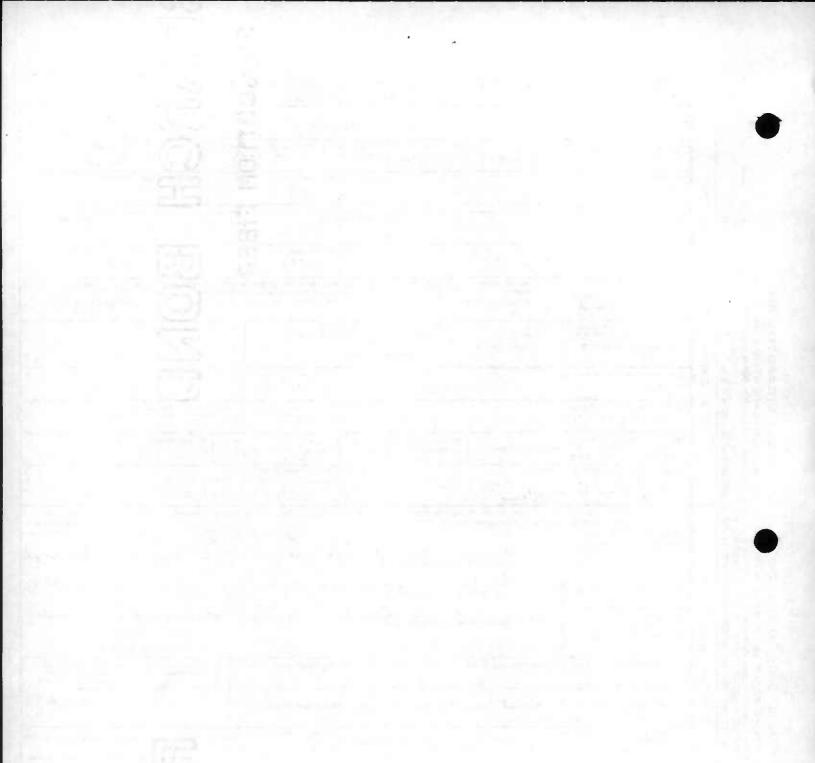
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•	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after or	To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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JNERAL DIRECTOR: After this certificate has been signed by the attending physic	ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior	em 23 shows any Injury, or oth
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1. OECEDENT'S NAME (Firs	t, Middle, Last)			ERTIF						REG. NO			3. TIME OF OEATN
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4. SOCIAL SECURITY NUM 213-26-1381		5. SEX	6. AGE (In yrs. I	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	FEB	e of Birth oth, Day, Year)	1906		NPLACE (State or Foreign
Sa. FACILITY NAME (If not is	nstitution, give s	street and number)			9b. CITY,	TOWN C	OR LOCAT	ON OF O				NTY OF E	DEATN
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11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Div	100	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		- Н	f yes, sp		ın, Mexica	en, Puerte	IN? (Specify V Rican, etc.)	ea or No—	Blac	E — American Indian, k, White, etc.
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17. FATHER'S NAME (First, A	Aiddle Leet			HUME	MAKE	K						HOME	
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20a. METHOD OF DISPOSIT	TION on 3 - Rem	oval from State		EAND DATE				•		TE 20c. L	OCATION -		
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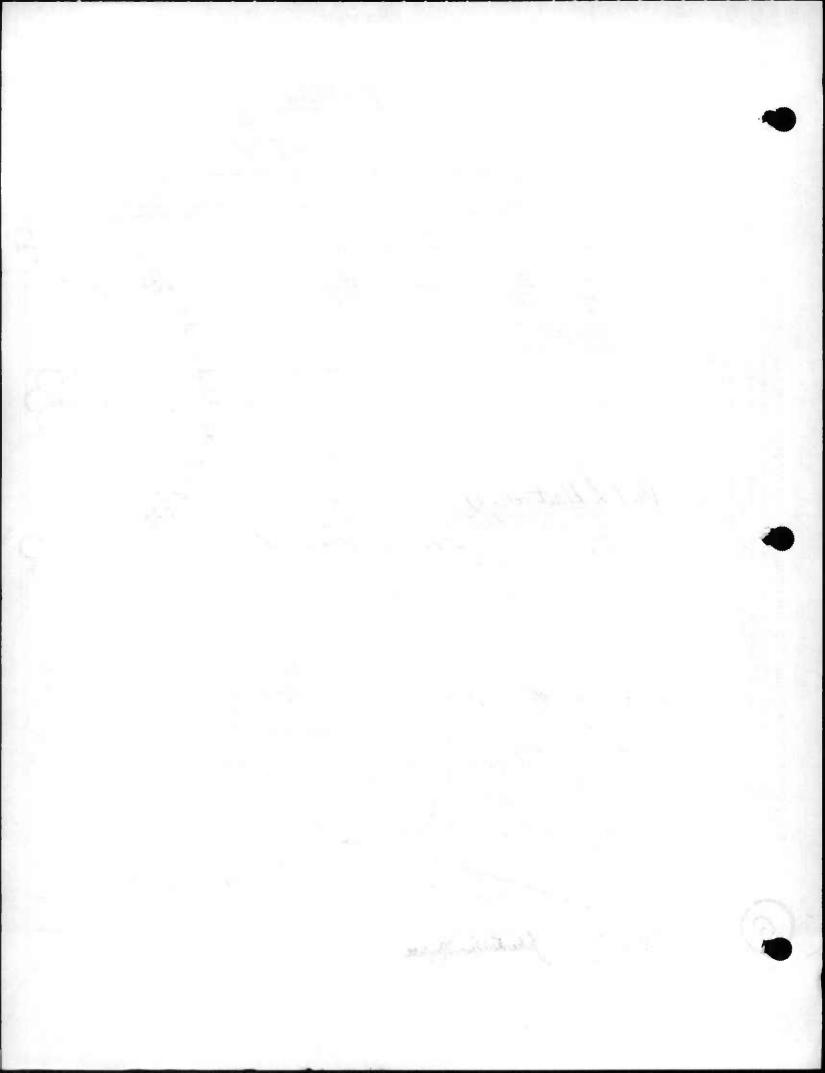
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John	D.	Dziwuls	ki	Mary			rence	е	
19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zi	p Code)		_
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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

22

FEB 2

212-26-0058

Dora M. Dorsey

5. SEX

1 M 2 X F

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

April 6,191 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DIRECTOR 8233 Dundalk Ave Dundalk RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MD. Baltimore Dundalk permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 8233 Dundalk Ave use as the burial-transit 21222 aftending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HIS FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES If yes, specify Cuben, Mer 1 ☐ YES 2 NO Sp 1 Never Merried 2 Married BY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade ò intary/Secondary (0-12) College (1-4 or 8+) Housewife signed by the attending physician and completely filled in by the funeral director, page 5 should be detached Health and Mental Hygiene prior to burital, cremation, or removal. 12th 17. FATHER'S NAME (First, Middle Lest) 18. MOTHER'S Ti Oliver H. Snyder Meta BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rui 2 Thomas Knapp 1962 Holborn Rd. 9 20s. METHOD OF DISPOSITION
1 Suriel 2 Cremation 3 Rem
4 Donation 8 Other (Specify) 206. PLACE AND DATE OF DISPOSITION (Name of Раде 6 тау Must ofFaith Gardens 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF nours after death. Connelly F 7110\_Solle 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, a shock, or heart fellure. List pnly one cause on each line. IMMEDIATE CAUSE (Final the state disesse or condition resulting in death) Congestive event, DUE TO (OF AS A CONSEQUENCE OF) MI traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 amy injury, PART II. Other aignificant conditions contributing to death but not requiting in the underlying cause given MEDICAL has been of h PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH HOSPITAL OR ATTENDING PHYSICIAN; The certificate the the State **EXAMINER?** HOSPITAL: 1 YES 2 NO OTHER: 1 | Inpatient 2 | ER/Outpetient 3 | DOA 6 27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) this c 28b. TIME OF INJURY 28c. INJURY AT WORK? is marked, Natural 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined DIRECTOR: / COMPLETED 28 4 🗌 Homicide 29e. CERTIFIER

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and of the control of the co TO THE FUNERAL D be filed within 72 ho IMPORTANT: If Its 2 MEDICAL EXAMINER: On the 29b. SIGNATURE AND TITLE OF CENTIF 29c. LICENSE BE 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.0 0

32. REGISTRAR S

3 199

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

HOURS

6. AGE (In yrs. lest birthday)

YEAR

1994

3. TIME OF DEATH

8:00

BIRTHPLACE (Stete or Foreign Country)

Maryland

REG. NO.

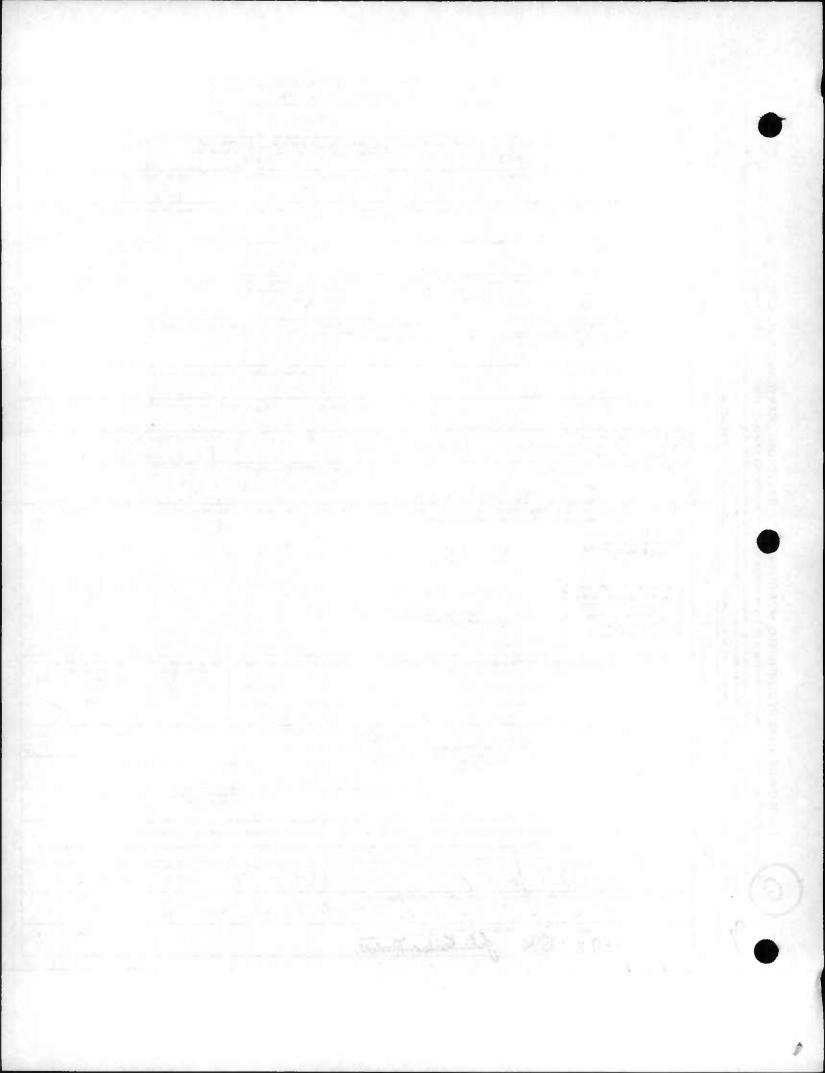
2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

Feb.

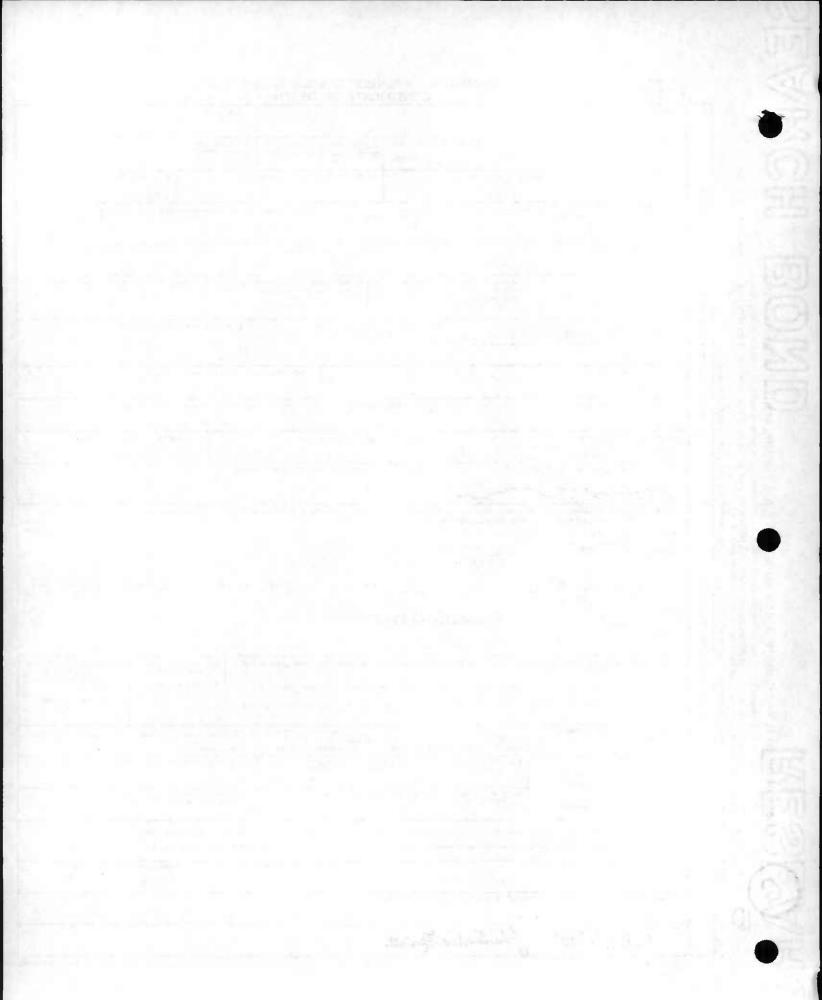
DEATH	9c. COU	INTY OF	DEAT	Н
	В	alt:	i m	ore
				I. INSIDE CITY LIMITS? YES 2 1 NO
	10g. C/1	IZEN OF	WHAT	COUNTRY?
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ielly:		Spe	clly:	White
16b, KIND OF BUS	SINESS/IN	DUSTRY		
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Dora Lehr	nert			
ral Route Number, City or Town				
Baltimore			_	
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uch as cerdiac or reapi				Approximate interval Between Onset and Death
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(Check only one)				
ce 8 Other (Specify)				
28d. OESCRIBE HOW II	NJURY OC	CURED		
281, LOCATION (Street of City or Town, State)	ind Numbe	or Aural	Route	Number,
due to the cause(e) and men the time, date and place, an			(e) an	d manner ee stated.
NUMBER 2	29d. DA	2/a	2/1	onth, Day, Year)  9 Lf
tern Ave.	Bal	tim	lor	e, Mo
				21224

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G)	
)	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
	TO BE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician
0	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trape field within 72 hours after death with the State Debt, of Health and Mental Hydrens prior to burial, cremation, or removal.

1. DECEDENT'S N	AME (First, Middle, Last)				2.	DATE OF DEATH	DAY Y	3. TIME OF D
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4. SOCIAL SECULO 212-09-		1 Q.M 2 🗆 F	78 YRS.		UPS MIN.	on. 26.	1916	BIRTHPLACE (State of Country)  Maryland  Y OF DEATH
	n Square F			Rossvill				nore Count
Frankli RESIDENCE 100. STATE Marylar 100. STREET AND			10c. CITY, ESSE	TOWN OR LOCATION				10d. INSIDE C LIMITS? 1 YES 2
10 Clor	wood Road	Apt"D"			221			N OF WHAT COUNTRY
5 11. MARITAL STA	rus ed 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	13. WAS DECEND If yes, specify		ORIGIN? (Specify Ye werto Rican, atc.)	U. S	I. RACE — American I Black, White, etc. Specify: Whit
TED	15. DECEDENT'S EDU 'Specify only highest grade		16a. DECEDENT'S U: (Give kind of wo life. Do NOT use	ork done during most of	working	16b. KIND OF BU	JSINESS/INDUS	
- 1	2	College (1-4 or 5+)	Engineer			Martin	Compa	nv
	ME (First, Middle, Last)			16.	MOTHER'S NAME	(First, Middle, Meider	n Surname)	
	T. Eato	on, Sr.	405 44411 1000 4		Molly	Sewell		
9 Mildred		aton		ADDRESS (Street and A				
	TOTSPOSITION Commetter 3 Rem		20b. PLACE AND DATE OF	enwood Ro				yland 212
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IMMEDIATE Condisease or conresulting in de	AUSE (Final ndition sath)  at conditions, to immediate INDERLYING se or injury	a. Right I DUE TO (OR .  Chronic DUE TO (OR .  C. Hyper	on each line.	Pneumonia  ve Pulmon e	stern Av	enue Es s cerdisc or reap	SEX, M	it, Approx Interva Onset
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE TOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	Jach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	) / DEPAR	RTMENT OF	HEALTH AND	MENTAL	HYGIEN REG. NO.		4	05000	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH SAY YEAR 3. TIME OF DEATH						
	RUTH 4. SOCIAL SECURITY NUMBER 5		EPSTEIN							:45 P M	
Ų.		y 89			t birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  WONTHS DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year) 2/2/1905			BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give stree			9b. CITY, TOWN OR LOCATION OF					PENNSYLVANIA		
TOR	NORTHWEST HOSPITAL CENTER RANDALLSTOWN					BALTIMORE					
DIRECTOR	MARYLAND 106. COUNTY BALTIM				2. CITY, TOWN OR LOCATION BALTIMORE			10d. INSIDE LIMITS? 1 — YES 2			
COMPLETED BY FUNERAL	100. STREET AND NUMBER 6607 CHELWOOD RD			tof. ZIP CODE 21209			10g. CITIZEN C USA				
	11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 YES  14. Wildowed 4 Divorced			IED 13. WAS OCCENDENT OF NISPANIC ORIGIN? (Specify O If yes, specify Cuban, Maxican, Puarto Rican, atc. 1 YES NO Specify:			? (Specify Yas lican, atc.)	Yas or No			
	15. OECEDENT'S EOUCAT (Specify only highest grade cor Elements y/Secondary (0-12)	mpleted)	DECEDENT'S (Give kind of life. Do NOT u OUSEW.)		NTION most of working		KIND OF BUS	SINESS/INDUS			
	17. FATHER'S NAME (First, Middle, Lest) BENJAMIN SMIGELSKY 18. MOTNER'S NAME (MIDDLE)			AME (First, N	AME (First, Middle, Meiden Surname) IE SHERMAN						
TO BE	19a. INFORMANT'S NAME (Type/Print) MRS GLORIA COHEN		19b. MAILING	G ADDRESS (Stre	et and Number or Rural	Route Numb	er, City or Town	n, State, Zip Co	ode)		
-				CHELWO		ALTO	MD 2	21209			
	20a. METNOD OF DISPOSITION    Surial 2   Cremation 3   Ramoval   4   Donation 5   Other (Specify)		CEAND DATE	OF DISPOSITION	(Name of 2/20/94	DATE					
	21. SIGNATURE OF FUNERAL SERVICE-LICEN		one ent	22. NAME	AND ADDRESS OF F	ACILITY		TIMOR	E MI	)	
	1	Leur			LEVINSON					03.03.5	
	23. PART In Enter the diseases, or con	nplications that caused the	death. Do		REISTERT			LTO.,		21215	
	Interval Batween Interval Batween Interval Batween Interval Batween Interval Batween Interval Batween Onset and Death  Sometime of the control of the contro										
z	- Diluordocadia da a sala Misera							İ			
CERTIFICATION	If any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):									
FICA	cause. Enter UNDERLYING CAUSE (Disease Dr Injury	DUE TO (OR AS A CON			1	5					
H	thet initiated events resulting in death) LAST	00E 10 (011 N3 X 0011	ISEGUENCE O	r-).							
	DADY II. Other circlifford and dates.										
MEDICAL	PART II. Other aignificent conditions of	5 Here	ot reaulting	In the underly	ring ceuse given in	Pert I.	24a. WAS AN PERFOR t YES 2	MED?	AM CO DF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION DF CAUSE DEATN? YES 2 NO	
PHYSICIAN:		IOSPITAL:		OTHER:	PLACE OF DEATH (C)	heck only on	0)				
TYS	1 YES 2 NO 1	Inpatient 2 EN/Outpatien 28a. DATE OF INJURY	t 3 🗆 DOA		ome 5 Residence				200		
	1 Natural 5 Pending	(Month, Day, Year)		JURY	WORK?	280. UE\$	CRIBE NOW II	NJURY OCCUP	1EU		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At home, farm, street, factory, office 28f, LOCATIO			ATION (Street a or Town, State)	ON (Street and Number or Rural Route Number, lown, State)					
	29a. CERTIFIER										
COMPLETED	(Check only one)  1 Gentifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
29c. LICENSE NUMBER 29d. DATE SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNATURE AND TITLE OF CERTIFIER									onth, Day, Year)		
							11	1197			
2 30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prigl)  8 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C											
FEB 2 3 1994 Substitution—Anders											

